State of Maryland / Department of Health and Mental Hygiene 96 3 | 00 |

Physician /Medical											Reg. No.			
/Medical		 Decedent's Name (First, Middle, 	Last)							2. Date of De		Veen	3. Tim	e of Death
	_	William Abner	Randolph,	Jr.						Month	ber 25	Year 1996	8:0	00 AM
Evansinas	-	4e. Fecility Neme (If not institution,					4	b. City, To	wn, or Lo	cation of Deat		ity of Deeth	0.0	O ALI
Examiner		9718 Woodland	10 90 90					C41	C.					
	-			. Age (In yrs. le	nt hirthday	If Under 1	Vear	If Under	PA Him	oring		ntgome	- W	. An
Funeral			1X M 2□ F		Yrs.		Days	Hours	Min.	Date of Bir Month, Da	y, Year)	9. Birth		ate or Fore
Director	ŀ	577-07-9506 Usual Residence of Decedent		81						April	15,191	Vir	gini	a
3	- 1-	10a. State 10b. County		10c City	Town or Le	ocation						Τ.	Incid	le City Lim
show set at														Yes 2 1
28a-f	3	Maryland Montgo	mery	Sil	ver S	Spring							ME	165 2
el", or itema 23a or 28a-1 shor Examinet must be notified at by Funeral Director	5	10e. Street end Number				10f. Zip (Code				10g. Citizen o	t What Cou	ntry?	
23a werth		9718 Woodland D	rive			209	910				Unite	d Stat	es	
inet met	Ö	11. Maritel Status	12. Was Decede	ent Ever In U,S	. 13.	Was Decede	ent of H	ispanic Ori	gin? (Spe	ecify Yes or No Rican, etc.)	- 14. R	aca - Ameri		n,
5 M	3	1 Never Merried 2 Marrie	Armed Force	. □ No		_			i, Puerto	Hican, etc.)	В	lack, White,	etc.	
pr. or		3 ☐ Widowed 4 ☐ Divorced	It Yes, Give Year or Date	as:1941-1	962	1 □ Yas 2	No No	Specify:			Spec	Bla	ck	
'naturel', of call Ex		15. Decedent's				dent's Usual	Occup	ation			16b. Kind ot			
	Ď.	(Specify only highest	grade completed)		(Give	kind of work DO NOT use	done o	during mos	t of work	ing	10011111001			
than the M		Elamantary/Sacondary (0-12)	College (1-4	lor 5+)		cher	, , , , , , , ,	,			Dark 1	ic Sch	1-	
other than 'naturaly went, the Medical Be Completed	3	47 Fabrus North Control of			166	ichei	1	40 14-45	d. Name	- 10 ^{m2} A - B 41 - B - B - B			OOLS	
matic event, the M		17. Father's Name (First, Middle, Li	asr)					18. Mothe	ers Name	e (First, Middle	, Maiden Sum	ame)		
	2	William A. Rand	olph				İ	Rut	th Lo	ockett				
th and mental rivglene. 7 Is marked other than traumatic event, the To Be Comp		19a. Intorment's Name/Relationshi	p (Type, Print)		19b. Maili	ing Addrass (Street	and Numbe	er or Rura	al Routa Numb	ar, City or Tov	m, Stata, Zij	Coda)	
- No.		Wanda W. Martin	. daughte	r	8982	Wethar	ıks	Court	- Co	olumbia	. Marv	land 2	1045	
Important: If them 27 any injury or other tuest of the tuest of t	-	20e. Method of Disposition		20b. Pla	ca of Disp	osition (Name	e of		, ,	Data	20c. Locatio			
nt: If the		1 Burlal 2 Cremation 3	Removel from Sta	ate		matory or oth				11				
fund	-	4 Donation 5 Dojher (Spe	ecify)	Che	- 1	ike Cre				/30/96	Belts	ville,	Mar	ylan
Importan any injur		21. Signature of Funeral Secure 1.	gargeo /			2. Name end					т.			
스트플레		W 200 1110	11/1	m					r gei	cvice,	inc.			
					7	400 Ca	ore	rA cir		NT LT	Wachin	arton	D C	1
200	T	Part1. Enter the disease, or o	omplications that cau	used the death.	Do not an	400 Ge	ot dyin	gia Av	zenue	or respiratory a	Washin	ngton,	Approxi	imate
vsician	-	Part1. Enter the diseese, or c shock, or haart tailura. List or	omplications that cau nly one cause on eac	used the death. ch line.	Do not an	400 Ge star tha moda	ot dyln	gia Av g, such as	zenue	or respiratory a	Washin rrest,	ngton,	Approxi	imate Between and Death
	-	Immediate Cause (Final			Do not an	tar tha moda	ot dyln	g, such as	zenue cardiac	or respiratory a	rrest,		Approxi	imate Between
ledical				used the death.	Do not an	tar tha moda	ot dyln	g, such as	zenue cardiac	or respiratory a	Washin		Approxi	imate Between
ledical aminer		Immediate Cause (Final disease or condition			Do not an	clev	ot dyln	g, such as	zenue cardiac	or respiratory a	rrest,		Approxi	imate Between
ledical aminer ভূ		Immediate Cause (Final disease or condition		teri	Do not an	clev	ot dyln	g, such as	zenue cardiac	or respiratory a	rrest,		Approxi	imate Between
Medical aminer ভূ		Immediate Cause (Final disease or condition resulting in death)		teri	O S as a conse	quence ot):	ot dyln	g, such as	zenue cardiac	or respiratory a	rrest,		Approxi	imate Between
fedical aminer Examiner		Immediate Cause (Final disease or condition resulting in death)		Leci Dua to (or	O S as a conse	quence ot):	ot dyln	g, such as	zenue cardiac	or respiratory a	rrest,		Approxi	imate Between
in end fiel-transit miner Examiner		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events		Leci Dua to (or	as a conse	quence ot):	ot dyln	g, such as	zenue cardiac	or respiratory a	rrest,		Approxi	imate Between
physician end end end end end end end end end en		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Iniury		Dua to (or	as a conse	quence ot):	ot dyln	g, such as	zenue cardiac	or respiratory a	rrest,		Approxi	imate Between
ding physician end use es the burial-transit auriba	3000	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events		Dua to (or	as a conse	quence ot):	ot dyln	g, such as	zenue cardiac	or respiratory a	rrest,		Approxi	imate Between
wing physician end will build transit upopolise es the burlat-transit upopolise es the burlat-transit upopolise es the burlat-transit upopolise es the burlat-transit es the bur	3000	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last	a	Dua to (or Due to (or d	as a conse	quence ot): quenca ot):	ot dyln	g, such as	Zenue cardiac c	cere	D (S	. e a so	Approxi Interval Onset a	Imate Between and Death
oding physician end was es the burial-transit ulgalian and an area as the burial-transit ulgalian and area area and area area area area area area area are	3000	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. b. c. d. d. s contributing to deat	Dua to (or due to for due to to the but not result	Do not an	quence ot): quence ot): quenca ot):	ot dyln	en in Part I	Zenue cardiac c	Cerr 23b. Dld	tobacco uss	contribute t	Approxi	imate Between and Death Leach
y the ettending physicia ached for use as the bur hysician/Medical	in y along the model of the	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last	a. b. c. d. d. s contributing to deat	Dua to (or due to for due to to the but not result	Do not an	quence ot): quence ot): quenca ot):	ot dyln	g, such as	Zenue cardiac c	Cerr 23b. Dld	D (S	contribute t	Approxi	imate Between and Death Leach
gred by the ettending physician end inpoperations of the burial-transit inpoperation of the physician/Medical Examiner	a) in polonia monocal a	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. b. c. d. d. s contributing to deat	Dua to (or due to for due to to the but not result	Do not an	quence ot): quence ot): quenca ot):	ot dyln	en in Part I	Zenue cardiac c	23b. Dld	tobacco uss	contribute t	Approxi	imate Between and Death Control Section 1997
gned by the ettending physician end will be detached for use es the burial-transit will be by Physician/Medical Examiner	a) in polonia monocal a	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. b. c. d. d. s contributing to deat	Dua to (or due to for due to to the but not result	Do not an	quence ot): quence ot): quenca ot):	ot dyln	en in Part I	Zenue cardiac c	23b. Dld	tobacco uss	contribute to 3 pro	Approximate and on set a conset a conse	imate Between and Death
gned by the ettending physician end be detached for use as the burial-transit au polyby Physician/Medical Examiner	and an included and a second	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. b. c. d. d. s contributing to deat	Dua to (or due to for due to to the but not result	Do not an	quence ot): quence ot): quenca ot):	ot dyln	en in Part I	Zenue cardiac c	23b. Dld	tobacco use: Yes 2	contribute to 3 Pro	Approximate and on set a conset a conse	imate Between and Death Cac Cac Cac Cac Cac Cac Cac Ca
has been signed by the ettending physician end go 2 should be detached for use es the burial-transit au on the standard by Physician/Medical Examiner	and an included and a second	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	a. b. c. d. d. s contributing to deat	Dua to (or due to for due to to the but not result	Do not an	quence ot): quence ot): quenca ot):	ot dyln	en in Part I	Zenue cardiac c	23b. Dld	tobacco uss Yss 2 No	contribute t	Approximate of the cau bably are autopaliable prapietion death?	Jacobs Market Ma
has been signed by the ettending physician end go 2 should be detached for use es the burial-transit au on the standard by Physician/Medical Examiner		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	a. b. c. d. d. s contributing to deat	Dua to (or due to (or due to	Do not an	quence ot): quence ot): quenca ot):	ot dyln	en in Part I	Tenue cardiac o	23b. Did 1 □ 24a. Was perfo	tobacco uss Yss 2 No	contribute t	Approxi	Jacobs Market Ma
rifficate has been signed by the ettending physician end with the process of the print-transit order, page 2 should be detached for use as the burial-transit order. Be Completed by Physician/Medical Examiner		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition Cerro Dro	a. C	Dua to (or Due to (or other but not result	as a consecuting in the consecuting in the consecution in the consecut	quence ot): quence ot): quenca ot):	ot dyin	en in Part I	Tenue cardiac of	23b. Dld 1 24a. Was perfo	tobacco uses Yss 2 No an autopsy primed? Yes 2 No one)	24b. Was confident and the second of the sec	Approximate on the caubably are sutopailable prompletion death?	Jacob Market Mar
Institution to the second property of the sec		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition Cee Door	aabc	Dua to (or Due to (or oth but not result	as a consecuting in the u	quence ot): quence ot): quenca ot): quenca ot):	ot dyin	en in Part I	renue cardiac of the cardiac of Death	23b. Dld 1 24a. Was perfo	tobacco use: Yss 2 No an autopsy primed? Yes 2 No one)	24b. Was confidence of the con	Approximate on the caubably are sutopailable prompletion death?	Jacob Market Mar
In scartificate has been signed by the ettending physician end signed to the standard for use es the burial-transit signed to the standard for use es the burial-transit signed for use es the burial-transit signed for the standard for the standa		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition Cerro Dro	a. b. c. d. Hospital: 1 Inp	Dua to (or Due to (or oth but not result	as a consecuting in the consecuting in the consecution in the consecut	quence ot): quence ot): quence ot): quence ot): quence ot): quence ot): 200 210 210 210 210 210 210 21	ot dyin	en in Part I	Zenue cardiac of Leading of Death	23b. Dld 1 24a. Was perfo	tobacco use: Yss 2 No an autopsy primed? Yes 2 No one)	24b. Was confidence of the con	Approximate on the caubably are sutopailable prompletion death?	Jacob Market Mar
Is certificate has been signed by the ettending physician end in director, page 2 should be detached for use as the burlahtransit in the completed by Physician/Medical Examiner		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition Cere Dro 25. Was case referred to medical examiner? 1	a	Dua to (or dependent of the but not result o	Do not an as a conse as a conse as a conse ting In the time R/Outpatie	quence ot): quence ot): quenca ot): quenca ot):	ot dyin	en in Part I	Zenue cardiac of Leading of Death	23b. Dld 1 24a. Was perfo	tobacco use: Yss 2 No an autopsy primed? Yes 2 No one)	24b. Was confidence of the con	Approximate on the caubably are sutopaliable prompletion death?	Jacob Market Mar
ector. After this certificate has been signed by the ettending physician end by the funeral director, page 2 should be detached for use es the burial-transit by the funeral director, page 2 should be detached for use es the burial-transit liftcation: To Be Completed by Physician/Medical Examiner		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition Cee Door	a. b. c. d. d. las contributing to deat 2 28a. Date of (Month, tion the 28e. Place of end 28e. Place of	Dua to (or dependent of the but not result o	Do not an as a conse as a conse as a conse ting In the time R/Outpatie 28b. Time o Injury	quence ot): quence ot): quence ot): quence ot): quenca ot): underlying car out 3 □ DOA ot 28	use giv	en in Part I	Cardiac of Cardiac of Death	23b. Dld 1 24a. Was performe 5 🖾 Resile 28d. Describe	tobacco use: Yes 2 No an autopsy ormed? Yes 2 No one) Idence 6 C how injury occ	contribute t 3 □ Pro 24b. Was cc cc of	Approximate of the cau bably are sutopatiable propertion death?	Jacob Market Mar
Infector: After this certificate has been signed by the ettending physician end so in by the funeral director, page 2 should be detached for use es the burish-transit so in by the funeral director, page 2 should be detached for use es the burish-transit so in the funeral director. To Be Completed by Physician/Medical Examiner		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition Cee Door	a. b. c. d. d. las contributing to deat 2 28a. Date of (Month, tion the 28e. Place of end 28e. Place of	Due to (or or o	Do not an as a conse as a conse as a conse ting In the time R/Outpatie 28b. Time o Injury	quence ot): quence ot): quence ot): quence ot): quenca ot): underlying car out 3 □ DOA ot 28	use giv	en in Part I	Cardiac of Cardiac of Death	23b. Did 1 24a. Was perfo	tobacco use: Yes 2 No an autopsy ormed? Yes 2 No one) Idence 6 C how injury occ	contribute t 3 □ Pro 24b. Was cc cc of	Approximate of the cau bably are sutopatiable propertion death?	Jace of des 4 Unknowsy finding rior to of cause
Infector: After this certificate has been signed by the ettending physician end go no by the funeral director, page 2 should be detached for use es the burial-transit of post the funeral director, page 2 should be detached for use es the burial-transit or post the funeral director. To Be Completed by Physician/Medical Examiner		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition Cee Door Door Death 1 Death	a. b. c. d. Hospital: 1 Inp 28a. Date of (Month, tibe ed Duilding)	Due to (or Due to (or Due to (or Due to (or other but not result to but not result t	as a consecuting in the unit of the consecution of	quence ot): quenc	of dyin	en in Part I 26. Place er: 4 Nu kt Yes 2	cardiac of Death	23b. Dld 1 24a. Was performe 5 🖾 Resile 28d. Describe	tobacco use: Yes 2 No an autopsy ormed? Yes 2 No one) Idence 6 C how Injury occ Street and Nu wn, State)	24b. Was confidence of the con	Approximate of the cau bably dare sutopaliable prompletion death? Yes	Jee of dead 4 Unknossy finding rior to of cause
Infector: After this certificate has been signed by the ettending physician end by the funeral director, page 2 should be detached for use es the burial-transit of by the funeral director, page 2 should be petached for use es the burial-transit of by the funeral director. To Be Completed by Physician/Medical Examiner		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition Cee Door 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1	a. b. c. d. s contributing to deat b. c. d. s contributing to deat Dua to (or details to the property of the purple of the pu	Do not an as a conse as a conse as a conse ting In the time to Injury ne, tarm, st	quence ot): quence ot): quence ot): quence ot): quenca ot): quenca ot): 20 21 22 23 24 25 26 27 28 28 28 28 40 41 42 43 44 45 45 46 46 46 47 47 47 48 48 48 48 48 48 48	of dyln use giv C. Injun Word 1 office	en in Part I	cardiac of cardiac of the cardiac of	23b. Did 1 24a. Was performed to the control of the	tobacco uses Yss 2 No an autopsy Yes 2 No one) Idence 6 C how injury occ Street and Nu wn, State)	contribute to 3 Proof	Approximate of the cau	Jee of death Land Deat	
Infector: After this certificate has been signed by the ettending physician end in by the funeral director, page 2 should be detached for use es the burial-transit in by the funeral director, page 2 should be detached for use es the burial-transit in properties of the properties of		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underhying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Anatural 5 Pending Investiga Suicide 6 Could no datermine (Check only one) 29a. Cartifier (Check only one) Medicat Examples	a. b. c. d. s contributing to deat Hospital: 1 □ Inp 28a. Date of (Month, tion the be ed building) Physician: To the be	Dua to (or details to the property of the purple of the pu	Do not an as a conse as a conse as a conse ting In the time to Injury ne, tarm, st	quence ot): quenc	of dyln use giv Ci. Injun Wort office	en in Part I 26. Place er: 4 Nu v at K? Yes 2 ma, date an pinton, daa	cardiac of cardiac of the cardiac of	23b. Did 1 24a. Was performed to the control of the	tobacco uss Yss 2 No an autopsy ormed? Yes 2 No one) Idence 6 C how injury occ Street and Nui wm, State) causa(s) and date and place	contribute t 3 Pro 24b. W av of finer (Special unred mannar as s a, and due t	Approximated on the cau beby deresure properties of the cau beby d	Jee of dea
It serves to search the this certificate has been signed by the ettending physician end in the funeral director, page 2 should be detached for use es the bunel-transit in the funeral director, page 2 should be detached for use es the bunel-transit in the funeral director, page 2 should be detached for use es the bunel-transit in the funeral director. To Be Completed by Physician/Medical Examiner		Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Part II. Other significant condition 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner ot Death 1 Anatural 5 Pending Investiga Suicide 6 Could no datermin	a. b. c. d. s contributing to deat b. c. d. s contributing to deat Dua to (or details to the property of the purple of the pu	Do not an as a conse as a conse as a conse ting In the time to Injury ne, tarm, st	quence ot): quenc	of dyln use giv Ca. C. Injun Word office	en in Part I	cardiac of cardiac of the cardiac of	23b. Did 1 24a. Was performed to the control of the	tobacco uses Yss 2 No an autopsy Yes 2 No one) Idence 6 C how injury occ Street and Nu wn, State)	contribute t 3 Pro 24b. W av of finer (Special unred mannar as s a, and due t	Approximated on the cau beby deresure properties of the cau beby d	Jee of dea	

32. Registrar's Signatura

Alia Savidson Bordelle

DHMH 16 Rev 6/95

State

Registrar

31. Data filed (Month, Day, Year)

OCT 0 1 1996



State of Maryland / Department of Health and Mental Hygiene

31002

						Cei	tificate of	f Death			Reg. No.		21002
	105		1. Decedent's Name (First, Middle	le, Last)						2. Date of De	ath		3. Time of Death
	Physic		Lydia	Row	1 0 17					Month	Day	Yeer	0.20DM
	/Medi		4a. Facility Name (If not institution					4b City Toy	wn or lo	cation of Death	ber 28,		9:30PM
4	Exami	ner											
Н		7	KENSINGTON GAI 5. Social Security Number	6. Sex	T. Age (In yrs. le	and hindhada	If Under 1 Yea	Kensi				ntgor	9
	Funeral Director			1□ M 2♀ F		Vre	Months Day		Min.	(Month, De			place (State or Foreign htry)
			217-32-1633 Usual Residence of Decedent		89	9				Dec.10	,1906	Washi	ngton, D.C.
	and and		10a. State 10b. County		10c. City,	, Town or Lo	cation					1	Od. Inside City Limits
	Manylan f show	ō	Maryland Drine	o Coomoo	· U	****	.:11.						1 ☐ Yes 2 ☐ No
	the 1	Director	Maryland Prince 10e. Straet and Number	ce George	s n	yattsv							
	72 hours efter deeth with the Maryland natural; or items 23s or 28s-f show dical Examiner must be notified at	ā	Toe. Straet and Number				10f. Zip Coda				10g. Citizen of	What Cour	itry?
	23 23	Funeral	7922 15th Avenu				207				U.S.A.		
	er de	nu.	11. Marital Status	Armed F			Vas Dacedant of Yas, specify Cu	Hispanic Orig ban, Mexican,	gin? (Spe , Puarto	ecify Yes or No Rican, etc.)		e - Americ ck, White,	ean Indian, etc.
20	s eff	by F	1 ☐ Never Married 2 ☐ Marri 3 ☑ Widowed 4 ☐ Divorcad	If Yes, G	2 ANo ive	1	☐ Yes 2⊠N	Specify:			Specif	v:	
8	n 72 hours natural',	D D			Dates:							Ţ.	White
5	d within 72 ho piene. r than *natur the Medical	Completed	15. Deceden (Specify only higher	t's Education s <i>t grade completed</i>)	16a. Decad	lent's Usual Occi kind of work don OO NOT use retir	upation e during most	of worki	ing	16b. Kind of B	usiness/Ind	dustry
12	withir ene. than	I du	Elementary/Secondary (0-12)	College	(1-4or 5+)			red)		-			
12	il Hygiene. other than *		12			Sales	woman				Jelle		
n	be filed tal Hyg d othe event,	Be	17. Father's Name (First, Middle,	Last)				18. Mother	r's Name	(First, Middle,	Maiden Sumen	ne)	
yla		2	Aubrey Haines	3				Anı	nie	Thrift			
a			19a. informant's Name/Relations	hlp (Type, Print)		19b, Mailin	g Address (Stree	et and Number	r or Rure	A Route Numbe	er, City or Town,	Stete, Zip	Code)
2	Health Health em 27 I		Mary Ann Ralke	₂ y		7904	15th Av	enue #:	102	Hyattsv	ille,Ma	rylar	nd 20783
ore	of Healt of Healt litem 2		20a. Method of Disposition			aca of Dispos	sition (Name of natory or other pl			Date	20c. Location -		
Ĕ	O 0		1 ☐ Burial 2 ☑ Cremation 4 ☐ Donation 5 ☐ Other (S		State		tan Cre		10	0/20/06	A10350m	dada	772
Baltimore, Maryland 21215-0020	artmen ortant: injury		21, Signature of Euneral Service	Licepsee -	met.		Nama and Add			9/30/90	Alexan	dria,	Virginia
ä	STATE &		1/4/	// (Fr	ancis J	. Coll:	ins	Funeral	Home,	Inc.	
_			23a Part1. Enter the disease of	Fred	anused the death	50	O Unive	rsity I	Blvd	.,W. Si	1.Spr.,	MD 20	
		1	23a art1. Enter the disease, or shock, or heart failure. List	only one cause on	each line.	Do not ente	er the mode of dy	ring, such as c	cardiac c	or raspiratory as	rest,		Approximate interval Between
)	Physician /Medical	ĭ	Immediate Course (Single				,						Onset and Death
	Examiner		Immediate Cause (Final disease or condition resulting in death)	a	2	ens	U					1	Kous
		_	rossking in double)		Due to (or	as/a conseq	uence of):					1	hous
т	bed isi	Ę		b. —		preu	nonig					1	Korus
	certificate be executed ding physician and ise es the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		Due to (or	as a consequ	uenca of):						
60,	cian cian		cause. Enter Underlying Causa (Disease or injury									1	
68760,	sate the the the the the the the the the t	edical	that initiated events resulting in death) Last	V	Due to (or a	as a consequ	ience of):						
9 X	ing p	Me											
Вох	_ 5 3	an		d									
·	0 0 0	Physician	Part II. Other significant condition	ns contributing to d	eath but not rasult	ting in the un	derlying cause g	iven in Part I.		23b. Did t	obacco use co	ntribute to	the cause of death?
P.O.	thet the led by th deteche	Å.	-1' 1	~						10	Yes 20 No	3 ☐ Prot	pably 4 🗆 Unknown
	and street	by	Congestur be	us forse	are								
5	law requires les been sign 2 should be		CILA	0		7		6			an autopsy		ere autopsy findings
00	w re	Siet	CVA.		cornay	an	in ouse	ease		peno	rmed?	COL	aliable prior to mpletion of cause death?
æ	0 - 0	Completed	160		/		/				/		
Division of Vital Records,	cartificate rector, pag		707							1 U Y	es 20 No	1	Yes 2 No
⋚	carti	Be	25. Was case referred to medical examiner?	Hospital:			0	har.		(Check only o			
ō	this ral di	. To	1 Yes 2 No 27. Manner of Death	1 1 1		R/Outpatient	3LI DOA	442 NUI			lenca 6 □Oth		1)
E C	Attending Physician: or death. ector: After this cartific by the funeral director,	Certification:	1 ☑Naturel 5 ☐ Pending		of Injury th, Day Year)	28b. Time of injury	28c. Inju			esa. Describe n	low injury occur	red	
S	death tor: the	cat	2 Accident investig	not be				Yes 2 N					
≥	スモデロ	뒫	4 Homicide determi	ned 286. Place	of Injury - At homing, etc. (Specify)	ne, farm, stre	et, factory, offica		2	28f. Location (S City or Tow		er or Rura	I Route Number,
	rai C								1				
	4 ho	edicai	(Ollock Olli) Z Medical I	Physician: To the Examiner: On the b	best of my knowle	edge, death	occurred at the t	ime, date and	placa, e	and due to the d	euse(s) and ma	nner as st	ated.
	To the Hospital or Attending Physician: within 24 hours after deals within 24 hours after deals To the Funeral Director: After this cartific completely filled in by the funeral director.			and man	ner stated.			Springli, Udalli	. ooddiit	- at the third, (wie and piace, i	aria due 10	are cause(s)
	To To	2	29b. Signature and title of cartifier	.01	1		29c. Licen	se number		2	29d. Data signe	d (Month, I	Day, Year)
	/		Maria	4.1	Kan 1	no	(C	12391	1		Septem	ber :	30 1996
	6		30. Name and eddress of person v	who completed caus	se of death (Item 2	23a) (Type, P	rint)	- 11	/		4 (114
			David A. B.	1051 MO	9410	0/0	crint) George 7	Sun R	J.	Beth	osda 1	Ud	20814
	Sta	te	31. Dete filed (Month, Day, Year)	32. R	egistrar's Signatu	гө			-	.7 (17)	1		- '
	Registr		OCTOI	1996 4	chia Davidso	n- Aland	482						
			- 17 2	000									

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1 Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death Month Physician KICHMAN Sep Praice 29 1996 9:55 PM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Daath 4c. County of Death Examiner Howard County General Hospital Howard Columbia 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Aga (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 1 □ M 2 🗓 F Days Min Yes Director 72 579-30-0613 Jan. 12, 1924 Washington, DC Usual Residence of Decedent the Maryland 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Director 1 X Yas 2 No Maryland Ellicott City Howard 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5 Herns 23e 4612 Manor Hill Lane 21042 USA death 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexicen, Puarto Ricen, etc.) 14. Race - American Indian, Black, White, atc. filed within 72 hours after 1 Never Married 2 Married Raltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ☒ No Specify: White Specify: py 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed withit Department of Health and Mental Hygiene. Important: If fear 27 is marked other than any Injury or other trainment. Elementary/Secondary (0-12) College (1-4or 5+) Housewife Home 17. Father's Name (First, Middle Last) 18. Mother's Name (First, Middle, Malden Sumeme) Leo J. Schaben Elizabeth Bayers 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Harold Richman/Husband 4612 Manor Hill Lane, Ellicott City, Md. 21042 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 9/30/96 Alexandria, Va. 21. Signature of 22. Name and Addrass of Facility
MONEY & KING VIENNA FUNERAL HOME, INC. W. Maple Ave., Vienna, Va. 22180 cations that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ne cause on each line. Approximate Onsat and Death **Physician** /Medical Immediate Cause (Final disaase or condition resulting in death) Examiner Examiner physician and s the buriel-transit The law requires that the death certificeta be executed Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical Due to (or as a consequence of): USB as for use as signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Records, Be Completed by 24b. Were autopsy findings available prior to completion of ceuse of death? page 2 should 24a. Was an autopsy performed? Deen has 2 2NO certificete 1 Yes 2 No Division of Vital Hospital or Attending Physician: director 25. Was cese referred to medicel examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 其 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this within 24 hours after deeth.

To the Funeral Director: After this completely filled in by the funeral of 27. Manner of Death 28a. Date of injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide edical 29a. Certifier 1 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only onel 94 29b. Signature and title of certifiar 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Olumbia nae ceman 32. Registrar's Gignature. 31. Date filed (Month, Dev. Year) State 1996 ▶ Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

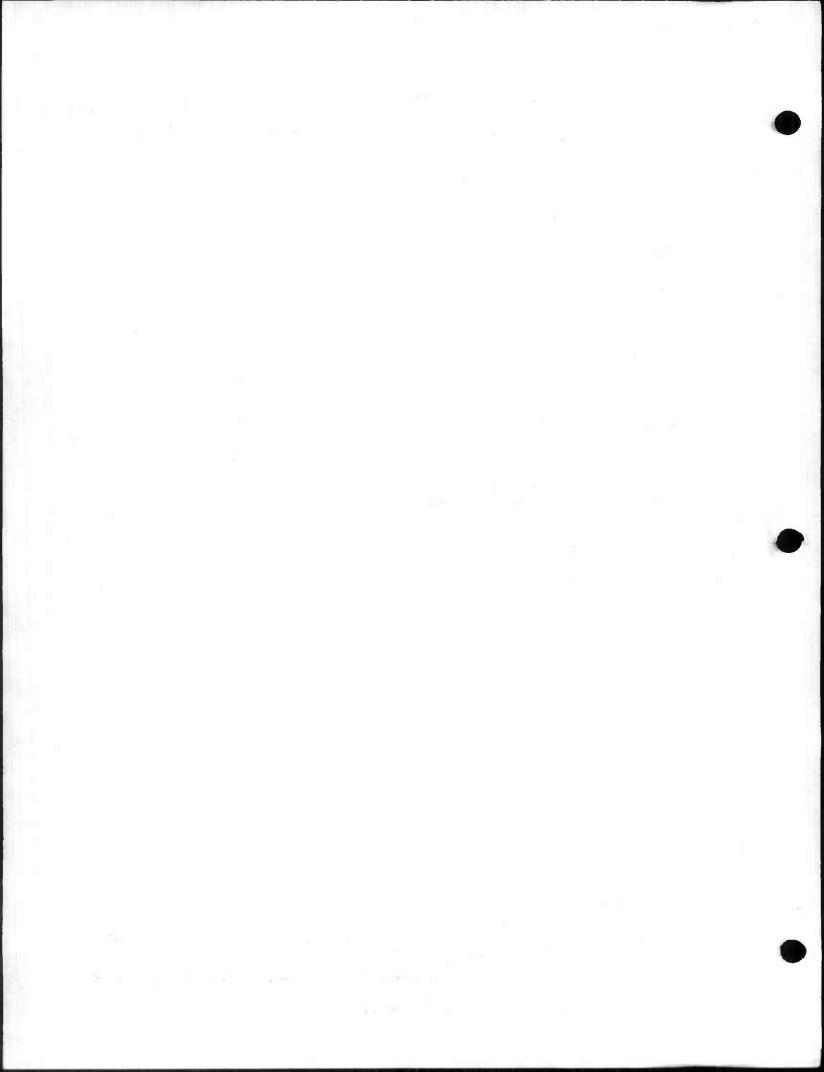
					Cei	nificate c	or Death			Reg. No.		
Physic /Med		1. Decedent's Neme (First, Middle, La TRAVIS	LE			2. Dete of Deeth Month Dey OCT 01, 19		Yeer 996	3. Time of Deeth			
Exam		4e. Fecility Neme (If not institution, gin					4b. City, To		ation of Dee G		ty of Deeth	
; Funera Directo	_		Sex 1. M 2□ F	7. Age (In yrs. last	birthday) Yrs.	If Under 1 Ye Months De		24 Hrs. Min.	8. Dete of Bi (Month, D July	rth ey, Yeer) 2, 1979	9. Birthpl Coun Mar	lece (State or Foreign try) cyland
h the Maryland r 28a-f show	ctor	10e. Stete 10b. County Maryland Carro	oll	10c. City, To	wn or Lo	cation	Finks	burg			10	0d. Inside City Limits
th with the 23a or 28	al Director	10e. Street end Number 2995 Carrollton I	Road			10f. Zip Code		.048		10g. Citizen of	Whet Coun	try?
hours after death with the Maryland ural; or tems 23s or 28s-f show al Examiner must be notified at	by Funeral	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Dece Armed Fo 1 Yes if Yes, Giv Year or D	2 1 No		Was Decedent of f Yes, specify C 1 ☐ Yes 2 ☑ N			cify Yes or Nican, etc.)	Speci	ece - America eck, White, e	an Indien, etc. White
be filed within 72 htal Hygiene. d other than "nate event, the Medic	Completed	15. Decedent's E (Specify only highest gre Elementary/Secondary (0-12)	ducation ede completed) College (1		16e. Decedent's Usuel Occupetion (Give kind of work done during most of life. DO NOT use retired)		t of working	working 161		Business/Ind		
	Be	10 17. Fether's Neme (First, Middle, Last Richard Lee Ruda				Student	18. Mothe	School ner's Name (First, Middle, Meiden Sumeme) berta Lynn Riley				
ges 1 and 2 should t of Health and Mer If item 27 is marke or other traumatic	T ₀	19e. Informent's Neme/Relationship (Roberta L. Harmo	Type, Print)				et end Numbe	er or Rural	Route Numb	per, City or Town		Code)
permit. Pages 1 and 2 Department of Health a Important: If item 27 is any injury or other tra		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specification of the control o	Removel from :	20b. Plece ceme	of Dispos ery, crem	sition (Neme of netory or other p	olece)	T	Dete	20c. Location		
permit. Depart Import. any inj		21. Signeture of Funeral Service Licer	ell &	Eline	22.	Name end Add		E]		uneral 1 d, MD 2		
Physician /Medical Examiner		23a. Pert1. Enter the disease, or comehock, or heert feilure. List only Immediate Ceuse (Finel disease or condition resulting in deeth)		nating in	Jur a consequ	y to 1						Interval Between Onset and Deeth
n certificete be executed anding physician and use es the bunel-transit	n/Medical	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest	c	Due to (or es								
requires that the death seen signed by the atte hould be detached for	Physicia	Pert II. Other significant conditions of	ontributing to de	ath but not resulting	in the un	derlying cause	given In Pert I.					the causa of death?
aw requires is been sign 2 should be	Completed by								24e. Wes	en eutopsy ormed?	ave	re autopsy findings ileble prior to apletion of cause eath?
The ate h	Be Com	25. Wes case referred to medical exeminer?					26. Plece	of Deeth		Yes 2□No		(Yes 2□ No
Mending Physician death. ctor: After this certific y the funeral director	Certification: To E	exeminer? XXYes 2 No 27. Manner of Deeth 1 Natural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be determined	of Deeth (Check only one) Irsing Home XXResidence 8 Other (Specity) 28d. Describe how injury occurred No Shet Self with bow and arrow 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 2995 Carroll for Ref				arrow Route Number Proliten Read					
X = = =	edical Certific	29a. Certifier 1□ Certifying Ph	yelclan: To the I	pest of my knowledgesis of examinetion e	e, deeth	occurred et the	time, dete end	d place an	d due to the	coulde(s) and m	annar ac etc	ted

32. Registrer's Signeture 1996 Julia dender Revoluti

OCT 2

State

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Nama (First, Middla, Last) denauriac 2. Data of Daath Month Day **Physician** Kathleen deMaurial Reed /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 303 S. Simpers Rd. Elkton Cecil | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) 5. Social Security Number Birthpiaca (Stata or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 1□ M 2QKF 90 yrs. 086-14-1007 Director July 9, 1906 New Jersey Usual Rasidence of Decedant the Menyland 10a Stata 10b. Count 10c. City, Town or Location Department of Health and Mental Hygiene.

The part of Health and Health and Health and Hard and Hard and Hygiene.

The part of the part of Hard and Hard and Hard and Hygiene.

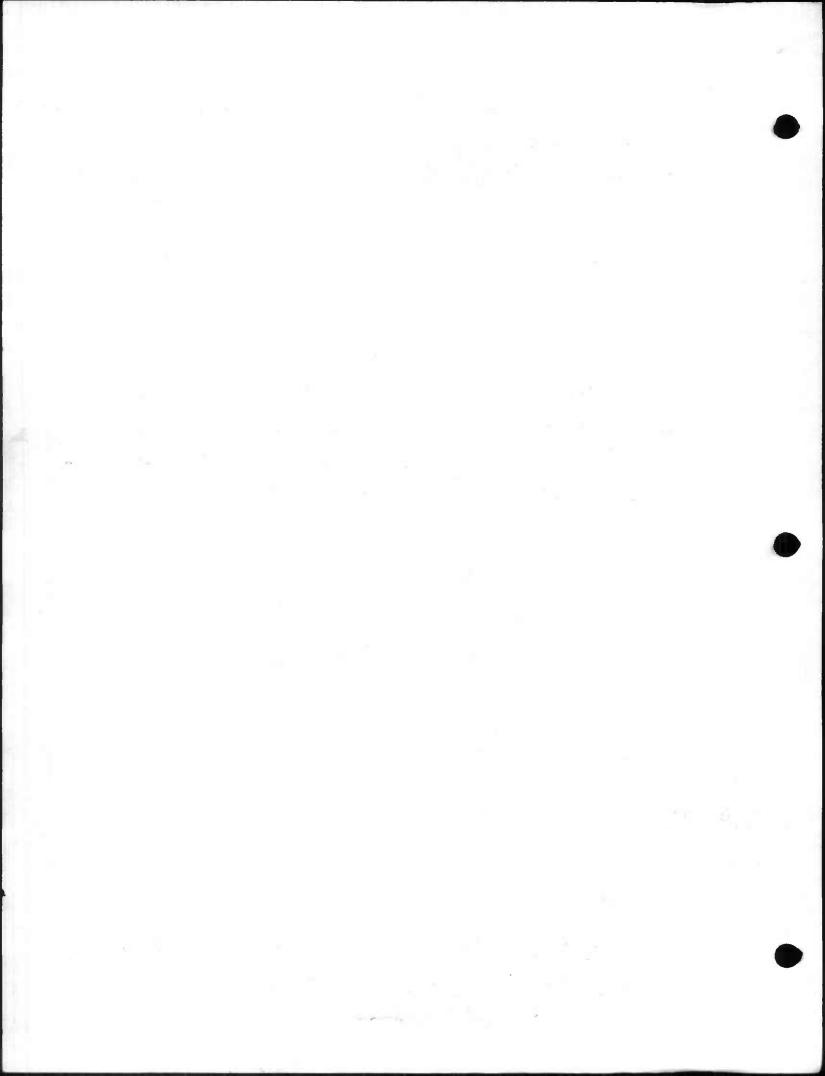
The part of Hard and Hygiene. 10d. Insida City Limits 1 ☐ Yas 2X No Director MD Cecil Elkton 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 303 S. Simpers Rd. 21921 Funeral USA 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 HNo Specify: White þ 3 ☐ Widowed 4 ₺ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Homemaker Own Home 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) deMauriac Jean deMaurial Belle Blanchard Durfee 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Elizabeth Nancy Erickson 303 S. Simpers Rd., Elkton, MD 21921 20b. Place of Disposition (Nema of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data Oct. 8, 1 ☐ Bunai 2 ☑ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) West Chester, PA 1996 R.A. Ferris & Co. 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Robert T. Jones & Foard, Inc. 122 W. Main St., Newark, DE 19711 or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, are. List only one cause on each line. Approximata Intarval Batween Onset and Death **Physician** /Medical Immediata Cause (Final disaasa or condition resulting in death) Immediatel Examiner Examiner ettending physicien and for use as the burlat-transit requires that the death certificate be executed Sequentielly list conditions, if any, laading to immadiate causa. Entar Underlying Cause (Disease or injury that initiated evants rasulting in daath) Last Dua to (or es a consequance of): Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequanca of): signed by the et d be detached for Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24a. Was an autopsy 24b. Wara sutopsy findings available prior to completion of causa of death? Completed certificate hes 1 Yas 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica Be 25. Wes casa rafarred to medical axeminer? 26. Placa of Death (Check only one) Other: 4 Nursing Homa Rasidance 8 Other (Specify) 1 Yas 1 Inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Describe how injury occurred Medical Certification: 28b. Time of 28c. Injury at Work? 5 Pending 1 ☐ Yas 2 ☐ No invastigetion 2 Accidant filled in by the 3 Sulcida 6 Could not be determined 28a. Plece of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rurel Routa Number, City or Town, Stata) 4 ☐ Homicide Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the ceusa(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner steted. 29e, Cartifian completely 29b. Signatura and titla of certifiar 29c. Licansa number ss of person who complated cause of deeth (Itam 23a) (Type, Print) ElkTon, MD 21921 union Far Kas al 05

is Davidson

State Registrar



State of Maryland / Department of Health and Mental Hygiene 9 6

If Undar 1 Yaar

Days

Certificate of Death

Physician
/Medical
Examiner

Director

þ

Completed

Be

WILLIAM WHITEMAN 4a. Facility Name (If not institution, giva street and number)

1. Decedent's Nama (First, Middle, Last)

RAMSAY

88

7. Age (In yrs. last birthday)

October

2. Date of Deeth

1996 8:45pm

Laurelwood Nursing Center

4b. City, Town, or Location of Death Elkton

4c. County of Death Cecil

Funeral Director

7 is marked other than "natural", or itema 23s or 28s-f show traumatic event, the Medical Examinal must be multified at

Chemit. Peges 1 and 2 should be filed within 72 hours effer deeth v Coppartment of Health and Mental Hygiene. Setting or them 23 temportant: if Nem 27 is marked other than "natural", or Itema 234 any injury or other traumatic event, tra Medical Examination in the process.

Physician /Medical

Examiner

attending physician and for use as the burial-transit

signed by the a

ata has

certificata

After this funeral

Hospital or Attending Physician:

THVA

death.

after death Director:

n 24 hou.

To the Hosp within 24 ho To the Fune completely fi

filled in by

The law requires that the death certificate be axecuted

Division of Vital Records, P.O. Box 68760.

Physician/Medical Examiner

Completed by

Be

10

Medical

Baltimore, Maryland 21215-0020

with the Maryland

Usual Residence of Decadent 10e. Stete 10b. County MD Kent

10c. City, Town or Location Galena

Yrs

Hours Min. 8. Dete of Birth (Month, Day, Year) May 2 1 9 0 8 May Penna.

10d. Inside City Limits

Birthpiaca (State or Foreign Country)

10e. Street and Number

5. Social Security Number

181-05-6423

31644 Park Glen Rd., Gregg Neck

₩ M 2□ F

10f. Zip Code 2 1 6 3 5

1 Yas 2 No 10g, Citizen of What Country?

Funeral 11. Marital Status

1 Never Married 2 Married 3 XWidowed 4 □ Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 XYes 2 No If Yes, Give Year or Datas:

13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.)

14. Raca - American Indian, Black, White, atc. SpeciWhite

U.S.A.

15. Decedant's Education (Specify only highast grade completed)

Coilege (1-4or 5+)

16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) Auto Body Repairman

1 ☐ Yes 2 ☑ No

Auto Body Repair

16b. Kind of Business/Industry

17. Father'a Name (First, Middle, Last) Thomas Ramsay

Elementery/Secondary (0-12)

10

18. Mother's Neme (First, Middle, Maiden Surname) Elizabeth Whiteman

P

19a. Informant's Neme/Ralationship (Type, Print) Barbara Dolan (daughter) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

21635 31644 Park Glen Rd. Galena, MD

20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 20b. Place of Disposition (Nama of cemetery, crematory or other place)

Date 20c. Location - City or Town, State Cheltenham Vet. Cem. 10/8/96 Cheltenham, MD

M00510

Galena Funeral Home of Stephen L. Schaech Box 235, Galena, MD 21635

Immediata Causa (Final

the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, resurt failure. List only one cause on each line.

Approximata Interval Betw Onset and Death

Sequantially list conditiona, if any, leading to immadiate cause. Enter Underlying Cause (Diseasa or Injury

Due to (or as a consequence of)

Due to (or as a consequenca of):

Due to (or as a consequence of)

that initiated events resulting in death) Last

23b. Did tobacco use contribute to the cause of death?

1 Yea 2 No

24b. Were autopsy findings available prior to complation of cause of death?

3 □ Probably 4 □ Unknown

2/2 No

24e. Was an autopsy performed?

1 ☐ Yes 2 ☐ No

25. Was casa referred to medical examiner? 1□Yes 2☑No

Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury at Work?

Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

26. Place of Death (Check only one) Other:

1 Yes 2 No

4 Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28d. Describe how injury occurred

27. Manner of Death 1 Natural 2 Accident 3 ☐ Sulcide

4 Homicida

5 Pending Investigation 6 Could not ba

28a. Place of Injury - At homa, farm, atreet, fectory, office building, etc. (Specify)

281. Location (Street and Number or Rural Route Number, City or Town, State)

29e. Certifier (Check only one) 12 Certifying Phyalcien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (IJem 23a) (Type, Print) Kulkug

415 Cecilton P.O.Box

Barbara A. Parey MD Chesapeake Family Practice MD 21913

State Registrar 0 4 1996 Signature

Photos II in the State of the S

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEF	TIFIC	ATE O	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			AE OF DE	HTA
	GEORGE ARTHUR	RUDIGIER					Septe	ember	26, 199	6 7	40	am ⊭
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest bi	thday) IF	UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF	BURTH		FITHPLACE		
	212-09-0297	1 🕅 M 2 🗆 F		- //	NTHS DAY		(Month, D	Day, Year)	18 Ma	untry)		. or orger
	9e. FACILITY NAME (If not institution, give stre	set and number)		94	CITY, TOW	N OR LOCATION OF D			9c. COUNTY O		DIL	
Œ	303 Valley Wood D						CAITI					
유	RESIDENCE OF DECEDENT	TIVE			Salis	bury			Wicom	1co		
DIRECTOR	10e. STATE 10b. COUNTY		1	Bc. CITY, T	OWN OR LO	CATION				10d. I	NSIDE C	TY
5	Maryland Wicom	ico		Sali	sbury						IMITS? YES 2	□ NO
A	10e. STREET AND NUMBER				1	10f. ZIP CODE			10g. CITIZEN C			_
ER	303 Valley Wood D	rive				21804			U.S.A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 📉	ER IN U.S. ARME)	13. WAS (ECENDENT OF HISPA	NIC ORIGIN?	Specify Yes o	r No.— 14. B	ACF - Am	erican ir	dian
E	Hand weekled Y - wellied	FORCES? 1 X	YES 2 NO		II yes,	specify Cuban, Mexico	en, Puerto Rice	an, etc.)		lack, White	, etc.	
BY	3 Widowed 4 Divorced	ii reo, arve warr	on bales		'"	ES 2 gg NO Specif	ry:		S	pecify: W	hite	9
B	15. DECEDENT'S EDUCA (Specify only highest grade of	TION	16a. DECE	ENT'S US	UAL OCCUP	TION	16b. KI	ND OF BUSIN	IESS/INDUSTR	Y		
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do	NOT use re	done during tired.)	most of working						
를	- 1110 - 1110 - 1110 - 1110 - 1110	2	Certi	fied	Pub1	ic Accounta	nt Un	ited S	States	Gove	rnm	ent
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				JOVE	- LIM	-110
BE C	George A. Rudigie	r				Ethe1	C. Poc	ock				
	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING AD	DRESS (Stre	at and Number or Rural			State. Zio Code		_	
2	Deette Wood					Wood Driv					21	804
	20a. METHOD OF DISPOSITION	1	20b. PLACE AND				DATE		TION — City o			004
	1 N Buriel 2 Cremetion 3 Remon	ral from State	camatani comet	one or other	minani	etery 09/)	1				. 1
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	FULL LI	IICUL	22. NAME	AND ADDRESS OF FA	30/90 CILITY	Brei	ntwood	, mar	ута	nd
	131	f			Fran	AND ADDRESS OF FA	s Son	s Fune	eral H	ome,	P.A	
	W.D. Te	isa			4739	Baltimore	e Ave.	, Hyat	ttsvil.	le, M	D 2	0781
	23. PART i. Enter the diseases, or co shock, or heart fellure. Li	mplications that cal	used the death	. Do not	anter tha	mode of dying, aud	h as cardisc	or reapira	lory arreat,	- 1	Approxi	mate
	IMMEDIATE CAUSE (Final	at only one cause (on each line.									Between nd Death
	disease or condition resulting in death)				7	Sheuma.	Lan L	Jane ?	Diner	- 4	24	
	resoluting in deatily	DUE TO (OR	AS A CONSEQUE	NCE OF):		7,0 11 117	.010			-		
z										j		
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUE	NCE OF):						-		
8	cause. Enter UNDERLYING									1		
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CONSEQUE	NCE OF):								
F	resulting in death) LAST											
2	2400 11 011											
EDICAL CERTIFICATION	PART II. Other algnificant conditions			iting in t	he underly	ing cause given in	Part I. 24	e. WAS AN AU		246. WERE	AUTOPSY BLE PRIC	
음	Dichitse C	17-1800000	Sec.				_ 1	TYES 2	1		ETION O	
ME						,		1			ES 2	NO.
9	DID TOBACCO USE CONTRI	BUTE TO CAUS	E OF DEATH	YES	□ NO	UNCERTAI	N \square					,
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE O			-				_		_
SI		HOSPITAL:	Outpatient 3 🗆		THER:	ome 5 Residence	0 - Other (C					
主	27. MANNER OF DEATH	28e. DATE OF INJU	JRY 2	b. TIME OF	F 28c.	NJURY AT			URY OCCURED			
	Netural 5 Pending	(Month, Day, Ye	er)	INJURY		WORK? YES 2 NO		DE 11017 11101	ON OCCORED			
B	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJ	JURY — At home.	term, stree			281 LOCATI	ON /Steed and	Number or Rui	of Posts At		
	8 Could not be determined	building, etc.	(Specify)		it, tactory, or	nce .	City or T	own, State)	Number or Hui	ar Houte Nu	mber,	
COMPLETED	29a. CERTIFIER											
를	(Check only CEHTIFTING PHYSICI	AN: To the best of my le										
Š I	2 MEDICAL EXAMINER:	On the basis of examin	nation end/or inve	itigstion, ir	my opinion	, death occured at the	time, dete en	d place, and d	due to the ceut	e(a) and m	enner se	stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	MBER	2	9d. DATE SIGN	IED (Month,	Day, Yea	r)
@ I	made Do	20				D2661				26-96		
											_	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type, Prin	nt)							
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM 27	(Type, Prin	(1) pr	n Mn 2	Reil					
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	rift vo	1,50	1.1 bu	2 MD 3	801					

					State	of Maryla			ent of F ate of		Mental H	ygiene Reg. No.	96 3	31008
	Physici /Medi			IVIA		ROMEI	RO				2. Data of I Month SEPT	Day 2.7	Yaar 96	3. Time of Death 6:35 PM
	Examir Funeral Director	ner	4a. Facility Nama (If not inst HOLY CROSS 5. Sociel Security Number 578-11-0976	HOS	PITAL	7. Aga (In yr	rs. last birthde 43 Yrs.	Mont	ndar 1 Yeer	4b. City, Town, of SILVER If Under 24 H Hours M	rs. 8. Data of E	MONT	GOMERY 9. Birthplac	ea (Stata or Foraign LVADOR
aryland	show		Usual Rasidence of Dacada 10a. State 10b. Co	unty			City, Town or						-	. Inside City Limits
th with tha Me	23a or 28a-f	Funeral Director	D.C 10e. Straat and Number 1409 MANCHES	N/A TER	LANE, N.		SHINGT		Zip Coda	20011		10g. Citizen of		VX Yes 2 No
020 urs after dea	urs a	by	11. Marital Stetus 1 ☐ Nevar Married 2 ☑ 3 ☐ Widowed 4 ☐ Divo		12. Was Dec Armed Fo 1 Yes If Yas, Gir Yaar or D	2 No	U,S. 1		acedent of H specify Cubo s 2 \(\text{No} \)	lispanic Orlgin? an, Maxican, Pu Specify:	(Specify Yas or Narto Rican, etc.)	specify Yas or No- to Rican, etc.) 14. Rec Blac Specify		
T .C	hygiena. ther than "natur ent, Tie Medical	Completed	15. Dac (Specify only h Elamantary/Secondary (0- 4 TH		ducation de complatad) Collega (1	1-4or 5+)	life	. DO NO	Jsual Occup work dona Tusa retired PREPAI	,	vorking	16b. Kind of B		stry
ਰ ਵੰਤੇ	d other	To Be C	17. Fathar's Neme (First, Mid MODESTO RIVE								ema (First, Midd. N SANDOV.	le, Meidan Sumar AL	me)	
6.5	27 i		19e. Informant's Name/Raie GERMAN BERNA		Typa, Print)							SH, D.C.		oda)
0 0 7	5 = .		20a. Mathod of Disposition 1 XBurial 2 Crama 4 Donation 5 Oth			Stata	Place of Dis cematary, c			EXCO OC	Data 4 96	SAN MIG	- City or Town	
Baltimo	Important: If any injury or once.		21. Signatura of Funaral Sa	jegisla Li /s	Baca	276		22. Name W . H .	BACO	ss of Fecility N FUNERA	AL HOME			
Exa	ysician ledical aminer	Examiner	23a. Pert1. Entar the dides shock, or heart failure. Immediate Cause (Final disease or condition rasulting in death) Sequentially list conditions, if eny, leading to immediate	a, or com List only	a. V	ogr eta	1	he sequence tre	~~~ of):	me		Can Can	In Or	oproximate tervel Between nsat and Deeth
BOX 68/60, sath certificata be assecuted	ending physician and r usa as the burial-transit	edicai	if eny, laading to immediate causa. Enter Underlying Cause (Diseasa or injury that Initiated events rasulting in daath) Last	{	d	Dua to	(or as a cons		of):					
that the death	d by tha att	Physician/M	Pert II. Other significant con	ditione o	ontributing to de	eath but not ra	sulting in the	undariyir	ig cause giv	an in Part I.		tobacco uee co		e cause of death?
aw requires	has been signed by tha attending ga 2 should be datached for usa i	Completed by										s an autopsy formed?	eveila	autopsy findings bla prior to lation of cause ath?
Ital H	s cartificata ha director, paga	Be Cor	25. Was casa referred to me axaminar?	dical						26. Placa of D	1 C	Yes 22No	1 🗆 Yı	as 2 No
Ing Phy	Aftar this funaral di	Certification: To	1 Yes 2 No 27. Mennar of Death 1 Naturai 5 Pa 2 Accidant inv	astigation	28a. Deta ((Mont		28b. Tima Injury	of	DOA Oth 28c. Injun Work	4 LI Nursing	Homa 5 Residence 6 Other (Specify) 28d. Describe how injury occurred			
To the Hospital or Att	eral Director: /		4 ☐ Homicida da	uld not be arminad	28a. Placa buildir	of Injury - At i	ify)				City or To	(Streat and Numb own, Steta)		
the Hos	the Funeral Inplately filled	Medical	one) 2 Med	cai Exam	Iner: On the ba	isis of exemin	etion and/or	Invastiget	ed at tha tin ion, in my o	na, data and plac pinion, deeth oc	ca, end dua to the curred at the time	a causa(s) and ma , deta and placa,	annar as state and due to the	d. • cause(s)
23	200	-	29b. Signature and fille of all	tifier		MI	0		DZ	W80		29d. Deta signe 7 / 1	d (Month, Day	(Year)
(5	2/		30. Name end address of per	/	Vinel	wor	e N	A Print	150	O FORRE	ST GLEN	RD. SILV	ER SEB	ING,MD
	Stat Registra		31. Data filed (Month, Dey, Y. SEP 3 0	1991	3.	egistrar's Sign	ature	4						

13. 3 309 0 n. - 10

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month IL RORIE 9:10 Pm 27 1996 SEPTEMBER 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Prince George's Hospital Cheverly Prince George's If Under 1 Yeer 5. Sociel Security Number 7. Age (In yrs. lest birthday) 42 Yrs. If Under 24 Hrs. 9. Birthplace (State or Foreign Country) North Carolina XXM 2 F Months Deys Houra Min. 578-72-8912 Yrs. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 □ No Prince George's Maryland Cheverly 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5243 Kenilworth Avenue #104 20981 USA 12. Was Decedent Ever in U,S. Armed Forces? 11 Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Race - American Indien, Black, White, etc. ☐ Yes 2XX\No Yes, Give Never Married 2 Married Specify: Black 1 ☐ Yes 2XXNo Specify: 3 Widowed 4 Divorced Year or Dates: 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Induatry Elementary/Secondary (0-12) College (1-4or 5+) Private Presser 12th 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame)

Fannie Christian

20c. Location - City or Town, Stete

Laurel, Maryland

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)

10/7/96

DMB WASHINGTON DC 200

5113 Addison Road, Chapel Oaks, MD 20743

J. B. Jenkins Funeral Home

item 27 is marked other than "naturel", or items 23a or 28a-f show other treumstic event, the Modical Examiner must be notified at hours after 0 Baltimore, Maryland 21215-0020 pernit. Pages 1 and 2 should be filed within Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "any injury or other treumatic event, the Means."

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

2

Baxter Rorie

Baxter Rorie/Father

4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee

20a. Method of Disposition

19a. Informent's Neme/Reletionship (Type, Print)

1 X Buriel 2 ☐ Cremation 3 ☐ Removel from State

10e. Stete

Funeral

Director

with the Manyland

death

Physician /Medical **Examiner**

> burial-transit nding physician and

Examiner Physiclan/Medical Completed by Be Certification: To edical

Division of Vital Records, P.O. Box 68760,

To the Hospital or Attending Physician: The lew requiras that the death certificate be a within 42 hours after death.

Within 42 hours after death.

To the Funeral Director. After this certificate has been signed by the attending physician completely filled in by the funeral director, page 2 should be detached for use as the built completely filled in by the funeral director, page 2 should be detached for use as the built.

		7/7/	Landouge Do	M acychael ber	anuland 2070E
23a. Pert1. Enter the disease, or com shock, or heart feilure. List only	plications that caused the decone cause on each line.	th. Do not enter the mo	ode of dylng, such es cerdi	ac or respiretory errest,	Approximate Interval Between Onset end Deeth
Immediate Cause (Final disease or condition resulting in death)	e. Advar	or es e consequence of	tquise de	Immun Liciency Sy	Pederne 2-34
Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying	b. Cano	or es e consequence of	Colon J	with wide	spread tyes
Ceuse (Diseese or Injury that initiated events resulting in deeth) Last	c. Due to (or es e consequence of	Keral 20 f	OHIV-AIE	3,2343
Pert II. Other significant conditions o	ontributing to death but not re	sulting in the underlying	ceuse given in Part I.	23b. Did tobacco uss co	ntribute to the causs of death?
Cancer of	Colon -	with 1	videsplei	1 Yes 2 No	3 Probably 4 Unknown
neloste	300 Home A		,	24e. Was an eutopsy performed?	24b. Were autopsy findings available prior to completion of ceuse of deeth?
				1□ Yes 20(No	1 ☐ Yes 2 ☐ No
25. Was cese referred to medical examiner?				eath (Check only one)	
1 ☐ Yes 2 No	Hospitel: 1 Inpatient 2	ER/Outpatient 3□ D	OA Other: 4 Nursing	Home 5 ☐ Residence 8 ☐ Oth	er (Specify)
27. Menner of Deeth 1 Neturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe how injury occur	red
3 Sulcide 6 Could not be determined	28e. Plece of Injury - At I building, etc. (Speci	ome, ferm, street, facto	ry, office	28f. Location (Street and Numb City or Town, Stete)	per or Rural Route Number,
29e. Certifier (Check only one) Certifying Ph	ysician: To the best of my kninar: On the basis of examinent and manner steted.	owledge, deeth occurred ation end/or investigation	d et the time, date and plac n, in my opinion, death occ	ce, end due to the ceuse(s) end ma curred at the time, dete end plece,	anner as stated. end due to the ceuse(s)
29b. Signature end title of certifier	h Gupta	NED 25	D 2097	4 29d. Dete signe	d (Month, Day, Year)

20b. Plece of Disposition (Name of cemetery, cremetory or other plece)

Maryland National Cem.

22. Name end Address of Fecility

State Registrar

3

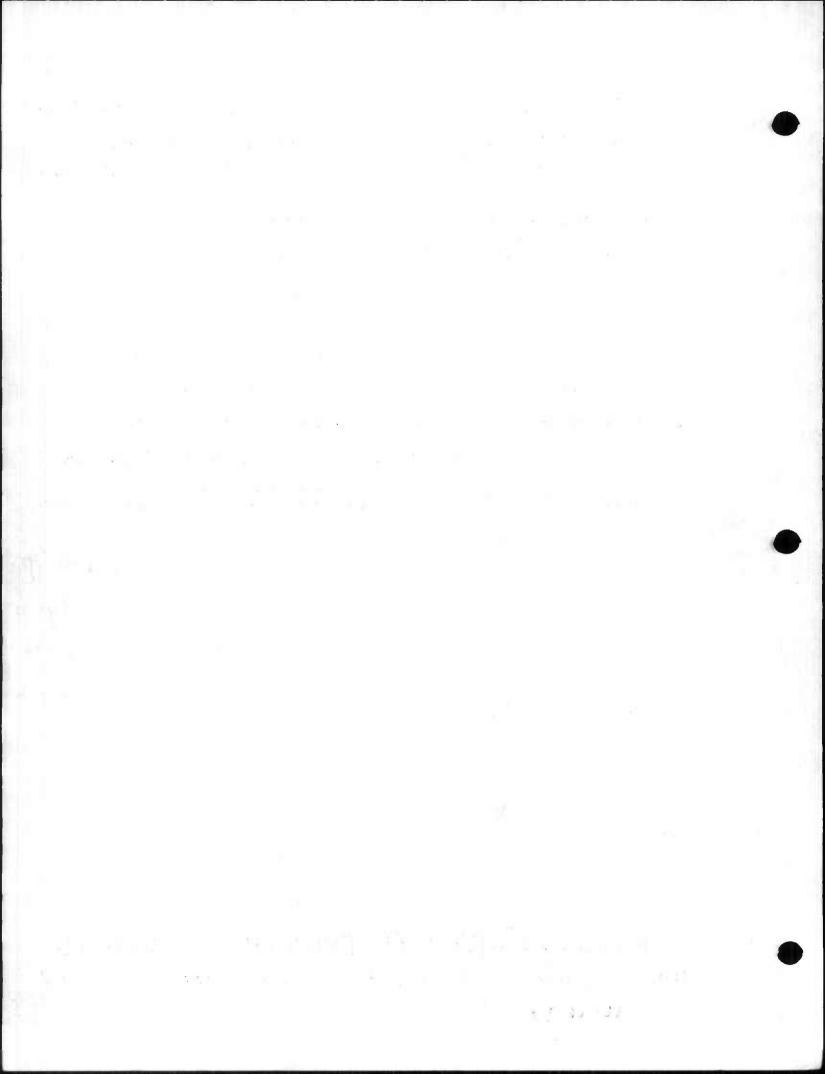
31. Date filed (Month, Dey, Year)

ornum

30. Name end eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

32. Registrar's Signeture

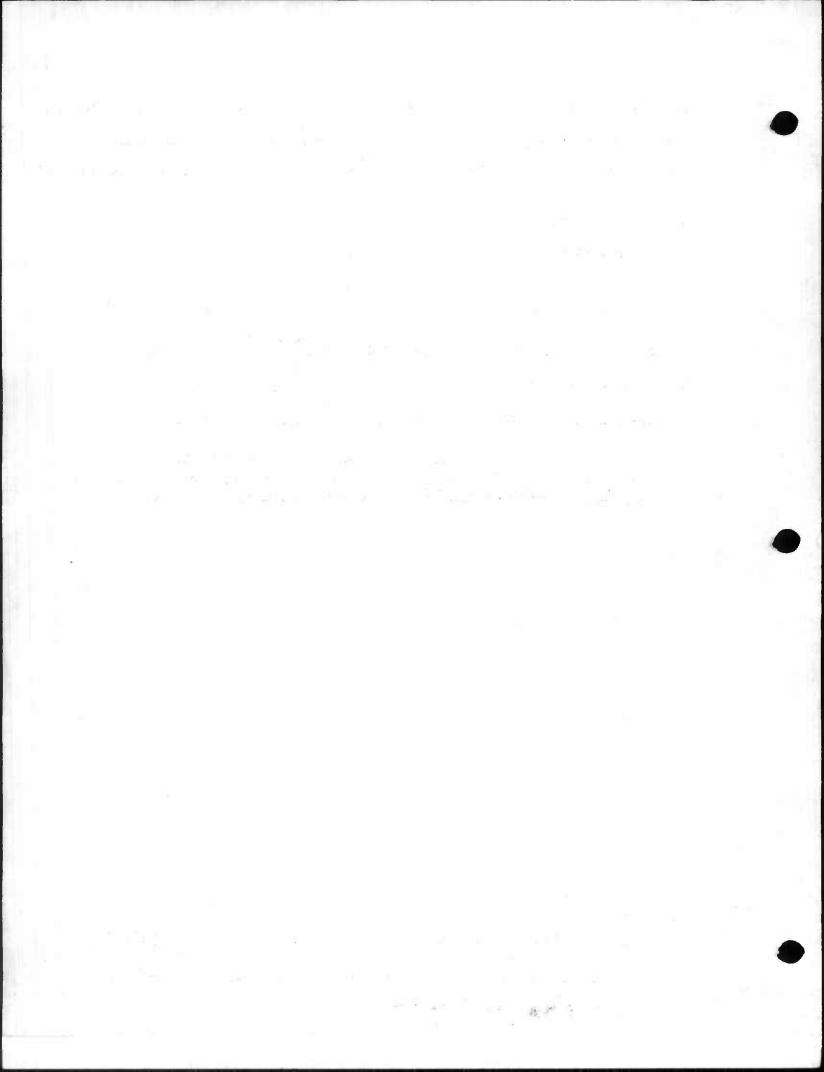
104



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

0	0	1	0	.2	^
6	3	1	U	1	U

					Certific	cate of	Death		Reg. No).	0101	
Physici	an	Decedent's Nema (First, Middle, L.	ast)				12	2. Data of D Month	eath Da	v Year	3. Tima of Deeth	
/Medic		Charles E.		ckart,	Sr.			Oct.	2	1996	9:00PM	
Examin	ner	4e. Facility Nama (If not institution, gi					4b. City, Town, o	or Location of Dee	th 4c	. County of Death		
		Garrett Memorial					Oakland		(Garrett		
Funeral Director		5. Social Sacurity Number 6. 233-48-5528 Usual Rasidance of Decedant	Sax 7. Age 32	a (In yrs. lest bir		Inder 1 Year Whs Days	if Under 24 H Hours Mi		irth ay, <i>Year)</i> 22,	9. Birth 1931 Cu2	place (Steta or Fora ntry) ZZart, WV	
A 1		10a. Stata 10b. County		10c. City, Tow	n or Location						10d. Insida City Lim	
Mail Fled	to	WV Presto	n	Terra	Alta					1 ☐ Yas 2 G		
128	Director	10e. Street and Number			101	f. Zip Coda			10g. Cit	izan of What Cou	ntry?	
3a o		Route 2 Box 35 C			2	6764			USA	1	White	
and Mental Hygiena. Is marked other than "natural", or itema 23a or 28a-f show aumatic event, the Medical Examiner mant be notified at	by Funerai	3 ☐ Widowad 4 ☐ Divorced If Yas, Giva Yaar or Detes:				eacedant of h specify Cubi	dispanic Origin? an, Mexicen, Pus Specify:	(Specify Yas or Narto Rican, atc.)	0-	can Indian,		
etura cal E		15. Decadant's E	Decedant's	Usuel Occur	ation		16b K	Ind of Businass/In				
u de	Completed	(Specify only highast gr	ada complatad)		(Giva kind o lifa. DO NO	f work dona OT usa ratire	during most of w	rorking F +	100. 1	ind of Dusinasavir	loustry	
E de la	E	Elementery/Secondery (0-12) unknown	Collaga (1-4or 5- unknown		al Ind		Operat	LIL	Min	ing		
H de H	Bec	17. Fathar's Nama (First, Middla, Las))					ama (First, Middle	, Maiden	Sumama)		
henta rked ic e	To E	Cornelius B. Reck	art				Emma Te	ets Reck	art			
th end Mer 7 is marke traumatic		19a. Informant's Name/Relationship	(Type, Print)	19b	. Mailing Add	irass (Street		Rural Routa Numi		or Town, Stata, Zia	o Coda)	
475	ŀ	Elizabeth Reckart	Wife					Alta, V				
t te th		20a. Mathod of Disposition 1 □XBurlei 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Spaci		20b. Placa of camatar		(Nama of or other plea	ca)	Date 10/5/96	20c. Lo	cation - City or To		
Department important: If any injury or once.		21. Signature of Funaral Service Lica		- LA.	22. Nam	a end Addra	ss of Facility	Browning Cingwood,	Fune	eral Home		
	edical Examiner	Immadiate Ceusa (Finet disaasa or condition rasulting in daath) Sequantielty list conditions, if any, laading to Immediate ceusa. Entar Underlying Cause (Disaasa or Injury that Initiated avants resulting in daath) Last	b. 5	Dua to (or es a como lo	consequence consequence	of):	wnoco	lung C	anc		months mony years 30 yrs	
he ettending led for use e	Physician/Mec											
ned by 1 e detect	y Phy	diabetes					1-00	Yes 2	□ No 3□Pro	bebiy 4 Unkno		
been signe should be d	Completed by							24a. Was	an autor	ev	ara autopsy findings allabla prior to impletion of causa death?	
e has been sig ege 2 should b	jdwo								v of	ari.	TV	
ificate has been sig or, pege 2 should b		25. Was cese referred to medical					00 81	10		1 No 1 E	☐ Yes 2☐ No	
s centificate has been sig director, pege 2 should b	o Be	25. Was case rafarred to medicel axaminar? 1 □ Yas 2 □ √0	Hospitel:	2	enations 3	DOA Oth		eeth (Check only	one)			
hath. 7.: After this certificate has been signe funeral director, pege 2 should be	To Be	axaminar? 1	28a. Date of Injury (Month, Day	28b. T		28c. Injun Work	ar: 4□ Nursing		one) dence (8 □Other (Specif		
rs after death. el Director: After this certificate has been sig- led in by the funeral director, pege 2 should b	To Be	axaminar? 1 Yas 2D No 27. Mennar of Death 1 Natural 5 Panding	28a. Date of Injury (Month, Day	Year) 28b. T	ima of njury M	28c. Injun Work	ar: 4□ Nursing / et k?	Homa 5 Rasi 28d. Dascribe	dence (how Injur	8 Other (Specify occurred	y)	
124 hours after death. • Funerel Director: After this certificate has been signetly filled in by the funeral director, page 2 should be a filled in the funeral director.	Certification: To Be	axaminar? 1	28a. Date of Injury (Month, Day	y - At home, far (Specify) my knowledge, examination and	ima of hjury M m, straat, fac	28c. Injun World	ar: 4 Nursing yet (? Yas 2 No	Homa 5 Rasi 28d. Dascribe 28f. Location (City or To	dence (how Injur	B Other (Specify occurred	y) al Routa Number,	
vithin 24 hours after death. • the Funerel Director: After this certificate has been signompletely filled in by the funeral director, page 2 should b	ledical Certification: To Be	axaminar? 1	28a. Date of Injury (Month, Day) 28a. Piace of Injury building, afc. yeiclan: To the best of Injure: On the basis of e	y - At home, far (Specify) my knowledge, examination and	ima of hjury M m, straat, fac	28c. Injun World	ar: 4 Nursing / et /? Yas 2 No va, data end place blain, deeth occurrence.	Homa 5 Rasi 28d. Dascribe 28f. Location (City or To	dence (how Injur Street anwn, Stata ceuse(s) data end	B Other (Specify occurred d Number or Rura) and mannar as si	al Routa Number, tated. the ceusa(s)	
in 24 hours after death. The Funerel Director: After this certificate has pletely filled in by the funeral director, page 2	Medical Certification: To Be	axaminar? 1	28a. Date of Injury (Month, Day) 28a. Piace of Injury bullding, afc.	Year) 28b. T Ir y - At home, far (Specify) my knowledge, xxaminetion and	ima of hjury M m, straat, fac daath occurr	28c. Injun Word 1 Ctory, office	ar: 4 Nursing y et k? Yas 2 No yas, data end place	Homa 5 Rasi 28d. Dascribe 28f. Location (City or To	dence (how Injur Street anwn, Stata ceuse(s) data end	B Other (Specify occurred of Number or Rural) and mannar as si place, and dua to a signed (Month,	If Route Number, tated. the ceuse(s) Day, Year)	
within 24 hours after death. To the Funerel Director: After this certificate has been sig completely filled in by the funeral director, page 2 should b	Medical Certification: To Be	axaminar? 1	28a. Date of Injury (Month, Day) 28a. Place of Injury building, atc.	Year) 28b. T Ir y - At home, far (Specify) my knowledge, xxaminetion and	ima of hjury M m, straat, fac daath occurr	28c. Injun Word 1 Ctory, office	ar: 4 Nursing y et k? Yas 2 No yas, data end place	Homa 5 Rasi 28d. Dascribe 28f. Location (City or To	dence (how Injur Street anwn, Stata ceuse(s) data end	B Other (Specify occurred of Number or Rural) and mannar as si place, and dua to a signed (Month,	If Route Number, tated. the ceuse(s) Day, Year)	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	
1 24 hours after	y filled in by the	the medical	
be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene pylor to burial, cremation, or removal.	aumatic event,	
death certificate	e attending physic lental Hygiene pri	ary, or other tr	
requires that the	of Health and M	shows any Inju	
CIAN: The law	artificate has the State Dept	or item 23	
NDING PHYSI	t: After this co	is marked,	
TAL OR ATTEI	VAL DIRECTOR 72 hours after	If item 28	
TO THE HOSPI	TO THE FUNER be filed within	IMPORTANT:	

	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND C	/ DEPART	MEN CAT	T OF H	IEALTH AND	MENTA	L HYGIEN	E	6 3	31011	
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN	WALTER				SMITH.	MONT	OF DEATH	AV	VEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)			IF UNDER 1 YEAR IF IMPER 24 HRS. 7 D			7 DATE	SEPTEMBER 20 1996 7. DATE OF BIRTH 0. BIRTHPLACE			2110 M	
	219-34-2799 9a. FACILITY NAME (If not institution, give:	1 M 2 F	58	YRS.	MONTHS		OR LOCATION OF D		h. Den 2 Year) 1				
OR	PENINSULA REGION		ML CIT		LISBURY	EATH			COMICO				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT					r, TOWN OR LOCATION					1	IOd. INSIDE CITY	
	MD . W	ICOMICO		SA	LIS	BURY						LIMITS?	
FUNERAL	504A CHELSEA COUR	RT					21804				U.S.A	AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS OCCEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO IF YES, GIVE WAR OR DATES 1955-1957 MARINE					If yes, sp	ENDENT OF HISPAI ecity Cuben, Maxics 2 NO Specif	in, Puerto		or No-	to— 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, C	DECEDENT'S U	ork done	during mo	ON est of working	168	KIND OF BU	SINESS/IN	DUSTRY	WIILIE	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	LABORE					NYLO	N P	LANT		
BE CON	17. FATHER'S NAME (First, Middle, Lest) WALTER R. SM	1ITH					18. MOTHER'S NA HELE	ME (First, EN HE		Sumame)			
10 8	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, TELEDICA CAST TILL STEED.										Code) 1851		
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Competers, cremetory or other place) 20c. LOCATION — City or Town, State										n, Stata		
	4 Donation 5 Office (Specify)			OMICO	MEM	. PA	RK ID ADDRESS OF FA	9/2	4 SA	LISB	URY,M	D	
	Suald & Sounds BOUNDS FUNERAL HO											. 21804	
	23. PART I. Enter the disesses, or comprications that caused the desth. Do not enter the mode of dying, such sa cardisc or respiratory arrest, shock, or heert failure. List only one cause on each line.												
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	tage Liv	Liver Disease								Onset and Dasth		
	reading in death,												
RTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO	TIVE HE	EQUENCE OF:	lun	9						7 days	
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury c. ASCITES												
I III II	that initiated events resulting in death) LAST	d											
AL C	PART II. Other aignificant condition			resulting in	the u	nderiying	ceuse given in	Part i.	24a. WAS AN PERFOR			VERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
MEDICAL	_ Chronic Alcol	101 Abouse	2					1	1 TES 2	16	C	OMPLETION OF CAUSE OF DEATH?	
	DID TOBACCO USE CONT	RIBUTE TO CA	JSE OF DE	ATH YES		NO [UNCERTAI	N N			1	YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CE OF DEATH	(Check								
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	28b. TIME	OF	28c. tNJ	URY AT		r (Specify) CRIBE HOW II	NJURY OC	CURED				
BY	1 Netural 5 Pending 2 Accident Investigation (Month, Dey, Year) INJURY WORK? 1 YES 2 NO												
TED	3 Suicide 8 Could not be detarmined	building,	itc. (Specify)	ome, farm, str	eet, fac	tory, office		281. LOC City	ATION (Street a or Town, State)	and Number	or Rural Rou	rle Number,	
COMPLET		CIAN: To the best of											
118	2 MEDICAL EXAMINE	4	amination and/or	Investigation,	In my	opinion, d	eath occured at the		and place, an			and manner as stated.	
TO BE	30. NAME AND ADDRESS OF PERSON WH	X/ D.			-		H5049			AND DAT		lonth, Day, Year)	

PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

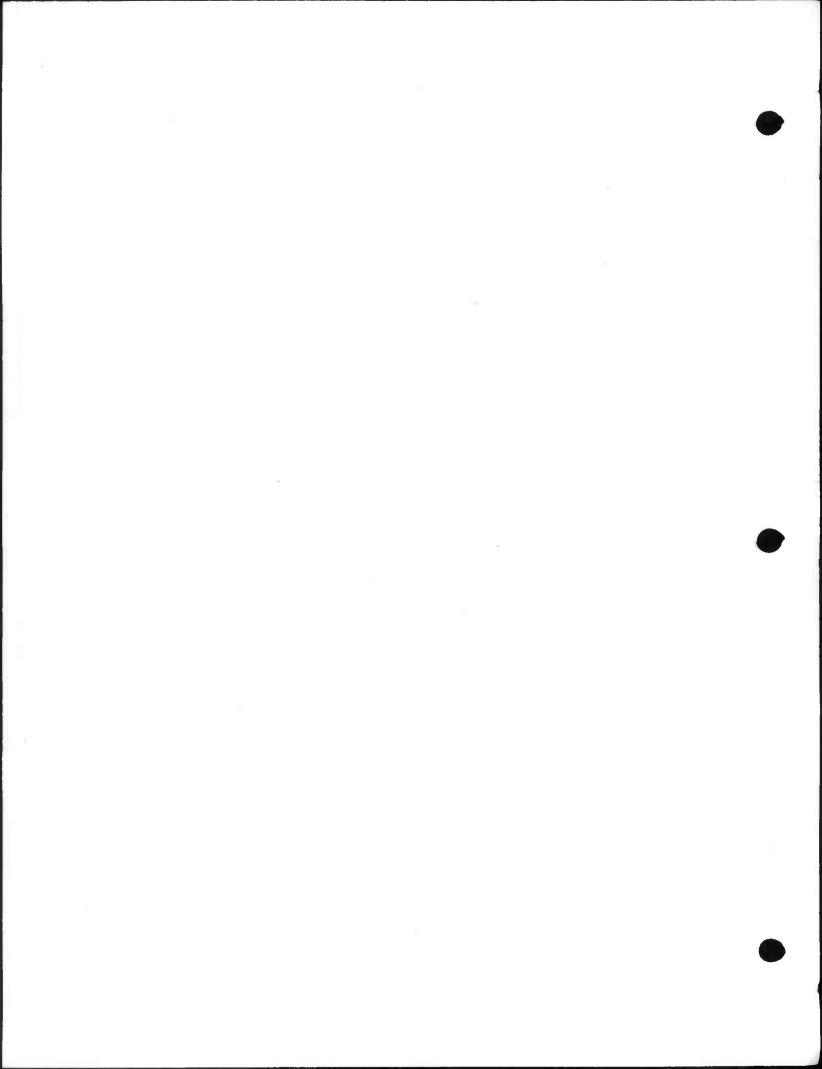
110 E. Carroll St.

Snyder D.D.

37. REGISTRAR'S SIGNATURE
JULY D'INTERNATION WORDER

Christopher S. S. S. DATE FILEO (MONTH, Day 1996

Salisbury, Mn. 21801



State of Maryland / Department of Health and Mental Hygiene 96 31012

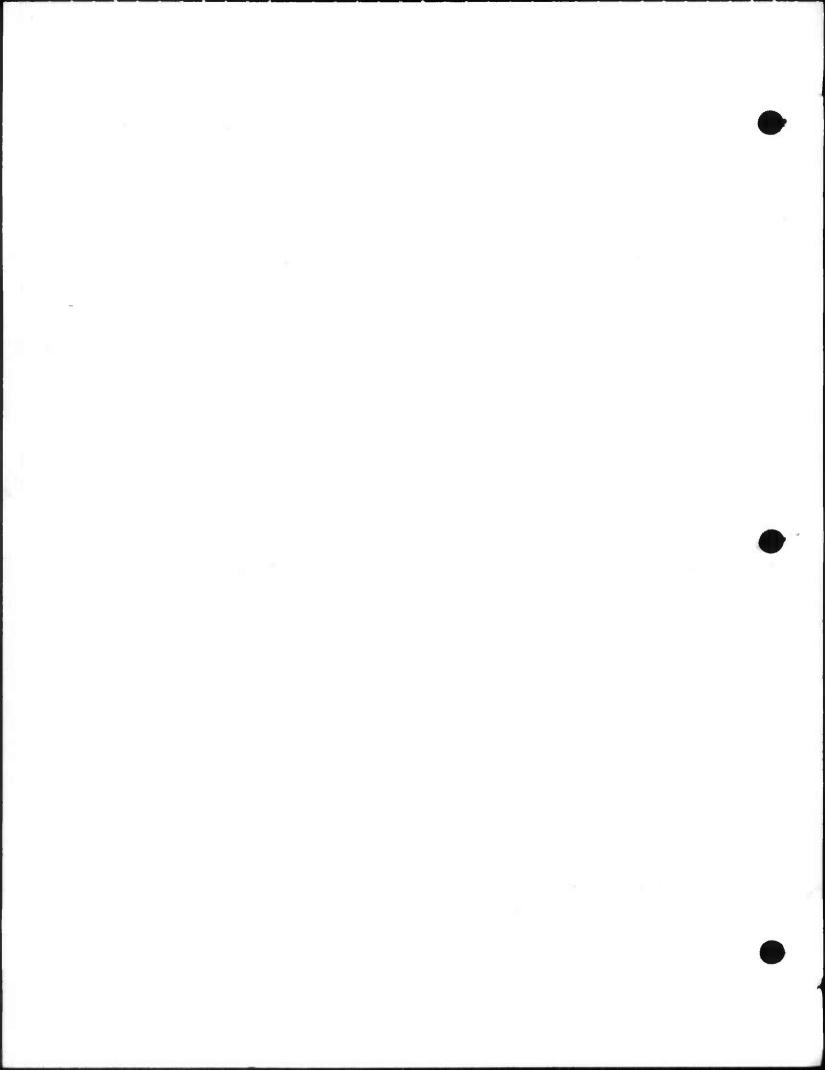
					Cer	tificate of	Death	Re	g. No.	U	1012
	- 1		1. Decedent's Name (First, Middle, La					2. Date of Deeth	1		3. Time of Death
ı	Physic /Medi		Lottie	E _{dgar} Smit	th			Septemb	er 22	1996	12:05
زر	Exami		49. Facility Name (If not institution, giv	re street and number)			4b. City, Town, or Lo	cation of Death	4c. County		
			Wicomico Nurs	ing Home			Salist	oury	Wic	omico	
	Funeral Director		5. Social Security Number 6. S 217-16-9579 Usuel Residence of Decedent	Sex 7. Age (In yrs	last birthday) Yrs.	Months Days	Hours Min.	8. Date of Birth (Month, Day, 1 March 2	Year) 24,19(9. Birthpiad Country) 8 M:	ce (State or Foreign aryland
	land land		10a. State 10b. County	10c. C	ity, Town or Loc	ation				10d	I. Inside City Limits
	Man H	to	Maryland Wicomi	ico	Sa1	isbury					¥ Yes 2 No
	r 28s	Funeral Director	10e. Street and Number			10f. Zip Code		10	g. Citizen of V		
	th wit	ai	407 Dover Stre	eet		218	304			US	A
	dea F	ıner	11. Meritei Stetus	12. Wes Decedent Ever in U Armed Forces?	J,S. 13. W	Vas Decedent of I	Hispanic Origin? (Spe	cify Yes or No-		e - American	
Maryland 21215-0020	permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 23 a or 28=f show important: if item 27 is marked other than "natural", or itema 23 a or 28=f show important: or other traumatic event, the Medical Examine must be notified at once.	b	1 Never Merried 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		☐ Yes 2☐ No		, , , , ,	Specify		
5	72 h	Completed	15. Decedent's Education (Specify only highest great programme)		(Give k	ent's Usual Occup	during most of working	10	6b. Kind of B	usiness/Indu	atry
121	Pa 6	idu	Elementary/Secondary (0-12)	College (1-4or 5+)	iife. D	O NOT use retire	od)		-1.		
d 2	Hygie ther t	ပိ	17. Father's Name (First, Middle, Last,	0	Labo	rer	18. Mother's Name	(First Middle M	Chick		
an	od be	o Be	William E. Will					lizabeth		,	
Ž	Shoul nd Me mark	²	19e. Informant's Name/Relationship (19b. Mailine	a Address (Street	t and Number or Rura				ode)
	nd 2 :					776					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
re,	f Head		A. James Smith/s 20a. Method of Disposition	20b.	Placa of Dispos	sition (Name of patory or other pla	n St., Sal		0c. Location -		, Stete
E	Pages nent of I art: If its		1 1 □ Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specif	JHemoval from State		,		/2F /0d	Class of	Doint) (D)
Baltimore,	mit.		21. Signeture of Funeral Service Licer	20	ad PO11	Name and Addre	ess of Fecility	1/25/90	Snad	Point	, MD
m	Depa impo eny ir	1	12000 11		· [1	lolloway	Funeral H	lome		- 0100	
	-		23a. Pert1. Enter the disease, or com shock, or heart failure. List only	plications/thet caused the dea	th. Do not ente	OUL Show or the mode of dyi	Hill Rd., ng, such as cardiac o	Salisbur respiretory arres	iry, MI	2180	4 pproximate iterval Between
ą	Physician		andox, or ridar failure. List offly								moor and Doutin
۲	/Medicai Examiner	П	Immediate Ceuse (Final disease or condition	IN tan	ens	NeA	1. He	mma	60	12	dan.
Н	LABITITIE	L	resulting in death)	a/N/nn Due to (or es a consequ	uence of):					1
	be is	nlne		b. 1-1/1-	ERIL	clyr	05			77-	1
	eath certificate be executed attending physician and for use as the buriat-transit	Examiner	Sequentially list conditions, if eny, leading to immediate	Due to (or as e consequ	uenca of):				/	
68760,	siciar buri	cal	cause. Enter Underlying Cause (Disease or injury that initiated events	C	18	Bel.		-		-1-	
	ificati g phy as the	edical	resulting in death) Lasf	Due to (c	or es e consequ	нерясе от):				1	
ŏ	onding use	In/M		d							
B	The law requires that the death ate has been signed by the atter page 2 should be detached for u	Physician	Pert II. Other significant conditions of	ontributing to death but not res	sulting In the un	derlying cause git	ven in Pert I.	23b. Did tob	acco use co	ntributa to th	he cause of death?
о. О	at the	Phy	F-11 11					1 □ Ye	2 No	3 Probal	bly 4 Unknown
Ś	the de the	þ	141	2'-						т	
Records,	v require been si should	Completed	1+1ston	p/ m	MALL	2611	/	24a. Wes an perform		avalis	autopsy findings
Sec	has b	nple		6	1001.	7/5/	1			of dea	pletion of cause ath?
						1 N/1	net	1 ☐ Yes	2 No	1 🗆 Y	res 2□ No
5	sicien: The certificate rector, pag	Be	25. Wes case referred to medical examiner?	Hospitel:		Ott	26. Place of Death				
Division of Vital		: To	1 ☐ Yes 2 ☐ No 27. Manner of Death	1 ☐ Inpatient 2 ☐	ER/Outpatient 28b. Time of	3□ DOA 28c. Inju	4 Nursing Hor	ne 5 Residen			
O	ding th.	tion	1 Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Year)	Injury	Wo	rk? Yes 2□No	.00. 5000/100 1107	williary occur		
	i or Attendi after death Director: A d in by the f	ifica	3 Sulcide 6 Could not b	e 28e. Place of Injury - At h				28f. Location (Stre		er or Rural F	loute Number,
ā		Certification:	4 Homicide	building, etc. (Special	ty)			City or Town,	State)		
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical (29a. Certifier 1 Certifying Ph (Check only one)	ysician: To the best of my kno niner: On the basia of examina and manner steted.	owledge, death ation and/or inve	occurred at the tirestigetion, in my o	me, date and piaca, a opinion, death occurre	and due to the ceu	use(s) end ma te and place,	inner as state end due to th	ed. e cause(s)
	Within To the Comp	Me	29b. Signeture and title obcertiller			29c. Licens	se number	296	d. Dete signe	d (Month, Da	y, Year)
			10	m	>		D02026		5-1	1.7	, 161
	3/2		30. Name and eddress of person who	completed cause of down (liver	m 23a) (Type, P	Print)			/	1	210
	4		F.G. Arthes 16	22 A Ocean	Pines.	Berli	n, Md. 2	1811			
	Sta	_	31. Date filed (Month, SEP 25	1996 32. Registrer's Signi	eture		,				
	Registr	ar	20	June and	week was	lally					

0
2
0
0
4
S
-
2
-
2
0
Z
-
1
_
Œ
4
=
2
-
шî
~
4
0
-
_

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME	NT OF H	EALTH AND	MENTAL HYGIEN						
77.00	1. DECEDENT'S NAME (First, Middle, Last) FLORENCE E.			Salr	non	2. DATE OF DEATH MONTH Septemb						
- The second	179-24-2774	1 □ M 2 ☑ F 89	YRS. MONTH		IF UNDER 24 HRS, HOURS MIN,	7. DATE OF BIRTH (Morth, Day, Year) 09/07/07		Penn	Sylvania			
STOR	So. FACILITY NAME (If not institution, give street PENINSULA REGIONA RESIDENCE OF DECEMENT	•	EATH	9c. COUNTY OF DEATH WICOMICO								
FUNERAL DIRECTOR	Maryland Wice	omico	10c. CITY, TOW	Salis	ourv			1. INSIDE CITY LIMITS? YES 2 NO				
NERAL	620 Terrapin Lane	101. ZIP CÔDE 21804					l	10g. CITIZEN OF WHAT COUNTRY? USA				
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 Types IF YES, GIVE WAR OR DAT	1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.)				Black, W	ACE — American Indian, ack, Whita, atc. pecify: White				
COMPLETED		conpleted) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTR									
DMP	10 17. FATHER'S NAME (First, Middle, Last)	0	Housewife	9	44 1407UEDIO 114	Dome						
	Ira Keiter	•			Katie	Gonlof						
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street a	_	Route Number, City or Tow		ode)				
ř	Edward Salmon/so		620 Ter	rapin	Lane, S	alisbury,	MD 218	104				
	20e, METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) The Burlet of Function 5 United activities Licenses 20b. PLACE AND DATE OF DISPOSITION (Name of commetter), crematory or other piece) Cedar Hill Cemetery 9/28 Philadelphia, PA 22, NAME AND ADDRESS OF FACILITY HOLLOWAY Function 1 DATE 20c. LOCATION — City or Town, State 22c. LOCATION											
\dashv	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, Dr heart fallure. Liet only one cause on each line. Approximate interval Between											
TION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST C. Due to (or as a consequence of):											
AL CE	PART II. Other significent conditions	contributing to deeth but	not resulting in the	underlying	csuse given in	Part I. 24a. WAS AN			RE AUTOPSY FINDINGS			
MEDIC						PERFOR		OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO			
PHYSICIAN:	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL				UNCERTAIL	N 🗹						
SICI	EXAMINER?	IOSPITAL:	PLACE OF DEATH (Che	ER:	- 52 100							
H	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME OF	28c. INJU	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUP	RED				
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	1 🗌 Y	RK? ES 2 NO							
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	ACE OF INJURY At home, farm, street, factory, office				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		AN: To the best of my knowled On the basis of examination a							d manner as stated.			
H	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED 29d. DATE SIGNED											
5	30. NAME AND ADDRESS OF PERSON WHO	De Cause of Deat	H (ITEM 27) (Type, Print)	SAL	IS BUR	72 ymy	7/	<u>v 5/</u>	19			
	31. DATE FILED SEP 25 1996	32 AEGISTRAR'S SIGNAT	Rardall									



	Pages 1, 2, 3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEARL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	\vdash	۵	=

									9	6 31014		
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR					ENTAL HYGIENI	E .			
	1. DECEDENT'S NAME (First, Middle, Lesi)						1	2. DATE OF DEATH		3. TIME OF DEATH		
	SARAH	ALEMETA DAL	E SM	ACK				MONTH TA	1 6	96 17300 PM		
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)		F UNDER 1 YEAR IF UNDER 24 HRS. 7			7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign			
	220-03-0909	1 □ M 2 × F 78	YRS.	MONTHS	DAYS	HOURS	MIN.	8 14 18		SNOWHILL, MD.		
	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY	, TOWN C	R LOCATION	OF DEAT		9c. COUN	NTY OF DEATH		
<u>بر</u>	SNOWHILL NURSING	GRCESTER										
5	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN		ION				10d. INSIDE CITY LIMITS?		
	MD. WORCE	STER	5N	OWHI						1 TES 2 NO		
FUNERAL	10e. STREET AND NUMBER				101	ZIP CODE				ZEN OF WHAT COUNTRY?		
9	430 MARKET					2186	3-11			USA		
ᆵ	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED					ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE American Indian, Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA				2 NO		, , , , , , , , , , , , , , , , , , , ,	- 1	Specify: BLACK		
	15, DECEDENT'S EDUC	OATION T										
	(Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life, Do NOT us	work done	during mo	st of working		16b. KIND OF BUS	INESS/IND	USTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	DOMEST					HOUSE	KEEPI	ER		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		0011201			16 MOTUES	D'O NAMO	E (First, Middle, Maiden S				
	GEORGE H.	DALF.				16. MOTHER	N S HAME	LOTTIE M		OWEN		
H	19e. INFORMANT'S NAME (Type/Print)	DALL	195 MAILING	Anness	B /Street o	nd Number or	Orani On					
2	196. INFORMANT'S NAME (TyperPrint) LEE SMACK 197. INFORMANT'S NAME (TyperPrint) 198. MAILING ADDRESS (Street and Number or Plural Plaute Number, City or Town, State, Zip Code) 301 CHURCH STREET; APT ⋅ #209, SNOWHILL, MD ⋅ 21863 −1											
	206. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State											
	1 □XBurlet 2 □ Cremetion 3 □ Remo						CEM.	9-18 SNO	WHILI	L, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LIC									RIAL CHAPEL		
	A STATE	B Clarella										
_	1213 JERSEY ROAD. SALISBURY, MD. 21801											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between											
	iMMEDIATE CAUSE (Final disease or condition								Onset and Death			
	reaulting in death)	Melleros	ckero	Ree	- (ark	cou	ascula	He	seen 5 yrs		
	DUE TO (OR AS A CONSEQUENCE OF):											
ON	Sequentially ilst conditions,	b. Wenteracy of upwerseless) of							3 ghs			
F	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF): C. Ansulin Departent Diskete, Milliter, 10 of							000 1000			
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):						cares 10 grs				
ERTIFICATION	resulting in death) LAST			,,								
CE		d										
	PART II. Other aignificant condition					cause giv	en in Pr	ert i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
음	Ollronie	Kenal	Vise	ar	e.			1 YES 2		COMPLETION OF CAUSE OF DEATH?		
ME	Coronare	acter	Dis	Lea	rae	le-		′		t TYES 2 WNO		
ä	CVA clek	of Rlemi	pares	us,	24	me to	-	con .				
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	(CE OF DEAT	TH (Check	k only one)				
PHYSICIAN: MEDICAL	1 TYES 2 NO	HOSPITAL: t - Inpatient 2 - ER/Outpa	itlent 3 🕱 DOA	4 Nur		5 - Reeld	fence 6	Other (Specify)				
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF JURY	28c. INJ	URY AT RK?	2	28d. DEŞCRIBE HOW IN	JURY OCC	URED		
BY	1 Natural 5 Pending Investigation			M		ES 2 1	10					
60	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Special	— At home, term,	At home, term, street, factory, office				281, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
E I	4 Homicide determined							,				
COMPLET	290. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurr	ed at the t	ime, date	end place, er	nd due to	the cause(e) end man	ner as atate	ed.		
NO										e cause(e) end menner ee stated.		
	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
BE	Bregow M.	Belland	M.	D.		DZ				-13-96		
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (See	(Deint)				-	-			

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GREGORIO M.

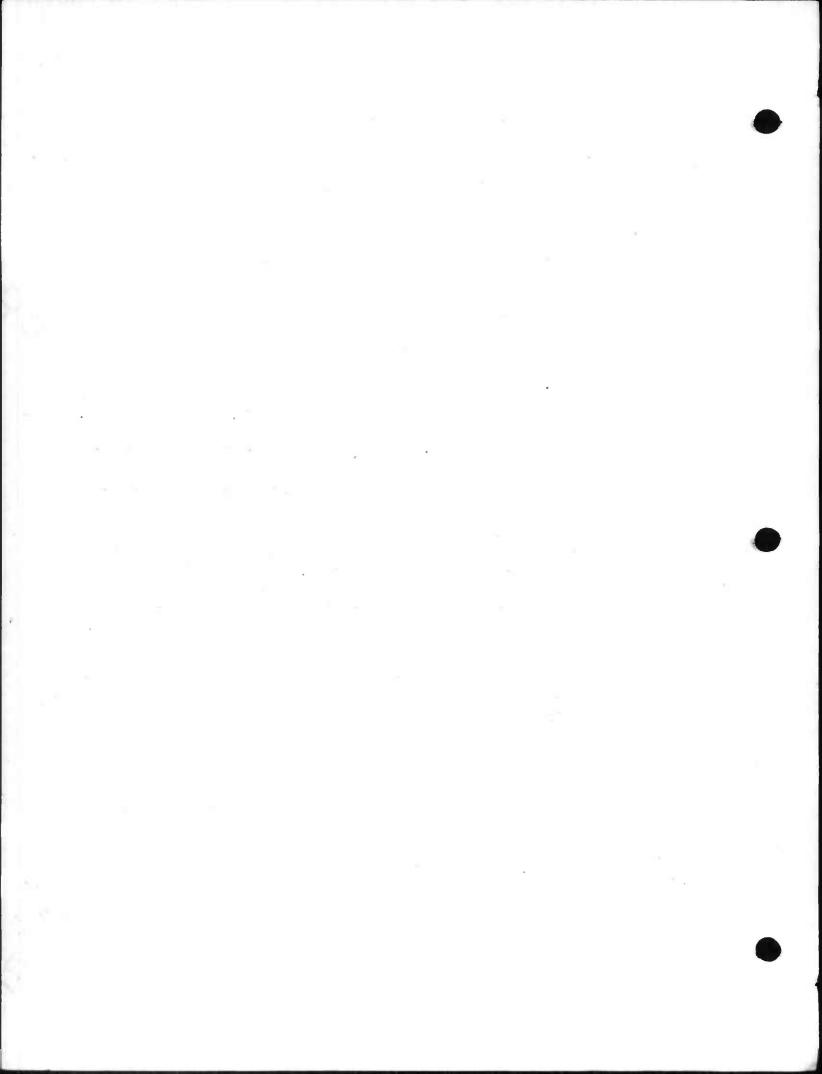
31. DATE FILED (Month, Day, Year) BELLOSO, M.D. 5302 CHINABERRY DR., SALISBURY, MD 2180,

32. REGISTRAR'S SIGNATURE

Splin Davidson Randall

261996

DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day September 27 1994 **Physician** Robert Edgar Sites 0010 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington Co. Hospital Hagerstown, Washington 7. Aga (In yrs. last birthday)
91 Yrs. Months Days Hours Min. (Month, Day, Year)
Feb 17,1905 5. Social Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** 220 10 5106 12M 2□F Director Usual Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinal must be notified at MD Washington Director 1 Yes 2 No Hagerstown 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? Avalon Manor Nursing Home 21740 US 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Orlgin? (Specify Yas or No-It Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after or nent of Health and Mental thygiene. nt: if item 27 is marked other than "natural", or iten iny or other traumatic event, the itentical Examiner 1 ☐ Yas 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: white þ ₹√Widowed 4 Divorced 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) General 6 laborer 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Robert James Sites Lydia Belle Gardiner Sites 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 21074 3825 Shiloh Av, Apt. #1, Hampstead, MD Mrs.Lena K. davidson/sister Mathod of Disposition

Mathod of Disposition (Name of complant, crematory of other place)

1 ☑ Buriai 2 □ Cremation 3 □ Removal from Stata

Resthaven Mem. Gardens 9/30 20a. Mathod of Disposition 20c. Location - City or Town, Stata Frederick. MD 21. Signature of Funeral Service Lice 22. Name and Addrass of Facility 521 S. Washington St. Minnich-Miller-May F. H.

and Enlar the disease, of computations that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, sock, or heart failure. List only one cause on each line. 24 Greencastle, PA Approximate Interval Between Onset and Death Physician /Medical Immediata Causa (Final Renal Failur disaasa or condition resulting in death) Examiner Dua to (or as a consequence ot) Dehy dulie be executed buriel-transit Sequentially list conditions, if any, leading to immediate ceusa. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence ot): and signed by the ettending physician i be detached for use as the burie Records, P.O. Box 68760. Heart Farilan Casentin Physician/Medical Dua to (or as a consequence of): relentiz Cardiovarante Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Thknown Chemic obtacht à 24b. Were autopsy tindings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? anto mater 1 Yas 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Was casa ratarred to medical Be 26. Place of Death (Check only ona) Hospitai: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 410 After this 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. injury at Work? 1 Natural 5 Pending death. To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A completely filled in by the fu 1 Yes 2 No investigation 2 Accident illed in by the 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Routa Number, City or Town, State) 4 ☐ Homicide edical 29a, Certifier 14 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to tha cause(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signatura and title of certifier 29c. License number 29d. Date algned (Month, Day, Year) - Cata mo D18019 Super 27,1996 30. Nama and address of person who completed causa of death (Item 23a) (Type, Print) 334 MILL ST, HAgerstown, Dr. VANSANT DATTA 31. Date tiled (Month, Day, Year) 32. Registrar's Signatur

all develor Redall

SEP 3 0 1996

State Registrar

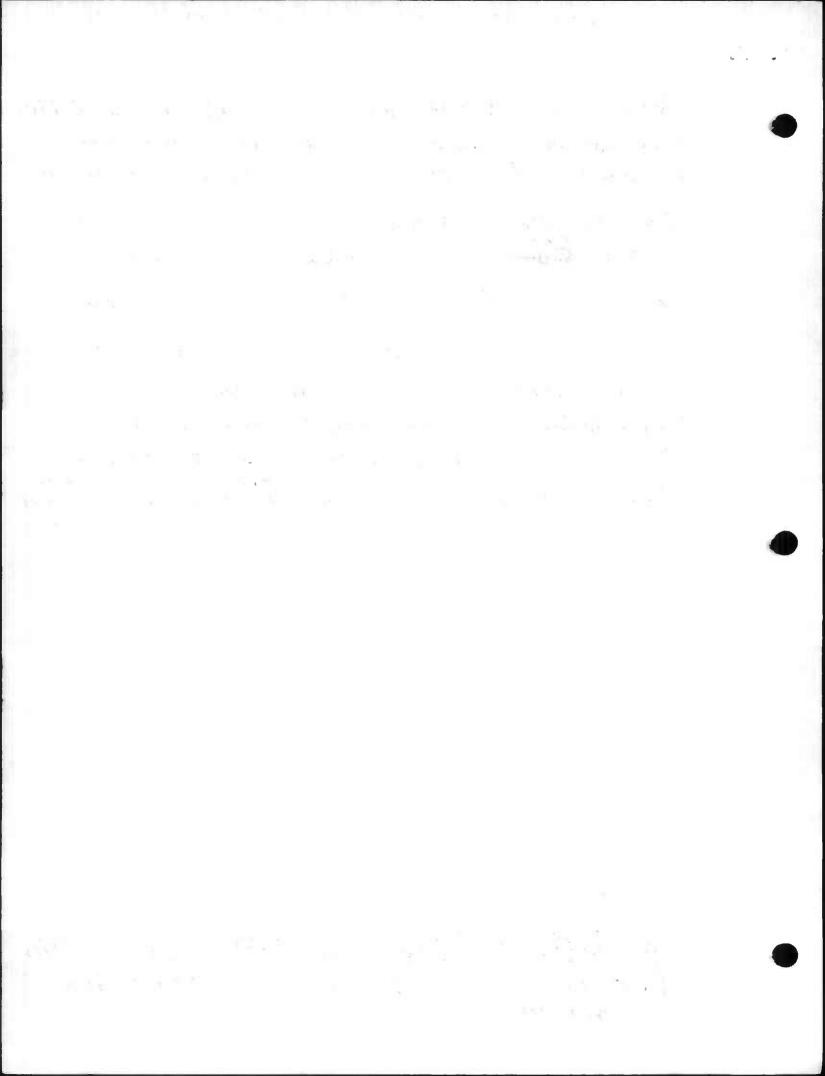
10E Wash. Co. L.B Sept. 30, 1996 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** earl /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner Chunty 7. Age (In yrs. last birthday) 24 Hrs. 8. Dete o ashington Jan 9. Birtholdes (State or Foreign 5. Sociel Security Number If Under 1 Year If Unde 8. Dete of Birth (Month, Dey, Year) 6. Sex **Funeral** 1□ M 2 F Deys Yrs. 219-36-4391 Director Franklin Co. Usual Residence of Decedent death with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show The Medical Examiner must be notified at Franklin Ubynesboro Director 1 KN Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Church 5 42 Herne 23e 54 USA 17268 Funeral Wes Decedent of Hispanic Origin? (Specify Yes or No if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritel Stetus Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 No Peges 1 and 2 should be filed within 72 hours after 1 Never Married 2 Merried Baltlmore, Maryland 21215-0020 natural, or 1 ☐ Yes 2 ØNo If Yes, Give Yeer or Detes Specify: Specify: White þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental thygiene. Important: if item 27 is marked other than 1 any injury or other traumsite event, the Me Elementery/Secondery (0-12) College (1-4or 5+) aborer lothing Mha 8 17. Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Surname) 8 Black Jerry Wagaman lice 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) MZIY church ST waynesboro ra 20b. Pieca of Disposition (Neme of cemetery, cremetory or other t Method of Disposition 20c. Location - City or Town, State Dete 1 ☑ Buriai 2 ☐ Cremetion 3 Removei from State 10/1 triends Creek Com 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Grove Home, INC Funeral S Brook 50 ST Waynesboro meiso Her ames 23a. Pertil Entar tha diseese, or com shoot, or heert feilure. List only plications that caused the deeth. Do not anter tha mode of dying, such as cardiec or respiratory arrest, one cause on each line. Approximete Intervel Between Onset and Deeth Physician /Medical Immedieta Causa (Finel disease or condition resulting in daeth) Examiner attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Records. P.O. Box 68760. Physician/Medical Due to (or as e consequence of) ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 9 No 3 Probably 4 Unknown þ director, page 2 should be 24b. Were eutopsy findings available prior to Completed 24e. Wes an autopsy completion of cause of death? certificate has 1 Yes 2 3 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Wes case referred to medicaj 28. Pleca of Death (Check only ona) Hospitel: 1 Impatient Other: 4 Nursing Home 5 Reeldence 6 Other (Specify) 1 Tes 2 3 N Certification: To 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death Date of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Affert 1- Neturel 5 Pending investigation To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Aft completely filled in by the fur 1 Tes 2 Accident 6 Could not be determined 3 Suicide Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and piece, and due to tha cause(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and dua to the cause(s) and mannar stated. 29a. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme and eddres cause of deeth (Item 23a) (Robert 31. Dete filed (Month, Day, Year) State

Registrar



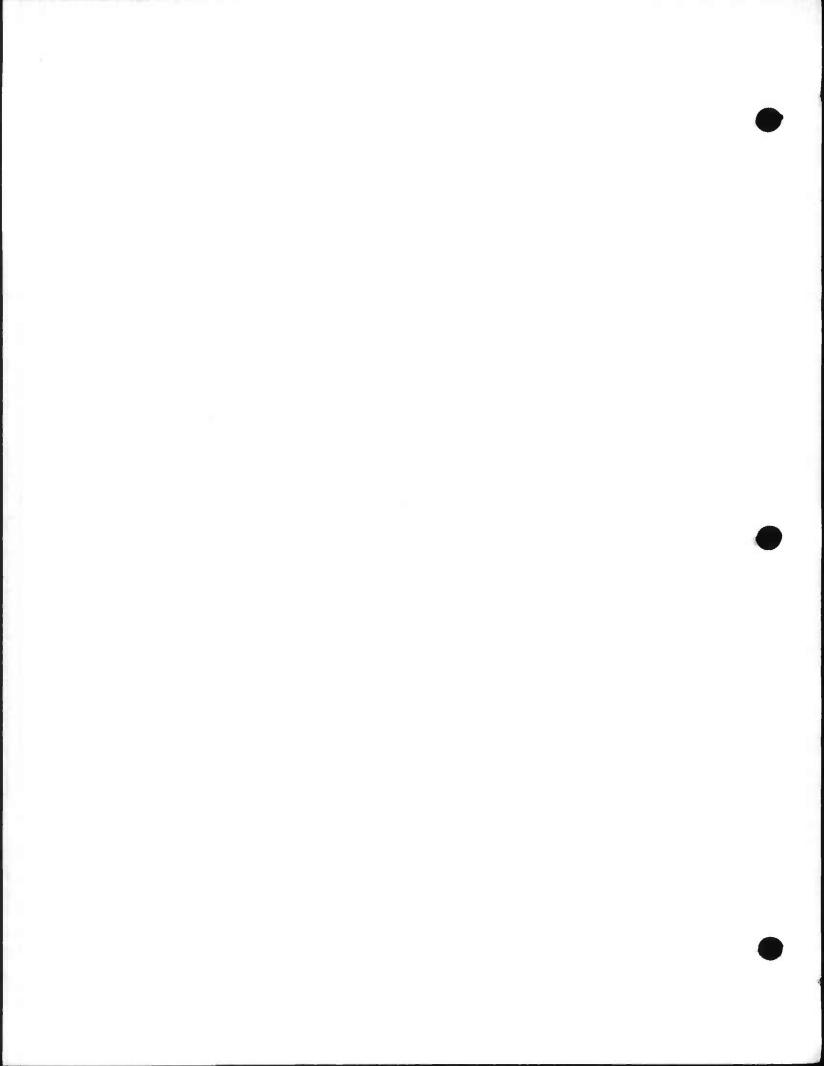
BALTIMORE, MARYLAND 21215-0020

68760	
89 X	
BOX	
P. 0.	
Ś	
ECORD	
OC.	
TAL	
7	
0	
ISION	

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND /		RTMENT				MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First	t, Middle, Last)									E OF DEATH		Ĭ	3. TIME OF DEATH
	Kathleen Margaret Spradlin										Sept. 28,1996			7:00 P.M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. las					R 24 HRS.	T DATE	OF BURTH		a mumma	
	213-60-80	1 M 2 F	46	YRS.	MONTHS DAY		HOURS	MIN.	Ju1	y 9,1	950	Mar	w vland	
	Sa. FACILITY NAME (If not institution, give street and number)					9b. CITY,	TOWN C	R LOCAT	ION OF D	EATN		.950 Maryland		
OR	College View Center					Fr	ede	ric	k			Fre	eder	ick
ב	RESIDENCE OF DEC	10b, COUNTY	,											
DIRECTOR	Md.					Y, TOWN O								10d. INSIDE CITY LIMITS?
1	10e. STREET AND NUMBER	Was	hington			Smit!								1 YES 2 NO
RA	24565 Hells Delight Rd.						101	ZIP COD		^				HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	IIIS L		KU.	450	1 40 1			2178				S.A	
	1 Never Married 2	Married	FORCES? 1	YES 2 PA	IO	l li	yes, sp	ecify Cub	an, Mexica	n, Puerto	N7 (Specify Yea Rican, etc.)	or No-	14. RACE Black	— American Indian, , White, etc.
B	3 Widowed 4 Dive	proed	IF YES, GIVE V	MAR OR DATES		1	YES	2.E. NO	Specif	ly:			Specif	White
ED		EDENT'S EDUC		18a. OE	CEDENT'S	USUAL OC	CUPATIO	N .		16	b. KIND OF BUS	INESS/IN	DUSTRY	
Ë	Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	+) //0.	Do NOT u	work done o se retired.)		st of work	ing					
P	12				Wait	res	3				Re	stai	ıran	t
COMPLETED	17. FATNER'S NAME (First, A	fiddle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
BE (Argen S. Kaetzel Katharine Witter													
TO E	19e. INFORMANT'S NAME (Type/Print) 19e. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 24565 Hells Delight Rd. Smithsburg, Md.21783													
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Onte 20c. LOCATION — City or Town, State													
	Smithsburg Cemetery 2,1996 Smithsburg, Md.													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1.25.25 Date 3/2 control of the co													
	Davis Funeral Home 12525 Bradbury Ave													
	Smithsburg, Md. 2178 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	ahock, or heart feiture. List only one ceuse on each ilne. iMMEDIATE CAUSE (Final disease or condition resulting in death) a. Markatic resulting on d Corvi cal Cancer Approximate interval Between Onset and Death Cancer Yrs													
CATION	Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL (PERFORMED? AM								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATN?					
											1 TES 2 NO			
A	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN													
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 YO	O MEDICAL	HOSPITAL:	26. PLAC ER/Outpatient 3	$\overline{}$	OTHER 4 DENurs	:	5 🗆 R	esidence	a 🗆 Othi	er (Specify)			
ξ	27. MANNER OF DEATN		28a. DATE OF (Month, D		28b. TIM		28c. INJ	JRY AT			SCRIBE HOW IN	JURY OC	CURED	
BY		Pending Investigation	[moral, D	wy, rour)	ING	M	1 🔲 Y	ES 2] NO					
ED	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined 28s. PLACE OF INJURY — At ho- building, stc. (Specify)									281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET			CIAN: To the best of R: On the basis of e											end manner as stated.
	29b. SIGNATURE AND TITLE			or a constitution			T		ENSE NUA					
TO BE	Hem	lehr.	us)	3/0	SP			U - ((Month, Day, Year)
	10200 Copp	person who	Road . W	SE OF DEATH (ITEN	27) (Type,	Print)	nd :	2179	8 D	r	ene E	7)	aha	M D
- 1					,				- D.	- •	CHE L	• A	SHE	r.U.

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

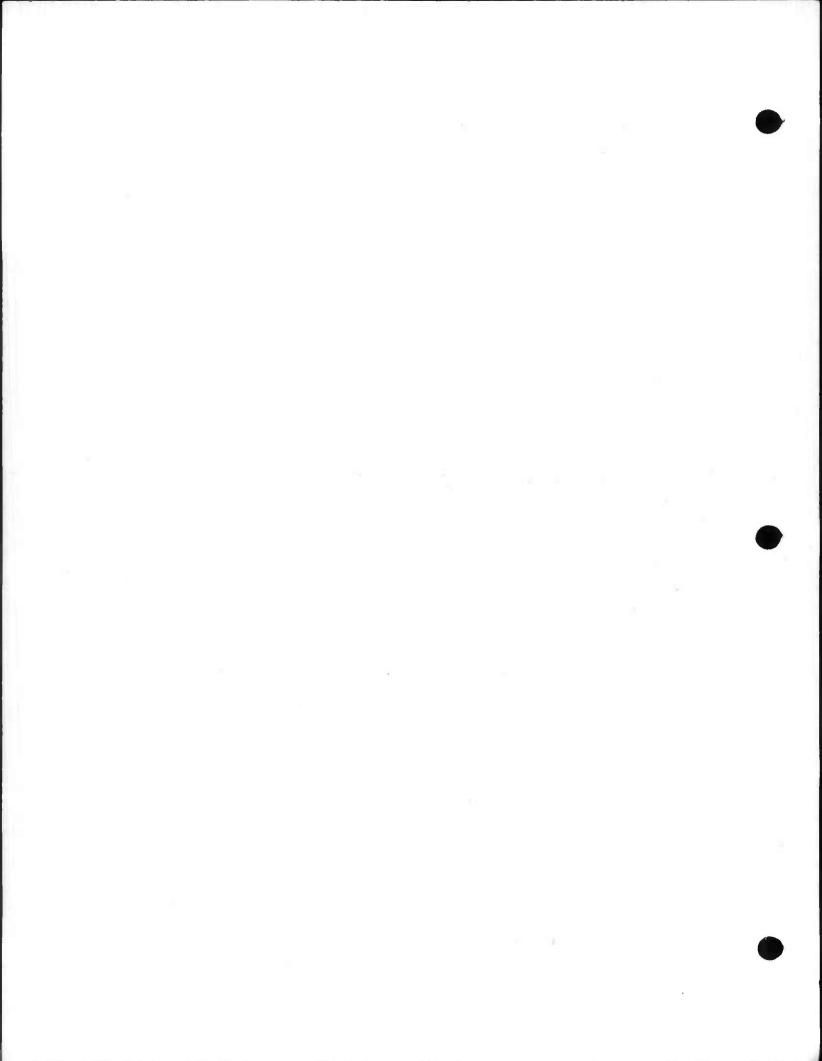


				State of Maryla	-	tificate of			Reg. No.	6 31	018	
	Physic /Medi		Decedent's Name (First, Middle, Last JOHN SWANSON					2. Data of De Month		Year	ne of Death	
	Examil Funeral Director		4a. Facility Name (If not institution, give Homewood Retire 5. Social Security Number 214-09-9005 %	ment Cente	Fr. last birthday) Yrs.		4b. City, Town, or Villiams If Under 24 Hrs. Hours Min.	Location of Deat Sport	Was		ete or Foreign	
	ryland thow		Usual Residence of Decedent 10a. State 10b. County		City, Town or Lo	cation					de City Limits	
	r 28a-f	Director	Maryland Washingt 10e. Street and Number	on Ha	gerstow	10f. Zlp Code			10g. Citizan of V	/	Yes 2□No	
	s 23a o		534-B Pangborn	Blvd. 12. Was Decedant Evar in	11.6 42.1	21742				S.A.		
020	72 hours after death with the Manyland natural', or items 23a or 28a-f show dical Examiner must be notified at	by Funeral	11. Maritai Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yas 2 No If Yes, Give Year or Dates:	13. Was Decedent of Hispanic Origin? (s If Yas, specify Cuben, Mexican, Puer 1 ☐ Yes 2X No Specify:			o Rican, atc.)		e - American India k, Whita, etc.		
Maryland 21215-0020	e 1 m	Completed	15. Decedent's Edu (Specify only highest gred Elementery/Secondary (0-12)	cation e completed) College (1-4or 5+)	(Give	16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) President			16b. Kind of Bu	77	kot	
nd Z	be filed withing tall Hygiene. d other then event, tre M	Be Co	17. Father's Nama (First, Middle, Last)		<u> </u>	residen		ne (First, Middle	Livest Meiden Sumern	ock Mar ®)	кет	
ıryıa	d 2 should be in and Mental 7 is marked or traumatic eve	To	Ernest Lee 19a. Informant's Name/Relationship (7)	Snyder	19h Mellin	n Address (Street	Salli end Number or Ru		er City or Town	Womack		
, Ma	alth a 27 is r tre		John S. Snyde	r Jr.	13315	Apple H	ill Driv		rstown,	Md. 2174		
Baltimore,	ages 1 a ant of Heart: If Item y or othe		20a. Method of Disposition 1 Buriai 2 Cremation 3 F 4 Donation 5 Mother (Specify)	Removal from State		atory or other ple		Date -1-96		City or Town, Stat		
Dall	permit. Pages 1 Department of H Important: If its any injury or ot once.		21. Signature of Funeral Service Licen		An	Name and Addre	coffman	Funeral	Home, I		Tano	
r	_	Н	23a. Pert1. Enter the disease, or compl shock, or heart tailure. List only or	ications that caused the de			etam St. ng, such as cardiac			Approx	imata I Between	
9	Physician /Medical Examiner		Immediate Ceuse (Final disaese or condition resulting In deeth)	Lung	COC (Lanc				Onset a	and Death	
,00,00	icate be executed physician and s the burlat-transit	edicai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):									
DOX DO	onding use a											
0.0	0 0 0	Physician/M	Part II. Other significant conditions con	ntributing to death but not r	esulting In the un	derlying cause giv	ven in Part i.			ntribute to the cau		
		by Pt	Hyperterion	noh				10	Yes 2□ No	3 Probably	4 ☑ Onknow	
necords,	sw requir s been s 2 should	Completed	Hyperterpi						an autopsy omed?	24b. Were autop available p completion of death?	rior to	
-	Pe este	0	25. Was cese reterred to medicei				26. Place of Dea	1 Check only		1 ☐ Yes	2 No	
5	D 00 2	on: To B	examiner? 1 Yes 2 No 27. Manner Death 1 Naturat 5 Pending	lospitel: 1 Inpatient 2 28e. Dete of Injury (Month, Dey Year)	ER/Outpatien	28c. Injur Wor	er: 4 Nursing H	lome 5 Resi	dence 8 Dothe			
DIVISION	or Attenuiter deat Director: in by the	Certification:	2								Number,	
	To the Hospital within 24 hours of the Funeral Completely filled	edicai C	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	stclan: To the best of my k ner: On the besis of exami and mannar stated.	nowledge, deeth nation and/or Inv	occurred at the tirestigation, in my o	ne, date and place pinion, death occu	, and due to the rred at the time,	cause(s) and ma date and piece,	nnar as stated. and due to the cau	ise(s)	
	To the Comp								29d. Data signed (Month, Day, Year) 9/30/56 9/30/56			
	Sta Registr		30. Name and address of person who co	mpleted causa of death (It	No H	elu A	he /	Logost	an 1	W 2/3	742	

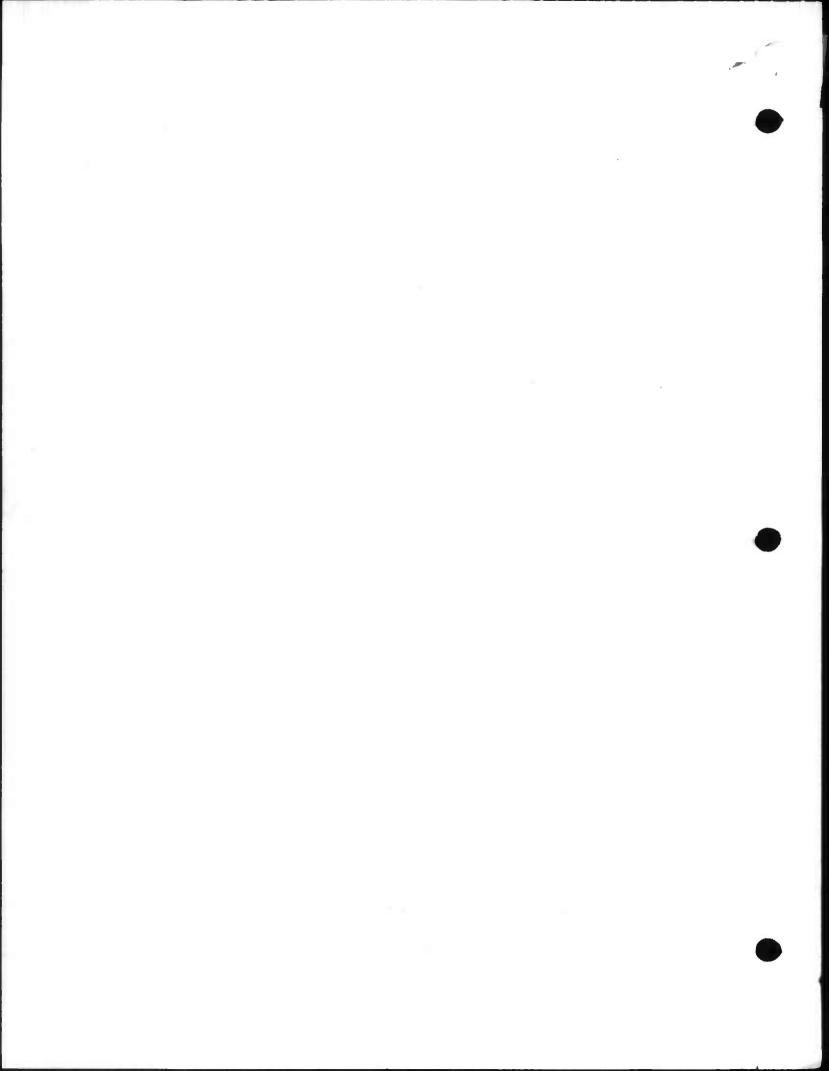
DHMH 16 Rev 6/95

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
l. C	DECEDENT'S NAME (First, Middle, Last)		2. DATE C	

TO CONTROLLED AND A STATE OF A LANGE AND THE AND A STATE OF A LANGE AND A LANG		r		REGISTRAR		CE	RTIF	ICATE O	F DEATH		REG. NO.			
CHARLOTTE BAR PART AND		ı												TIME OF DEATH
A SOCIAL POWER PROMISED TO 1996 A SECONDARY MANUSCRIPT NAMES OF A PROMISED TO 1996 A SECONDARY MANUSCRIPT NAMES OF A PROMISED TO 1996 A SECONDARY MANUSCRIPT NAMES OF A PROMISED TO 1996 A SECONDARY NAMES OF				Charlotte Lav	rerne Smi	th					-	•		4:06 P.M
TO COLUMN TO A COUNTY OF SEATON TO COLUMN TO C				4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	R IF UNDER 24 HRS.					
The AMERICAN MARK for entended, by a server entended of the same o		- 1		212-50-9641	1 ☐ M 2 📆 F	47	YRS.	MONTHS DAYS	B HOURS MIN.				Country)	
WESTERN MAY PLANE FOR MAY BE ADDRESS TO THE MANAGE PROCESS OF PROJECT TO THE STATE AND ADDRESS OF THE STATE AND ADDRESS O	Did.	- 1			treet and number			OF CITY TOWN	N OR LOCATION OF I		29,1			
The state of the s	3	- 1	œ									9c. COUNT	T OF DEATE	1
The state of the s			6	RESIDENCE OF DECEDENT	nd Cente	r		На	gerstow	n		Wa	shin	gton
No. THE FOR AN ADMENT A CONTROL OF PARTY 10 A CONTROL COUNTY 10 ACCOUNTY 10 A	8 -	- 1	8		1		10c. CIT	Y, TOWN OR LOC	CATION				100	I INSIDE CITY
No. THERE AND INSIGHED IN THE AND INSTITUTE IN THE AND INSIGHED IN			E	Md Wash	ington			emitha	la 13 20 00					LIMITS?
Value Valu	mit				ring con							40- 01717		
1			¥	ALTERNATION CONTRACTOR CONTRACTOR								10g. CITIZI	EN OF WHAT	COUNTRY?
Sequentially and control of the cont	an. Trans	- 1	빌										-	
Sequentially and control of the cont	ysic 20	Ì	요									or No-	4. RACE -	American Indian, nita, atc.
The property is a second property of the prope	00 00 00		≿		IF YES, GIVE WAR	OR OATES							Specify:	White
The property is a second property of the prope	as the					1								WIIICC
HOME 12 HOME 1		- 1	ш			(G/	ive kind of v	work done during		16b. I	KIND OF BUS	INESS/INDU	STRY	
The property of the property o	12 o p		۳۱		College (1-4 or 5+)	IITO.								7.47
The property of the property o	Nosp Post	9	M				Но	memake	er		Ho	ome		
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Batween abock, or heart failure. List only one cause on each line.	det la		8	The same of the sa					18. MOTHER'S N	AME (First, Mi	ddle, Maiden S	Sumame)		
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Batween abock, or heart failure. List only one cause on each line.	A A	1000			ger				Hel	len L	. Har	nish	1	
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Batween abock, or heart failure. List only one cause on each line.	Alaine	ŝ		19a. INFORMANT'S NAME (Type/Print)		196	. MAILINO	ADDRESS (Street						
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Batween abock, or heart failure. List only one cause on each line.	€ 5 €		-	Kennard M. Smit	ch Jr.		7100	Tri-C	County F	Rd. W	hite	City	.Kan	525 6687
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Batween abock, or heart failure. List only one cause on each line.	Pag :	2		20a, METHOD OF DISPOSITION	management -	20h PLACEA	ANDDATEC	OF DISPOSITION	(Name of	BASE	20c. LOC	ATION - CI	ty or Town,	State
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Batween abock, or heart failure. List only one cause on each line.	O 60 00	Ē	1	4 Denation 5 Other (Specify)	oval from State	Cedar	matory or of	ther plece)	orial P	,1990	Hac	erst	Oun	M A
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Batween abock, or heart failure. List only one cause on each line.	\$ \$ S			21 SIGNATURE OF FUNERAL SERVICE LIC	EMSEE //	1	3501							
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate interval Batween abock, or heart failure. List only one cause on each line.	uners	E	1	Ele fau o	of la	/		Davi	s Funer	al Ho	me 12	525	Brad	bury Ave
AND TO THE WAY SHOULD AND THE WA	B a a a				V. M	Sou	-				Sm	iths	burg	,Md.2178
MMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, flary, leading to immediate cause, Enter INDERTING AUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSCOURNCE OF): Sequentially list conditions, flary, leading to immediate cause, Enter INDERTING AUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSCOURNCE OF): JULY TO (OR AS A CONSCOURNCE OF):	rs at	9		23. PART I. Enter the diseases, or o	complications that ca	on each line	eth. Do n	not enter the r	node of dying, au	ch aa cardii	or reapir	atory arre	nt,	
disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): CALL SEQUENTIARY, is adding to immediate any, is adding to adding to immediate any, is adding to adding to immediate any, is adding to adding to adding to a position of course of position immediate any, is adding to adding to adding to a position of course of position immediate any, is add	hou he		- 1		ciat only one cause	On each mie.	•						j	
Sequentially list conditions, if any, isoding to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that infiliated events requiring in death) LAST DUE TO (OR AS A CONSCOUENCE OF): JULY DUE TO (OR AS A C	ily fil			disease or condition		ina	266						i	1 de
Sequentially list conditions, if any, leading to immediate cause. Enter VINDERLYING CAUSE (Disease or injury that initiated events charged to suppose the standard of the sequentially list conditions, in the sequentially list conditions, if any, leading to immediate cause. Enter VINDERLYING CAUSE (Disease or injury that initiated events charged to sequentially list conditions, and the sequentially list conditions, and the sequentially list conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algorithcant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algorithcant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algorithcant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algorithcant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algorithcant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algorithcant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algorithcant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algorithcant conditions, and the underlying ceuse given in Part I. PART II. Other algorithcant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algorithcant conditions, and the underlying ceuse given in Part I. PART II. Other algorithcant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PART II. Other algorithcant conditions, and the underlying ceuse given in Part I. PART II. Other algorithcant conditions contributing in the underlying ceuse given in Part I. PART II. Other algorithcant conditions contributing in the underlying ceuse gi	with	rent		resulting in death)	DUE TO (OR	AS A CONSEC	DUENCE OF	F):						()
The finitiated events resulting in death) LAST A	petin course	0	-			Nec	mos	2012	Mail.				ĺ	70.0
The first initiated events resulting in death) LAST A	and each	ag a	0		DUE TO (OR	R AS A CONSEC	DUENCE OF	7:	- 64.00					19
The finitiated events resulting in death) LAST A	Sicial b	tra	¥	cause. Enter UNDERLYING		m	nd/ N	4 54	la main					
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 AND 1 YES 2 AND 24b. WERE AUTOPSY PROPIDED AND AUTOPSY PREFORMED? 1 YES 2 AND 24b. WERE AUTOPSY PROPIDED AND AUTOPSY PROPIDED 24c. WAS AN AUTOPSY PROPIDED 24c. WAS AN AUTOPSY PROPIDED 24d. WERE AUTOPSY PROPIDED 2	ificat phy	1	표		DUE TO (OR	R AS A CONSEC	DUENCE OF	7:						79
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 AND 1 YES 2 AND 24b. WERE AUTOPSY PROPIDED AND AUTOPSY PREFORMED? 1 YES 2 AND 24b. WERE AUTOPSY PROPIDED AND AUTOPSY PROPIDED 24c. WAS AN AUTOPSY PROPIDED 24c. WAS AN AUTOPSY PROPIDED 24d. WERE AUTOPSY PROPIDED 2	O Paging	0	듄	resulting in death) LAST										
PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? 24c. WAS AN AUTOPSY PERFORMED? 25c. WAS CASE REFERRED TO MEDICAL 25c. WAS CA	death afte	2	빙											
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF THE PROPERTY OF T		를	A	PART II. Other aignificant condition	e contributing to de	eth but not re	esulting i	in the underly	ing couse given in	Part I.				
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF THE PROPERTY OF T	D that De	amy		Diapety Me	Mikes								COS	APLETION OF CAUSE
Standard	Sign Sign													
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 1	Deer L	5		DID TOBACCO USE CONTI	RIBUTE TO CAUS	SE OF DEAT	TH YE	S I NO	☐ UNCERTAL	N A				, 120 2 1 110
2 Accident Subcide Could not be detarmined Sea. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State) 26s. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State) 26s. CERTIFIER 26s. C	A has	23	₹							11 23		_		
2 Accident Subcide Could not be detarmined Sea. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State) 26s. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State) 26s. CERTIFIER 26s. C	icate i	Te le	잃			14		OTHER						
2 Accident Subcide Could not be detarmined Sea. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State) 26s. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State) 26s. CERTIFIER 26s. C	Serting C	6	¥∥							T				
THE STATE OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VASANT DATTA, M.D. 334 MILL ST MARKERSTOWN MO 21740	5 美麗	ked						URY	WORK?	26d. DESC	HIBE HOW IN	JURY OCCU	RED	
THE STATE OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VASANT DATTA, M.D. 334 MILL ST MARKERSTOWN MO 21740	The NG	E E	à l	2 Accident Investigation										
THE STATE OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VASANT DATTA, M.D. 334 MILL ST MARKERSTOWN MO 21740	END! A				26a, PLACE OF IN building, etc.	JURY — At hor . (Specify)	me, farm, s	rtreat, factory, of	fice	26f. LOCAT City or	TON (Street at Town, State)	nd Number o	Rural Route	Number,
THE STATE OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VASANT DATTA, M.D. 334 MILL ST MARKERSTOWN MO 21740	£ 25	12	E 1	Tromicos Geratimied										
296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 296. DICENSE NUMBER DICENSE NUM		6	Z	29a. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the best of my	knowledge, das	eth occurre	d at the time, de	ate and place, and du	e to the cause	e(a) and mann	ner se stated		
296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 296. DICENSE NUMBER DICENSE NUM		=												manner as stated.
PREMISE NOMBER 200. DATE SIGNED (Month, Day, Year) D (8 0 19 Saper 29. (9 96) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) VASANT DATTA, M.D. 334 MILL ST MAKERSTOWN MD 21740	7 7 7 8	1 1 1	8	2 MEDICAL EXAMINE										
VASANT DATTH, M.D. 334 MILL ST MARRESTOWN MD 21740	7 7 7 8	TANT: If It		2 MEDICAL EXAMINE										
VASANT DATTH, MID. 334 MILL ST MARERSTOWN MD 21740	7 7 7 8	PORT	닒	29b. SIGNATURE AND TITLE OF CERTIFIEF										
31. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. HEGISTHAN'S SIGNATURE	7 7 7 8	PORT	닒	296. SIGNATURE AND TITLE OF CERTIFIER	than	DE OFATH ATT	1 0m 7	200						
OCT 0 4 1996	7 7 7 8	PORT	닒	296. SIGNATURE AND TITLE OF CERTIFIER 296. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE O				D (80	19	0 21	▶ Say		
	7 7 7 8	PORT	닒	296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 20. NAME AND ADDRESS OF PERSON WHITE VASANT DATTA.	COMPLETEO CAUSE O	4 MIL	c 57		D (80	19	0 21	▶ Say		
11.1 14 1550 7	3 7 7 8	PORT	닒	296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 20. NAME AND ADDRESS OF PERSON WHITE VASANT DATTA.	COMPLETEO CAUSE O	4 MIL	c 57		D (80	19	9 21	▶ Say		



		1 - STATE REGISTRAR		STATE OF N	MARYL					EALTH DEAT		MENTA	REG. NO			
		1. DECEDENT'S NAME (First		DDII OA	NDD	D.C.						2. DATE	OF DEATH	MY	YEAR 3.	TIME OF DEATN
		OLIVE E	LIZAB	LIH SA	NDE							OCT	1	1996		1:30PM M
		212-24-6830		1 M 2 TF		(In yrs. lest birth	RS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	(Mont	OF BIRTH		Country)	ACE (State or Foreign
pino		8e. FACILITY NAME (If not in	-	1	0	00 .		9h CITY	TOWN C	R LOCATIO	ON OF D	UUL	13		Thur	nont, MD
2, 3 should	DIRECTOR	24 Carol S	Street	,					ırmoı		JIT OF D	-20111			erick	
es 1	EC	10s. STATE	10b. COUNT	Υ		10	c. CIT	Y, TOWN C	R LOCAT	ION					10	d. INSIDE CITY
permit. Pages	DIR	PA	Fra	anklin		- 1 1	Wav	nest	oro						1	LIMITS?
permi	AL	10e. STREET AND NUMBER							7	ZIP CODE				10g. CITIZI		T COUNTRY?
usit	ÉR	439 Fairvi	Lew Av	2						172	268			1	USA	
MARYLAND 21215-0020 s retained by the hospital or attending physician. S should be detached for use as the burial-transit notified at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 XNO			If yes, spe		n, Mexica	n, Puerto	N? (Specify Ye Ricen, etc.)	e or No—	I4. RACE — Black, W Specify:	American Indian, mile, etc. White
212 after	ETED		EDENT'S EDU y highest grade			16e. DECEDE	nd of v	work done	CCUPATIO	N st of workin	a	168	. KIND OF BU	SINESS/INDU	STRY	
AND 2121 the hospital or atti detached for use once.	COMPLE	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)	Mach	VOT us	se retired.)				С	lothin	g MFG		
YLAN 1 by the hos d be detach at once.	BE CO	17. FATNER'S NAME (Flist, M Warren D.	_	ve						Hele			Middle, Meiden Longer			
MAR retained 5 should notified	5	Dale K. Sat	,,										ber, City or Tox			PA 17214
4 6 9		200. METNOD OF DISPOSIT	ION			b. PLACE AND	DATE	OF DISPOS			Ave	DAT		CATION - CI		
BALTIMORE after death. Page 6 may by the funeral director, pa moval.		1 X Buriel 2 Cremetic 4 Donation 5 Other	(Specify)	-0	cen (green	Hi	ther place)	emet	erv		10/4	₩a	vnesb	oro	PA 17268
ALTIM death. Page tuneral din j. examiner		21. SIGNATURE OF FUNERA	L SERVICE LH	SENSEE		/	JIII - S	22.	NAME AN	D ADDRES	S OF FA	CILITY G	rove F	unera	1 Hom	e, Inc
BAL ter death the fun oval.		Sames A	Bow	tocuer	39X	/							ynesbo			268
hours aft od in by or remo		23. PART I. Enter the d ahock, or h	iseases, or e eert feilura.	complications the List only one cau	it cause ise on a	d the deeth. each line.	Do r	not enter	the mo	de of dyl	ng, suc	h as cen	diec or resp	iratory arre	st,	Approximate interval Between Onset and Death
n 24 hy fill ation		iMMEDIATE CAUSE (Fir disease or condition resulting in death)		· me	tart.	atra C	01	on ,	Ala	10 < A 4	Lecha		to 1	Live		341
						A CONSEQUEN										
× 8 2 9 E	RTIFICATION	Sequentially list condit if any, leading to imme		b. DUE TO	(OR AS A	A CONSEQUEN	ICE OI	F):								
BO sate be hysician prior	S	cause. Enter UNDERLY	ING	с												
	II.	that initiated events resulting in death) LAS		DUE TO	(OR AS A	A CONSEQUEN	ICE OF	F):								
OS, P.O. he death certi the attending Mental Hygie njury, or off	CEF			d												
In the second	CAL	PART II. Other significa	nt condition	a contributing to	deeth b	out not resul	ting i	n the un	deriying	ceuse g	iven in	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS AILABLE PRIOR TO
												_	1 TYES	NO X	00	MPLETION OF CAUSE DEATH?
REC(requires een sign of Healt	MED														1 3	YES 2 NO
2 Pe sa	AN	DID TOBACCO U		RIBUTE TO CA	USE C	26. PLACE OF		_		UNC	ERTAI	и 🗆]				
를 함을 를	PHYSICIAN:	EXAMINER?	O WEDIONE	HOSPITAL:	ER/Oute		T	OTHER	R:	- 16	-14	6 🗆 Othe	T and the same			
OF V HYSICIA his certif with the ced, or	Ä	27. MANNER OF DEATN		26e. DATE OF	INJURY		. TIM		26c. 1NJI	JRY AT	eldence		SCRIBE NOW	NJURY OCCU	RED	
After the death	B	2 Accident	Pending Investigation	(Month, Di		/ At home, fi		M M		ES 2	NO	201.100	ATAOM (Oct.)	- 11	2	
DIVISIO OR ATTENDIN DIRECTOR: Aff hours after de	ETED	4 Homicide	Could not ba datermined	building,	etc. (Spec	cify)			ory, ornice				ATION (Street or Town, Stete)		r Hurai Hous	number,
DIV HOSPITAL OR A FUNERAL DIREC WITHIN 72 HOURS TTANT. IF HOM	COMPL			CIAN: To the best of R: On the basis of as												d menner ee stated.
TO THE HOSPITAL (TO THE FUNERAL D Be filed within 72 h IMPORTANT: If it	TO BE	296. SIGNATURE AND TITLE	Ster	me De	-00					29c. LICE		BER 62-L				2, 1996
	=	Joseph H.				1 E Ma			Wa	ynesł	oro	PA	1726	8		
		31. DATE FILED (Month, Day,	4 1996	32. REGISTRA			ζ.									
<u> </u>		U		U							_	-				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			State of Mary		artment of rtificate o		Mental Hygi	ene 96	31	021
Physic /Med			urn Su	nderla	nd J		2. Dete of Deeth	Dey 19	96 9	Time of Death
Exami	ner	4e. Fecility Name (If not institution, give		21.2			Location of Deeth	4d. County of		
Funera Director				n yrs. lest birthdey)	If Under 1 Ye Months De		6. Dete of Birth		ingto: 9. Birthplace (Country) Maryla	State or Foreign
and F		Usuel Residence of Decedent 10a. Stete 10b. County	10	c. Cify, Town or Lo	cation				10d Inc	side City Limits
Marylar f ahow	ō	Maryland Washir		Hagerst						Yes 2 No
ith with the Mary 23a or 28a-f ah ust be norriged	ai Direc	10e. Street and Number 55 East Washin			10f. Zip Code	1740	10	g. Citizen of Wh	nat Country?	
ter des ttems	by Funeral Director	11. Meritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 12 Yes 2 □ No If Yes, Give Yeer or Detes: W W		Wes Decedent of If Yes, specify C 1 ☐ Yes 2X N	of Hispenic Origin? (Suben, Mexican, Puer lo <i>Specify:</i>	Specify Yes or No- rto Rican, etc.)		- American fnd , White, etc.	
	Completed	15. Decedent's Ed (Specify only highest grad Elementery/Secondery (0-12)	cation	16a. Deced (Give life. I		cupetion ne during most of wo ired)		6b. Kind of Busi		
d 2121 filed within Hygiene. ther than	3	10 17. Fether's Neme (First, Middle, Lest)		F10	or Buf		me (First, Middle, M			ervice
IOFe, Maryland 212: ges 1 and 2 should be filed within t of Health and Mental Hygiene. If Item 27 is marked other than or other traumatic event, ITEM	To Be	Hugh Milbur		erland	Sr.	Winf:	red Ma	xine	Hunt	
		19e. Informent's Neme/Reletionship (7) Jack M. Sunder:					tu <i>ral Route Number,</i> creet, Hag			
Baltimore, M permit. Pages 1 and 2 Department of Health is Important: If Item 27 is any injury or other tra once.		20e. Method of Disposition Comparison 2 □ Cremetion 3 □ 1	Removel from Stete	20b. Plece of Dispo cemetery, crem	sition (Neme of netory or other p	nlece)	Dete 2	0c. Location - C	ity or Town, Si	tets
Balling permit. Page Department of Important: If any Injury or		4 □ Donetion 5 □ Other (Specify) 21. Signeture of Funeral Service License		Rest Have	Neme end Add		J3-90 n	agersto	wii, Mai	.у тапи
D Permi		A. hoel	Brady	A 4	ndrew K O East	. Coffman Antietam	Funeral H Street, Ha	agersto	wn, Md.	21740
Physician /Medical Examiner	ı	23a. Part1. Enter the disease, or comp shock, or heart feilure. List only of Immediate Cause (Final disease or condition resulting in deeth)	, ACUTE		700	PAILUA		,	Inten- Onse	oximete val Between et snd Deeth
ox os/ou, certificate be executed rding physician and use as the burial-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	o to (or as e consequence to (or es e consequence)		ENH			450	tw.
death certifi death certifi e attending ed for use as	cian									
d by the	by Physician/M	Pert II. Other eignificant conditions co		ot resulting in the ur	nderlying cause	given in Pert f.				ause of death?
aw requisite been 2 shoul	Completed b						24e. Wes en perform		24b. Were sut available complete of death?	prior to on of cause
- F # &							1 ☐ Yes	2 10 No	1 🗆 Yas	2 No
Of Vital I Physician: The this certificate ral director, pag	Be C	25. Wes case referred to medical exeminer?	lospitel:			Whore	ath (Check only one			
	n: To	27. Menner of Beath	1 Inpatient 28e. Dete of Injury (Month, Day Ye	2 ER/Outpetien 28b. Time of	3 DOA	4 Li Nursing i	Home 5 Resident			
or Attending F after death. Director: After 3 in by the funer	Certification:	1 Neturel 5 Pending 2 Accident Investigetion 3 Sulcide 6 Could not be determined	28e. Piece of Injury - bullding, etc. (S	At home, farm, str	M 1	Yes 2 No	28f. Location (Stre City or Town,		or Rural Rout	le Number,
To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai Cer	29a. Certifier 1 ☐ Certifying Phy (Check only 2 ☐ Medical Exam)	afcfan: To the best of m	v knowledge, deeth	occurred et the	time, dete end plec	e and due to the cer	isa(s) and man	nar es stated.	auga(e)
the the transfer the transfer	Medi	3.107	end menner steted.	on on one of the						
₽ ¥ ₽ 8		29b. Signeture end title of certifier				nse number		d. Date signed ((881)
		30 Name and address of account	(152)	(Itam 00-1 CT		01040		10-03-	-76	
		30. Name and address of person who co BARRY M. COKEP) MA	0, 1874 0	UEST WOOD		HAGET	esour, ,	nd, 21%	742	
Sta Regist		31. Dete filed (Month, Day, Year)	96 Segistrer's	Signature	Ш					

hara and an analysis of the second second 2 × 5

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

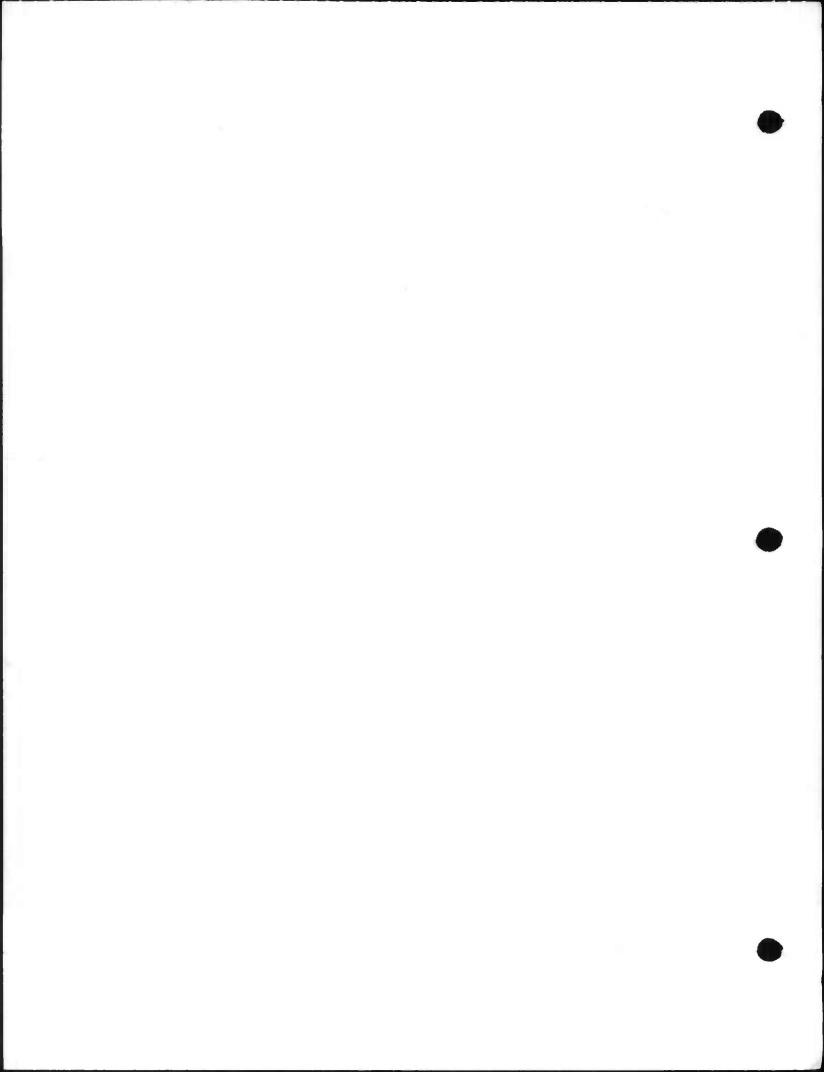
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

				_			10/11		DEA		- 11	EG. 140.			
	1. DECEDENT'S NAME (First		CMTERI								2. DATE OF D MONTH	DA DA		YEAR	3. TIME OF DEATH
- 1	ALBERTUS	FRED	SMITH								OCTOBE		19	996	12:30 Am
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (6			MONTHS	DAYS	IF UNDER	24 HRS.	7. DATE OF B (Month, Day	(Year)		8. BIRTH Countr	HPLACE (State or Foreign ry)
	219-01-738		1 🔀 M 2 🗌 F		90	YRS.					JAN.	1, 1	906		MARYLAND
~	9a. FACILITY NAME (If not in		,				9b. CIT	r, TOWN (OR LOCATI	ON OF DE	ATH		9c. COU	JNTY OF O	HASH
DIRECTOR	3200 GAPLA		D						GAI	PLAND)			WASH	HINGTON
E I	10e. STATE	10b. COUNTY	,			10c. CIT	Y, TOWN	OR LOCAT	TION						10d, INSIDE CITY
뜸	MARYLAND		WASHING	MOT					GAPI	AND.					LIMITS?
	10e. STREET AND NUMBER		***************************************	1011				101	ZIP COD		· · · · · · · · · · · · · · · · · · ·		10a, CIT	IZEN OF Y	WHAT COUNTRY?
FUNERAL	3200 GAPLA	ND ROA	D							2	1779				U.S.A.
3	11. MARITAL STATUS		12. WAS DECEDEN				13.	WAS DEC	ENDENT (IC ORIGIN? (Sp	ecify Yes	or No—	14. RACE	E — American Indian.
BY F	1 Never Married 2 🔀		FORCES? 1			0		If yes, sp	ecify Cube 2 X NO	n, Mexican	n, Puerto Rican	etc.)		Speci	k, White, etc.
	3 Widowed 4 Divo	rced													WHITE
TED	15. DEC (Specify oni	EDENT'S EDU-	completed)		16a. DE0 (Gh	CEDENT'S	USUAL C	CCUPATIO	ON ist of workin	ng	16b. KINI	OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (I	1-12)	College (1-4 or 5	+)	IIIa.										
COMPLET	5						LABC	RER						WAY	DEPARTMENT
	17. FATHER'S NAME (First, A		OMETITE								ME (First, Middle				
BE	CHARLES W		SMITH		_				<u> </u>		LLEN S	_	_		
2	A CONTRACTOR OF THE PARTY.										loute Number, C				4.550
	MABEL N. S			1 000		_	_			, GA	PLAND,				21779
	1 Burial 2 Crematic	n 3 🗆 Reme	oval from Stata				ther place			מ ענוקי	DATE	20c. LO	CATION —	City or To	E, MARYLAND
	21. SIGNATURE OF FUNERA		EVSEE	- 1011	יום ס	COMIAN				SS OF FAC		DRU	NINO	/11117	S, MARYLAND
	> Pauli	$m \mid I$	hav F	aul	м. г	ean	BA	AST I	UNEF	RAL H	IC)MH:				onal Pike
-	23. PART I. Enter the d	language or o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								E			o, MD	
	shock, or h	esrt fsilure.	List only one cau	ise on ea	ch line.		iot ernet	tire inc	de or dy	ing, suci	i as ceronac	or respii	ratory ar	rest,	Approximata Interval Between
l	IMMEDIATE CAUSE (Fir disease or condition	isl		/	1	0.	1								Onset and Death
Н	resulting in death)	7		(OR AS A				me	7						6 moule
2							,								i
CERTIFICATION	Sequentielly liet condit if any, leading to imme	lons,	DUE TO	(OR AS A	CONSEO	UENCE O	F):								
S	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	C												
E	that initiated eventa resulting in deeth) LAS		DUE TO	(OR AS A	CONSEO	UENCE O	F):								
E I	resuming in deeth) LAS	' (d												
	PART II. Other algolitics	nt condition	s contributing to	desth bu	it not re	eulting	In the u	nderlylne	ceuse (given in i	Part I. 24a.	WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
MEDICAL										3		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
입			_								_ ' _	YES 2	NO		OF DEATH?
	DID TOBACCO U	SE CONTI	RIBUTE TO CA	LISE OF	F DEAT	TH YE	:s 🖂	NO F	LINC	FDTAIN					1 NES 2 NO
¥	25. WAS CASE REFERRED T	-	though the contract of the con				TH (Check) 0140	LKIAII	1 1				
Sic	EXAMINER?		HOSPITAL:	ER/Outpa	itlent 3	□ DOA	OTHE!	R:	50%	aldence	8 Other (Spe	c/h/1			
PHYSICIAN	27. MANNER OF DEATH		28a. DATE OF	INJURY		28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIB		NJURY OC	CURED	
ВУР		Pending Investigation	(Month, D	ay, rear)		INJ	URY M		RK7	NO					
	a - a a a a a	Could not be	28a. PLACE C	etc. (Speci	- At hor	ne, farm,	street, fac	tory, offic			28f. LOCATION	(Street a	nd Numbe	r or Rurat F	Route Number,
COMPLETED		determined	burionity,	etc. (Speci	(Y)						City or Tox	rn, State)			
1 2	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowle	odga, des	rth occum	ed at the t	ime, date	and place	and due	to the cause(e)	and man	ner en ele	ted	
8															a) and manner as stated.
ĎШ	29b. SIGNATURE AND TITLE									ENSE NUM		Т			(Month, Day, Year)
0	1	Mr.	land							328				OZ	
2	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAU	SE OF DEA	TH (ITEM	27) (Type	Print)		~ (, , ,	0		- 1		(6
	Dr. Robert	S. Gu	edenet		100	Geet	ing	Lane	, Ke	edvs	ville,	Mar	ylar	nd 2	21756
	31 DATE EN ED (Month One	Monel	30 DECUCEDO	DIO CIONA	THE		3-5		, 210	1-		- 400.4			
	OCT	3 199	6 Julie	Much	erla	dell									



ITEMS: 1. 23 PART I, 27, 28a-State of Maryland / Department of Health and Mental Hygiene 96 31023

	PER	MEO	FILM g-740 10/11/96 t	.t		Certific	cate of	Death		Reg. No.		01020
Г	Physic	ian	1. Decedent's Name (First, Middle, La		0116				2. Date of D		Year	3. Time of Death
l,	/Medi		-LENNYLENNIE RA		SHC	OWERS			SEPT		996	3:20 PM.
×	Exami	ner	4e. Facility Neme (If not institution, given						r Location of Dea		ty of Deeth	
ŀ	,Funeral			Sex 7. Age	(In yrs. last bit		nder 1 Year ths Days	If Under 24 H		ts Prince		orge's Co.
_	_		Usuel Residence of Decedent	3	0		-		12-29	-39 Get	ysbui	rg, Penna
	Maryland	ctor	Pa. 10b. County Ada	ams	10c. City, Tow 1378	n or Location Center	r Mill	Ls Road	Aspers,	Pa.	1	0d. Inside City Limits 1 ☐ Yes 2 ☐ No
	th with th	Funeral Director	10e. Street end Number 1378 Center Mill	Ls Road		10	. Zip Code	17304		10g. Citizen of USA	f Whet Cour	ntry?
Maryland 21215-0020	hours after death with the Maryland ural; or items 23s or 28s-f show Examiner must be notified at	by	11. Marital Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Wes Decedent E Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates:				Hispenic Origin? ean, Mexican, Pud Specify:	(Specify Yes or N arto Rican, etc.)	Io- 14. Re Bl	aca - Americ eck, White, ify: Whi	etc.
5-0	72 Page 19	Completed	15. Decedent's E (Specify only highest gre	ducation ede com <i>pleted)</i>	16a.	Decedent's (Give kind o	Usual Occu	pation during most of w	rorking	16b. Kind of	Business/In	dustry
121	swithin jiene.	ig in	Elementary/Secondary (0-12)	College (1-4or 5-	+)			ed)		Monus	factur	ai no
d 2	be filed with tel Hygiene. d other than		17. Father's Name (First, Middle, Last)		Labor	er_	18 Mother's N	ame (First, Middle			TIIR
an	9 2 B	To Be		Leon E. S	howers)	Ruth McC		illoy	
ary	2 should and Men Is marke	-	19a. Informent's Neme/Relationship (Type, Print)	19b	. Malling Add	tress (Stree	t and Number or i	Ru <i>ral Rou</i> te Numi	ber, City or Tow	n, Stete, Zip	Code)
	4.450		Leon E. Showe	ers	1	1378 C	enter	Mills R	oad Aspe	rs. Pa.	17304	4
Baltimore,	S = 5 9		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif	Removal from Stete	20b. Placa of	f Disposition ry, crematory	(Name of or other pla	ice)	Date 9-27-96	20c. Location	- City or To	own, State
Balt	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Servica Licar	nsee				ess of Facility	Bardbury	Ave Sm	ithsb	
	-		23a. Pert1. Enter the disease, or com shock, or heart failure. List only	pplications that caused t	the death. Do r	not enter the	mode of dv	ng, such as cardi	ac or respiratory	arrest		21783
	hysician by bysician end bysician end bysician end bysician end sthe print-transit	i Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b	AND NARC	consequence	of):	TION				
lox 68760,	= 00	an/Medical	Cause (Diseese or Injury that initiated events resulting in death) Last	d	ue to (or as a c	onsequence	of):					
s, P.O. B	requires that the death cer seen signed by the attendir hould be deteched for use	by Physician	Pert II. Other eignificant conditions o	ontributing to death but	not resulting in	the underlyl	ng cause gi	ven in Pert I.		i tobacco use c		the cause of death? Dably 4 Unknown
Records,	Z S Z	Completed t								s en autopsy ormed?	ava coi	ere autopsy findings aliable prior fo mpletion of cause death?
	0 - 5	E O							1)2	Yes 2□No	10	Yes 2□ No
Vital	ysician: The is certificate director, pag	Be (25. Was case referred to medical examiner?					26. Place of D	eeth (Check only	one))
of	Physician: rthis certific rral director,	은	VA Yes 2 No	Hospital: 1 ☐ Inpatien		tpatient 3	DOA OI	ner: 4 🗆 Nursing	Home 5 ☐ Res	idence 6 🖺 Ot	ther (Specify	IN WOODS
Division	Attending P or death. ector: After by the funer	ertification:	27. Manner of Death 1 Naturel 5 Pending Investigation	FUUND 3/24/		ime of njury NOWN M	28c. Inju Wo 1	rk? Yes 21111 No	UNKNOWN	how Injury occu		
DIV	i Ditt	O	3 ☐ Suicide 6XXCould not be determined	28e. Place of Injur building, etc.	y - At home, far (Specify) FOUND IN		ctory, offica			(Street and Num own, State) 140 AIRMOUNT		MARLBEWOOD , MD.
	To the Hospital within 24 hours of To the Funeral I completely filled	edicai	29a. Certifier 1□ Certifying Ph (Check only one) 1□ Medical Exam	ysician: To the best of niner: On the basis of e and manner state	xamination end	, death occur d/or Investiga	red at the ti tion, in my o	me, dete and place opinion, deeth occ	ea, end due to the curred at the time,	ceuse(s) and m , dete and plece	nanner as st , and due to	ated. the cause(s)
	To t To t	¥	29b. Signeture and title of certifier	U. Kirk	w		29c. Licens	. C . M . E .		29d. Date sign SEPT 2		
		10	30. Name and address of person who are the cooper of the c	KING Benistrer	111	Penn	Stre	et, Bal	timore	, Mary	land	21201
	Sta Registr	_	OCT 0 8 1	996 Mid	Hwelson /	ardall						

DHMH 16 Rev 6/95

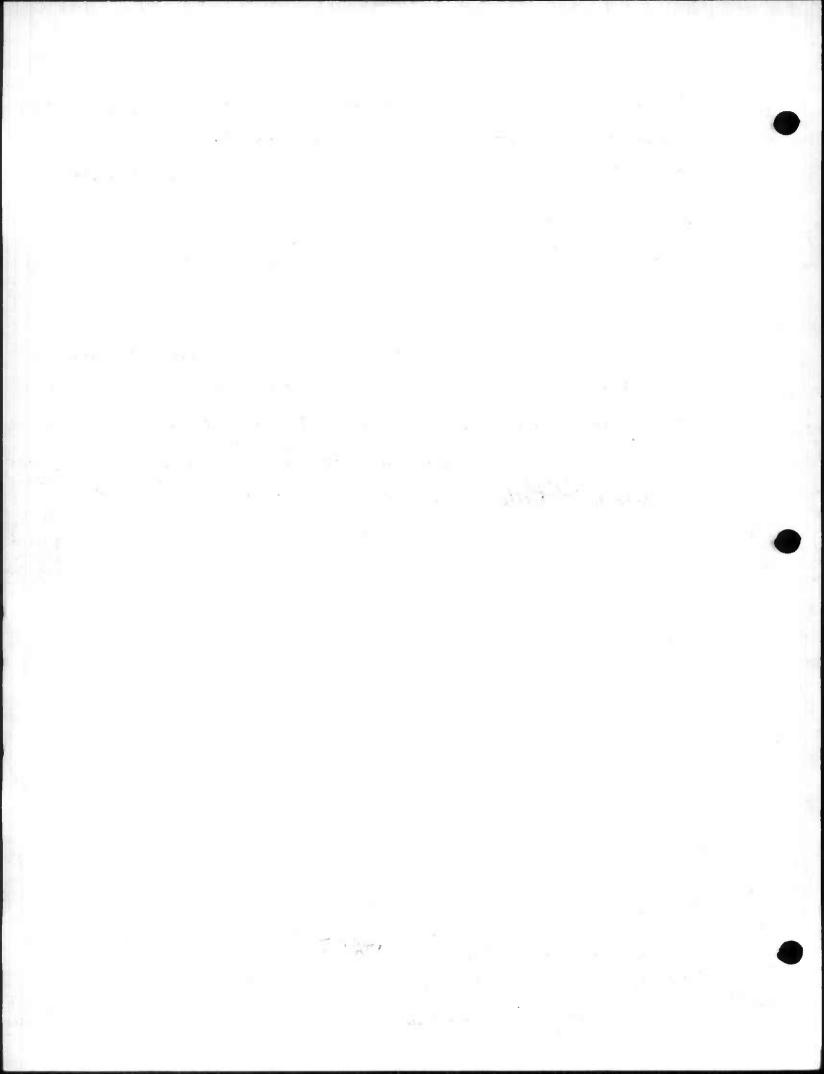
median was for our or one in the form

State of Maryland / Department of Health and Mental Hygiene

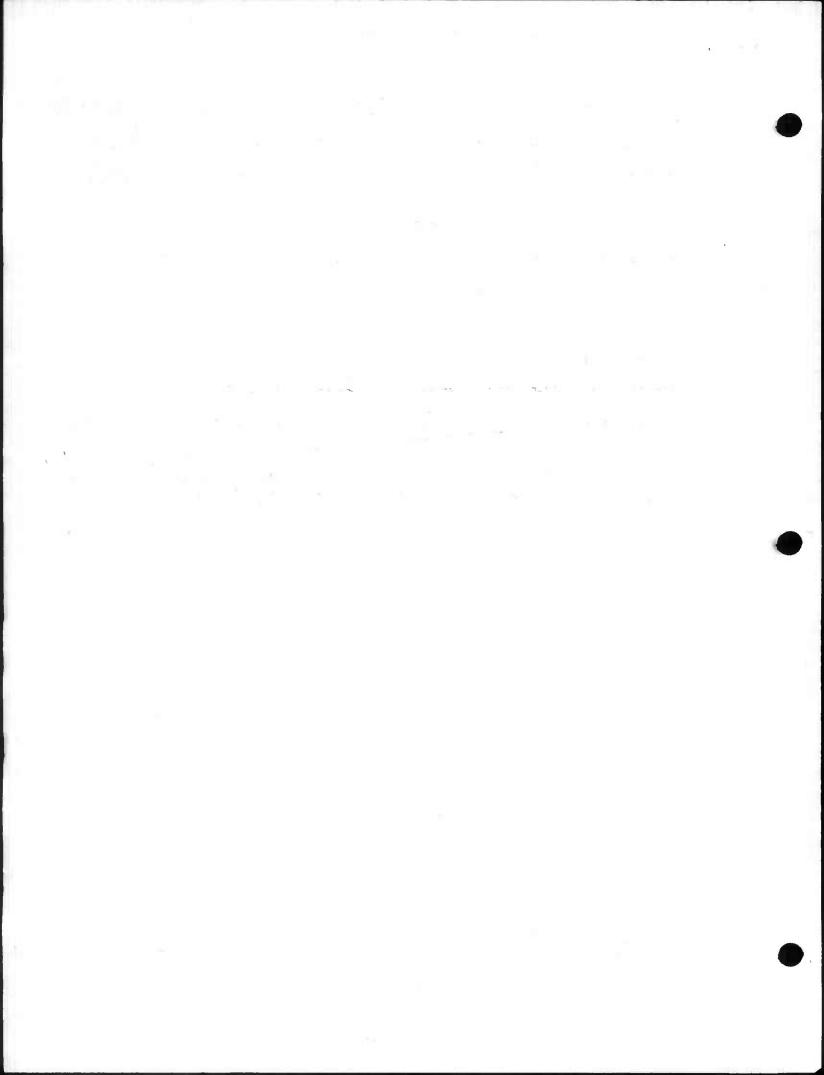
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** 21 AM Imad Shehadeh Halim SEPIEMBEZ 1996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Union Memorial Hospital Baltimore City 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthdey) **Funeral** 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) 1 M 2□ F Deys Hours Yrs. 452-37-2790 Director 54 May 21,1942 Palestine Usual Residence of Decedent the Maryland 10e Stete r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 No Maryland Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? deeth with 15525 Villisca Terrace 20855 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritei Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Pages 1 and 2 should be filed within 72 hours effer nent of Health and Mental Hygiane.
Int: If Item 27 Is marked other than "natural", or ite Bleck, White, etc. 1 ☐ Never Married 2 X Married 1 ☐ Yes 2 █️No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specity: Be Completed by 3 Widowed 4 Divorced Specify: White 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Journalist Media Production Item 27 is marked other other traumatic event, to 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surname) Halim Shehadeh Nadeemeh Yacoub 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Darla J. Shehadeh / Wife 15525 Villisca Terrace, Rockville, MD 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Oct. 5, 1996 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlel 2 ☐ Cremation 3 ☐ Removel from Stete 6 Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) Gate of Heaven Cemetery Silver Spring, Maryland 21. Signeture of Funerei Service Licensee 22. Name end Address of Fecility Robert A. Pumphrey Funeral Home/ M00348 Rockville, Inc., 300 W. Montgomery Avenue 20850-2805 Michele. Julle 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) **Examiner** e consequence of Physician/Medical Examiner The law requiras that the deeth certificate be axecuted been signed by the attending physician and should be deteched for use as the buriel-trens Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of) P.O. Box 68760. Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? cartificate has 2 X No 1 Yes 1 ☐ Yes 20 No or Attending Physician: Be 25. Wes cese referred to medical 26. Plece of Deeth (Check only one) exeminer? ဥ 1 Yes 2 No 1 Inpatient Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 ☐ ER/Outpetient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Death After t 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending investigation death. 1 Yes 2 No 2 Accident within 24 hours aftar deat To the Funeral Director: 6 Could not be determined 3 Suicide 3 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the ceuse(s) end menner stated. Medical 29a. Certifier (Check only one) \$ 29b. Signeture and title of certifler 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) AYIZE 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State OCT Registrar

DHMH 16 Rsv 6/95

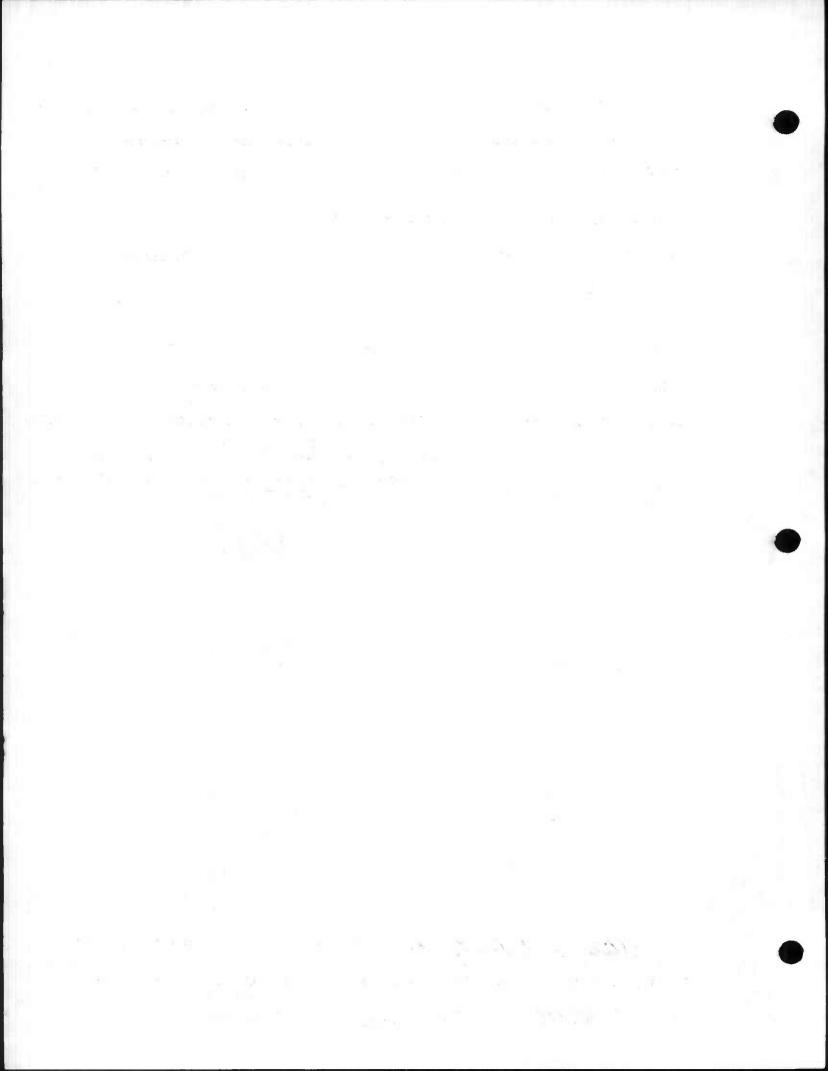


Ane	iacc	8, 10/2/96, M		- 0	ertificate of	r Death		Reg. No.		
Phys	cian	1. Decedent's Neme (First, Middle,	Last)		9	- 11	2. Date of De Month	sth Dey	Year	. Tima of Death
	dical	Doc!		- > .	SW		2	PT 23	96	12000
Exan	iner	4a. Facility Name (If not institution,	A NAME OF THE OWNER, OW			4b. City, Town, or L		4c. County of	of Death	
		Washington Adv			M Hadar & Van	Takoma P			gomery	the state of the s
Funera Directo		5. Social Security Number 096-62-3789 Usuel Rasidance of Decedent	6. Sex 7. Age 1	(In yrs. lest birthd	Monthe Dev		8. Dete of Bir (Month, De Dec 19	th 2, 1912 1912	9. Birthplace Country Guyana	a (Steta or Foreign
and ***		10e. State 10b. County		10c. City, Town or	r Location		100 17	, 1016	10d.	Inside City Limits
death with the Maryland ms 23a or 28a-f show	ō	Maryland Prince	Coorgos	Adelph	÷					1⊠ Yas 2□ No
the rotte	Funeral Director	10e. Street end Number	Georges	Mueibii	10f. Zip Code	1		10g. Citizen of W	het Country)
23a or	0	2500 Buck Lodge	Terrace		207			USA	,	
ter death	Jers	11. Marital Status	12. Was Dacedenf E	ver in U,S.		Hispenic Origin? (Spuben, Mexican, Puerto	ecify Yas or No		- Amarican	Indian,
after of its	by Fur	1 ☐ Never Married 2 ☐ Merrie 3 ☑ Widowed 4 ☐ Divorced	Armed Forces? 1 Yes 2 No. If Yas, Giva Yaer or Dafas:	0	If Yes, specify Cu 1 ☐ Yes 2🖾 N		Rican, etc.)	Specify:	k, White, etc.	ack
15-002 172 hours natural',	Pe	15. Decedent's	Education	16e. De	cedent's Usuei Occ	upetion		16b. Kind of Bus		
	Completed	(Specify only highest	grade completed) College (1-4or 5+	lif	ive kind of work don e. DO NOT use rati	a during most of work red)	ring			
2121 d within glena.	E	Elementery/Secondery (0-12)	College (1-401 54	7	Housewif	e		Own Ho	ome	
re, Maryiand 212: s 1 end 2 should be filed within I Health and Mental Hyglena. tem 27 is marked other than other traumatic event, tra. M	Be	17. Fether's Neme (First, Middle, Li	ast)			18. Mofher's Nem	a (First, Middle	, Meiden Sumeme	9)	
arylan should be f and Mental I marked of umatic eve	To	William Holder				Elizabet	h Adams			
Maryiar 2 should be and Mental 1s marked surmatic ev	-	19a. Informent's Neme/Reletionshi	p (Type, Print)	19b. M	eiling Address (Stre	et and Number or Ru	ral Route Numb	er, City or Town, S	State, Zip Co	de)
Te, Marith a Health a em 27 la		Eric Smith / So	n	381	6 Envisio	n Terrace	, Bowie	, Maryla	nd 20	716
or Health Health Health Health		20e. Method of Disposition	Пр	20b. Plece of Di cemetary,	sposition (Name of cremetory or other p	(ece)	Data	20c. Location - 0	City or Town,	Steta
Page Page met: If my or		1 Donation 5 Other (Spe			Washingon	. 1	7/27/96	Adelphi,	Mary	land
Baltimore, permit Pages 1 et Department of Heal Important: If them, any Injury or other	ĝ	21. Signature of Funeral Service Li	censes J	/	11800 New	ress of Facility Hin Hampshire	e Avenue	e	eral H	ome
	1	23. Bart I. Enter the disease, or o shock, or heart failure. List or	oppliedions thei caused t			ring, Mary		20904 rrest.	, Ac	proximeta
Physicia	1	mock, or heart failure. List or	war sause on each line	à.					Int	ervai Between nset end Deeth
/Medica	i	Immediate Cause (Final disease or condition	00	Do	my	cand	Dos			
Examine	r	resulting in deeth)	e	Due to (or es e con	sequence of).	o cond		0		
2	Je.		_	100 10 (01 00 0 001	sequence or,	J	n fa	Lotre		3 /2
os fou, iceta be executed physician and s the bunal-transit	Examiner	Sequentially list conditions,	b C	Due fo (or es a con	sequence of):				7	0 02
58/50, ificeta be execut g physician end as the bunal-tran		Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury								
68/60, ficeta be evi physician is the buria	edical	that initiated events rasulting in death) Lssf	C	oua to (or as a cons	sequence of):					
C D.									1	
death cert death cert e attendin ed for use	and		d							
that the death certified by the attending detached for use a	Physician/M	Pert ii. Other significant condition	s contributing to death but	not resulting in th	e underlying cause	given in Pert I.	23b. Dld	tobacco use con	tribute to th	cause of death?
D. C.							10	Yes 2000	3 Probab	ly 4 Unknows
ords, P.O. requires that the een signed by the hould be detached.	by									
Hecords, le law requires ti has been signe	Completed							en autopsy ormed?	avelie	autopsy findings ble prior fo
2 s s s	npie		_						of dea	etion of cause th?
= + # 8	50						10	Yas 2 No	1 🗆 Y	es 2 No
TT () •	Be	25. Was case referred to medical exeminer?				26. Place of Dee	th (Check only o	one)		
lan dan ctor		Ves 2□ No	Hospitel: 1 Inpatien	t 21 ER/Outpe	tient 3 DOA	Other: 4 Nursing He	ome 5 Resi	dence 6 Othe	r (Specify)	
ysician: The siscentificate I director, pag	-1ĕ	27. Menner of Deeth t Neturel 5 ☐ Pending	28e. Date of injury (Month, Dey	Year) 28b. Time		jury et fork?	28d. Describe	how Injury occurre	ed	
al di si	on: To					☐ Yes 2☐ No				
ling Phys		2 ☐ Accident			street, fectory, offic	9	28f. Location (Street end Numbe	or or Rural Re	oute Number,
ling Phys		1	at be 28e. Place of Injur	y - At home, farm, (Specify)						
Ing Phys	Certification: To	2 Accident Investiga 3 Suicide 6 Could no	t be	ry - At home, farm, (Specify)						
Jn OT ling Phys After this funeral di	Certification:	2 Accident Investiga 3 Suicide 6 Could no 4 Homicide determin	28e. Place of Injurbuilding, etc.	(Specify)	eath occurred at the	time, dete and place,	end due to the	ceuse(s) end man	nner as stete	d.
Ing Phys	edical Certification:	2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only one)	28e. Place of Injur building, etc.	my knowledge, de	eeth occurred et the r investigation, in my	time, dete and plece, opinion, deeth occur	end due to the red at the time,	ceuse(s) end mar date end pisce, s	nner as stete nd due to the	d. e cause(s)
ISION OF tending Physical death. for: After this the funeral di	Certification:	2 Accident 3 Suicide 6 Could no 4 Homicide determin	28e. Place of Injurbuilding, etc. Physician: To the best of taminer: On the basis of e	my knowledge, de	r investigation, in my	time, dete and piece, opinion, deeth occur	end due to the red at the time,	ceuse(s) end mar date end pisce, s 29d. Dete signed	nd due to the	cause(s)
Ing Phys	edical Certification:	2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only one)	28e. Place of Injurbuilding, etc. Physician: To the best of taminer: On the basis of e	my knowledge, de	r investigation, in my	opinion, deeth occur	end due to the red at the time,	date end pisce, s	nd due to the	cause(s)
ling Phys	edical Certification:	2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only one)	28e. Place of Injurbuilding, etc. Physician: To the best of caminer: On the basis of end menner state	my knowledge, de exemination and/or ed.	29c. Lice	nse number	red at the time,	date end pisce, s 29d. Dete signed	(Month, Day	cause(s)
ling Phys	edical Certification:	2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only one) 29b. Signatura and title of certifier 30. Neme end eddress of person with the control of the certifier	28e. Place of Injurbuilding, etc. Physician: To the best of caminer: On the basis of earl menner stell	(Specify) my knowledge, de exeminetion end/or ed. eth (Item 23a) (Type	29c. Lice	opinion, deeth occur	red at the time,	date end pisce, s 29d. Dete signed	(Month, Day	cause(s)
To the Hospital or Atlending Physwithin 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral di	Medical Certification:	2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only one) 29b. Signatura and title of certifier 30. Neme end eddress of person with the control of the certifier of the	28e. Place of Injurbuilding, etc. Physician: To the best of caminer: On the basis of earth menner state and menner state 32. Registrer	(Specify) my knowledge, de exeminetion end/or ed. eth (Item 23a) (Type	29c. Lice	nse number	red at the time,	date end pisce, s 29d. Dete signed	(Month, Day	cause(s)



State of Maryland / Department of Health and Mental Hygiene 96 31026

					Ce	rtificate	of De	eath		Reg. No.		010	1 5 0
Physic	ian	Decedent's Neme (First, Middle							2. Dete of I	Deeth	Yeer	3. Time	of Death
/Med		Linda	Anne Sn	ider								8:15	AM
Exam		4e. Fecility Neme (If not institution	give street and nu	mber)			4b. 0	City, Town, or	Location of De	Dete of Deeth Month Dey Ye Ctober 1, 1996 on of Deeth Ac. County of Dn Montgome Montgome Pete of Birth (Month, Dey, Year) Ay 27, 1948 No 10g. Citizen of What United St. Yes or No. 14. Race - A Bleck, We Specify: We 16b. Kind of Busine Market: Test, Middle, Maiden Sumame) Herlofson Dute Number, City or Town, State Darnestown, Market: 20c. Location - City Olney, Market: 20c. Location - Cit			
		12116 Triple	Crown Roa	d				Darnes	town	Mont	gomer	У	
Funera		5. Sociel Security Number	6. Sex	7. Age (In y	rs. last birthday,			Under 24 Hrs		Birth Day Year)	9. Birt	hplece (State	e or Foreig
Director		190-40-0200	1□M 2⊠F	4	8 Yrs.	Willia	0,5	TOUTS IVIII			Ne	w York	K
	7	Usuel Residence of Decedent 10a. State 10b. County		100	City Town and								
short and	-			TOG.	City, Town or Li							10d. Inside	
Sa-f	octo		gomery		Darnest							101	es 2 N
Hygiene. ther than "natural", or items 23s or 28s-f show int, the Medical Examiner nast be notified at	Director	10e. Street end Number				10f. Zip Co				10g. Citizen o	f What Co	untry?	
23a	<u>a</u>	12116 Triple Co	own Road				208	78		United	l Sta	tes	
tem.	Funeral	11. Marital Stetus	12. Was Dec Armed Fo	adent Ever In orces?	10,S. 13.	Was Decadent If Yes, specify	of Hispe Cuban, N	nic Origin? (Specify Yes or I	No- 14. A			
ral', or itsms 23a or 28a-f show Examiner name be notified at	by F	1 Never Merried 2 Marri	If Yes, Gi	/8		1□Yes 2፟፟X		pecify:			14		
natural'.	Q	3 Widowed 4 Divorcad	Year or D	ates:							WILL		
ital Hygiene. d other than "natur svent, the Medical	Completed	15. Decadent (Specify only highes			16a. Dece (Give	dent's Usual O kind of work of DO NOT use r	ccupation lone duni	n ng most of wo	nrking	16b. Kind of	Business/I	industry	
than	d L	Elementery/Secondery (0-12)	College (1-4or 5+)		oo wor user lltant	etired)			Mari	ratin	C	
other than		17. Father's Neme (First, Middle, L	antl		Consc	TLAIL	40	Mathada Na	man /Finns Asida			5	
and Mental Hygie Is marked other ti rsumetic svent, In	Be		m31/				10.				une)		
markad matic s	2	Otho White											
7 is marks trsumetic		19a. Informant's Name/Reletionsh											0007
em 27 other tr		Donald J. Snider	/Husband	001	Di	- tal /Al	-1					-	
855		20e. Method of Disposition 1 X Burlel 2 ☐ Cremetion	3 □Removel from	State	o. Plece of Dispo cam etery, cre	metory or othe	r place)()		1996	20c. Location	i - City or	Fown, Stete	
lury o		4 ☐ Donetion 5 ☐ Other (Sp	ecify)	N	orbeck	Memoria	al Pa	ark		Olney,	Mar	yland	
ny in	П	21. Signature of Funerel Service L	censee		R ²²	Name end A	ddress of	Fecility	Funera	1 Home/	Rockv	ille.	Inc.
5 8 8		Kally	and	M001	L98	300 We	st M	ontgom	erv Ave	nue			
		23a. Pert1. Enter the diseese, or o shock, or heert feilure. List of	complications that of	aused the de	eth. Do not en	er the mode of	dying, si	uch as cardia	c or reepiratory	errest,	1	Approxim	nete
sician		SHOCK, OF HEER FEMALE. EIST C	my one couse on e	OUT IIIIO.								Intervel B Onset en	d Death
edical		Immediate Cause (Final disease or condition		Centra	al Nervo	us Sys	tem :	Bleed			1	2 day	ys
miner		resulting in deeth)	θ		(or es a consec								
~	ner				ocytope							1 mon	nth
physician and s the bunal-transit	Examiner	Sequentially list conditions.	Ъ.	Due to	(or es a consec	uenca of):							
an a		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury			atic Ca							2 year	ars
ysici he bu	Ica	thet initiated events resulting in deeth) Last	C		(or as e consec								
10 pc	Medical	resulting in deetin) Last		Rreact	Cancer								
attending pl	Z.		d	Drease	Cancer						<u> </u>		
the att	Sicie	Pert II. Other significant condition	e contributing to de	eath but not r	esulting In the u	nderlving caus	e civen ir	Pert I.	23b. DI	d tobacco use c	ontribute	to the caus	e of death
2 8	Physician												
igned be del	by												
m D											24b. V	Vere autops	y findings
s been	plet								per	normed /	C	completion of death?	f cause
ate hes page 2	Completed								15	TVes 25 No		I□Yes 2	127 No
certificate rector, pag		25. Was case referred to medical					26	Place of De				165 21	D 140
	o Be	examiner?	Hospitel:	npatient 2	☐ ER/Outpatier	nt 3 DOA	Other:				th (O	74.3	
): To	27. Manner of Death	28e. Dete		28b. Time of		Injury et Work?	I Mursing I	1			ury)	
or: After th	to	1 ☑Netural 5 ☐ Pending investigation	(Mont	h, Dey Year)	Injury	м		2 🗆 No					
Director: d in by the	Certification:	3 Sulcide 6 Could no	t be one Place	of Injury - At	home, farm, str				28f. Location	(Street and Num	ber or Ru	re/ Route No	ım <i>ber</i>
Din B	ert	4 ☐ Homlcide determin	buildi	ng, etc. (Spe	cify)	001, 1001019, 01							
To the Funeral Direct completely filled in by		29e. Certifier 1/3 Certifying	Physician: To the	hant of muck	noudedee deeth	oncurred at th	a sima d	مدم مصط حامم	and due to the				
To the Funeral Completely filled	edical	(Check only 2 Medical E.	caminar: On the be	isis of exemi	netion end/or in	estigetion, in i	ny opinio	n, death occi	urred et the time	e, dete and pleca	, and due	to the ceuse	9(s)
o the	M	29b. Signeture and title of certifier	and mon	101 310100.		29c. Lie	cense nui	mber		29d. Dete sign	ed (Month	Dev Year)
F 8		112	d	1 1			7368						
\circ		Storley o	V XX	ung	M		, 500			OC CODI	- L 1 9	1790	
1		30. Name end address of person w						01	G1		,		
		Stanley A. Schwa				nsin A	ve.,	Chevy	Chase,	Maryla	nd 2	20815	
Sta		31. Date filed (Month, Day, Year)		egistrer's Sig									
negisti	ar	00102	1996	Felia La	viden 12	note and							
Registrar 0CT 0.2 1996 Fulia Favidor Andrea													



State of Maryland / Department of Health and Mental Hygiene

nent of Health and Mental Hygiene

9	6	3	1	n	2	-
0	U	0		U	6	1

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death September 28, 1996 **Physician** Smith 1:32P. A1ma M . /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Anne Arundel Medical Center Annapolis Anne Arundel 7. Age (In yrs. lest birthdey). 5. Sociel Security Number 179–18–5689 If Under 1 Yeer | If Under 24 Hrs. Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year)
February 18,1911 9. Birthplace (Stete or Foreign **Funeral** 1 □ M 2 🕅 Deys Pennsylvania Director Usuel Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Maryland Frederick Frederick 1XXYes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2412 Ellsworth Way 21702 United States permit. Pages 1 and 2 should be filed within 72 hours after deeth 1 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or flarma 23a and Injury or other traumatic event, the Medical Examiner mans 100se. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 X No If Yes, Give Yeer or Detes: Rece - American Indian, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 Specify: White 1 Yes 2 XXo Specify: þ 30Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Housewife Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be John Ruth Sallie Rehrig 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Larry F. Smith (son) same as #10 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2X Cremetion 3 ☐ Removel from Stete 10/1/1996 Alexandria, Virginia 4 Donetion 5 Dother (Specify) Metropolitan Crematory 22. Neme and Address of Fecility
Donald V. Borgwardt Funeral Home, P.A. 21. Signature of Funeral Service License 4400 Powder Mill Rd. Beltsville, Maryland 20705 23e. Part1. Enter the disease, or comshock, or heart feliure. List only licetions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, ne cause on each line. Approximete interval Between Opset and Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical Examine Due to (or es e consequence of) Examiner ettending physician and for use as the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) ther Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown þ been si 24b. Were autopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed s certificate has b director, page 2 s 1 Yes 2 No 1 ☐ Yes 2 No Hospital or Attending Physician: 24 hours after death. 25. Wes case referred to medical exeminer? Be 28. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Dete of Injury (Month, Day Year) Certification: 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Naturei 5 Pending investigation 1 Yes 2 No ector: 2 Accident 3 Sulcide 6 Could not be To the Hospital or Atla within 24 hours after de To the Funeral Directo completely filled in by the 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, term, street, tectory, offica building, etc. (Specify) 4 ☐ HomicIde 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) end manner stated. edical 29e. Certifier (Check only one) 29b. Signeture and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number 30. Neme end address of person who compl 23a) (Type, Prig LCAN MD 31. Dete filed (Month, Dey, Year) State OCT 0,2 1996 Registrar

				state of Marylar		e <i>rtificate of</i>			giene 9 (3102	8
	Physic		Decedent's Neme (First, Middle, Last) Wallace Nelson S	Streeter				2. Dete of De Month	Dey	3. Tima of D	
Ò	/Medi Exami		4a. Fecility Neme (If not institution, give stre	eet end number)	۰		4b. City, Town, or L	ocation of Deeth		of Deeth	O_AM
	Funeral Director		10504 Amherst Aven 5. Social Security Number 578-07-9192 Usuel Residence of Decedent	7. Age (in yrs.	lest birthda Yrs.	y) if Under 1 Yea Months Deys		8. Date of Bird (Month, De	h y, Year)	gomery 9. Birthpiece (Stete or a Country) Minnesota	Foreign
	show sd et		10e. Stete 10b. County	10c. Cit	ty, Town or	Location				10d. inside City	Limits
	the Me	Director	Maryland Montgomery	Si	lver	Spring 10f. Zip Code			10- Chinas of Ma	1 Tes 2	2 No
	Mwith 3a or		10504 Amherst Avenu			209	0.2		10g. Citizen of W		
50	72 hours efter death with the Maryland natural; or items 23s or 28s-f show dies Examiner must be notified at	y Funeral	11. Meritei Status 12. 1 ☐ Never Merried 2 ☒ Married	Wes Decedent Ever in U Armed Forces? 1 ☑ Yes 2 ☐ No If Yes Give 101	,s. 13 7 to		Hispenic Origin? (Sp ban, Mexicen, Puerto	ecify Yes or No Rican, etc.)	U.S.A 14. Rece Bleck Specify:	- American Indian, , White, etc.	
21215-0020	C . (II	Completed by	3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Educeti (Specify only highest grede co	Yeer or Detes: 1916 ion pmpleted)	16e. Dec	edent's Usuel Occu		sing	18b. Kind of Bus	White siness/Industry	
	5 5 E		Elementery/Secondary (0-12) 17. Fether's Neme (First, Middle, Last)	College (1-4or 5+)		utive Sec				l Coal Boar	cd
Maryland	d 2 should be f th end Mentel I 7 is marked of traumatic eve	To Be	Wallace Streeter 19e. informent's Name/Reletionship (Type,	Print)	19h Me	iling Address /Stree		ie Nels	son	,	
	Haalth Haalth Ham 27 other t		Jean Marie Streeter 20e. Method of Disposition 1□ Buriai 2 ⊠Cremetion 3 □ Rem	20b. F	1050		Avenue		Spring, M	aryland 209 City or Town, Stete	902
Baltimore,	permit. Pages Department of I Important: If Its any injury or o		4 Donetion 5 Other (Specify) 21. Signeture of Funeral Service Licensee			itan Crem	ess of Fecility			ia,Virginia	1
			23e. Pert1. Enter the disease, or complicetion shock, or heart failure. List only one complications are complicated as the complex of the com	ions that coused the deat			Collins cardiac rsity Blvding, such es cardiac				een
	Physician /Medical Examiner		Immediate Ceuse (Finel disease or condition resulting in deeth)	Due to (c		ROPT (ANCER			>17-	cay
08/00,	rificate be executed ng physicien and as the buriel-transit	Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest			equence of):					
POX	death cert e attending od for use a	clan	d								
	the ache	y Physician/M	Pert ii. Other significant conditions contrib	uting to death but not res	ulting In the	underlying ceuse g	iven in Pert i.	23b. Did t	4	ributs to the cause of a 3 Probably 4 Ur	
necoras,	e law requires thet has been signed b ge 2 should be dete	Completed by						24e. Wes perlo	en eutopsy med?	24b. Were autopsy find aveilable prior to completion of cau of death?	
_	T ata							101	es 2NO	1 ☐ Yes 2 ☐ N	0
or vital	5 00 00	: To Be	25. Wes case referred to medical exeminer? 1 ☐ Yes 2 ☐ No 27. Menner of Deeth 2	1 L inpatient 2L		BINT 3LI DOA		me 5 Resid	ence 8 Other		
	eath. leath. lor: After the fune	Certification:	1 Neturel 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	28e. Dete of injury (Month, Dey Year)		M 1	ork?]Yes 2□No	28f. Location (S		or Aurel Route Numbe	9 <i>r</i> ,
5	To the Hospital or Ati within 24 hours after of To the Funeral Direct completely filled in by	<u>a</u>	29e. Certifier 1 Certifying Physicia	building, etc. (Specify in: To the best of my known On the basis of examinet	wledge, dee	th occurred et the ti	ime, date end piece,	end due to the conduct the state of	eause(s) end man	ner as steted.	
	To the H within 24 To the F complete	Medi	(Check only 2 Medical Examiner: 29b. Signeture end title of certifier Chalw Gwara 30. Name end eddress of person who compi Monammad - A · Ki 31. Dete filed (Month, Day, Year)	end menner steted.		29c. Licen	se number	SS at the time, t	29d. Dete signed	(Month, Dey, Year)	01
	2+1	-	30. Name and address of person who compi	eted cause of deeth (Item	23e) (Type), Print)	0776	Circ	septemb	1 (Swin	76.
	Sta	te	Monammad - M · Ki	32. Registrar's Signa	ture	Pendell	n coul	Jun D	JIK	NA 8/11.6	/
	Registr	ar	SEP 3 0 199	0	- Inday						

State of Maryland / Department of Health and Mental Hygiene 96 31029

						Cer	tificate o	f Death	F	leg. No.			
т	Div		1. Decedent's Nama (First, Mid	dle, Last)					2. Data of Dea	th Day	Yaar	3. Time of	Death
	Physic /Medi		Alice	KENDRICK			Sherwoo	d	Septemb	er 27 1	996	5:20	AM
3	Exami		4a. Fecility Name (If not institut	ion, giva street and number	er)			4b. City, Town, o	r Location of Death	4c. County	of Death		
			CARRIAGE HILL	NURSING HON	1E			Silver	Spring	Мо	ntgom	ery	
	Funeral Director		5. Sociel Security Number 577-42-6668 Usual Residence of Decedant	6. Sax 1 M 2 F	Age (In yrs. lest 105	birthday) Yrs.	If Under 1 Ye Months Day					olece (State or otry) h., DC	
	/land	-	10e. Stata 10b. Coun	ty	10c. City, T	own or Loc	cation				1	0d. Inside Cit	y Limits
	Man H	to	MD Mo	ntgomery	Si	lver	Spring					1 Yas	2□No
	7.28 1.00	je j	10e. Street end Number				10f. Zip Code	9		log. Citizan of	What Cour	ntry?	
	h wit	a 0	9101 2nd Av	enue			20	910		Unite	1 Sta	tes	
020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or Items 23a or 28e-f show int, the Medical Exercited at	by Funeral Director	11. Marital Status 1 Never Merried 2 Mi Widowed 4 Divorce	if Yas GivaX	s? No			f Hispenic Origin? uben, Maxican, Pu	(Specity Yas or No- arto Rican, atc.)		e - Americ ck, Whita,	an Indian,	
21215-0020	s 1 and 2 should be filed within 72 hours I Health and Mental Hygiene. them 27 is marked other than "natural", other treumatic event, the Med call Exa	Completed	15. Decedi (Specify only high Elamantary/Secondery (0-12	ant's Education last grada complated) Collaga (1-4c		(Giva I	ant's Usual Occ kind of work doi OO NOT usa rat	cupation na during most of w ired)	rorking	16b. Kind of B	usinass/In	dustry	
	filed withi Hygiene. oth, the M		17. Father's Neme (First, Middle	()		1100	JOCWILE	18 Mother's N	ama (First, Middla,				
Maryland	Mental Mental arked o	Be C	George Kend						Dean Ker		10.7		
2	2 should b and Menta le marked eumatic e	2	19a. Informant's Name/Ralation		1	19b. Mallin	o Addrass /Stre		Rural Routa Numbe		Stata Zir	Code)	
\S	and 2 and 2 and 2 and 2 le		Laura A. Sherw						Drive, Ro				3
altimore,	s 1 and 2 4 Haalth hem 27 I		20e. Mathod of Disposition	Law	20b. Place	e of Dispos	sition (Nama of		Data	20c. Location			,
9			1 Burial 2 Cramation		18		Memoria		9/30/96	Falls (hure	h. VA	
=	it. Page rtment o rtant: If I		21. Signature of Fugeral Service				Nama and Add		1,00,00		,,,,,,	11, 111	
ä	Depa fmpo any l		10.6	K+4	6000-				eral Home	1		1/1 00	001
			23 Parti. Enter the disbasa, shock, or haart failura. Li	or complications that caus	sed the deeth [oring	Md 20	
	Physician /Medical Examiner	er	Immediata Causa (Final disaasa or condition rasulting in death)			NVE	HE		FAI			Interval Batwonset and D	
	death certificata be asscuted e attending physician and ed for use as the burial-transit	Examiner	Sequantially list conditions, if any, leading to immadiate	b	Dua to (or es	e consequ	uance of):				i		
ó,	e axe		if any, laading to immadiata cause. Entar Undarlying Cause (Disaasa or injury	J .							į		
68760,	sata t shysic tha b	Medical	that initiated events resulting in death) Last	C.	Dua to (or as	a consequ	ience of):						
×	ding physisa as tha	Me											
Bo	attandin I for usa	lan											
o.	that the de ed by the a detached	Physician	Part II. Other significant condit	tione contributing to death	but not rasultin	g in tha un	darlying cause	givan in Part I.	23b. Did to	obacco use co	ntribute to	the cause o	death?
9	es that the igned by be detact		DEMENT	JA					1 🗆 Y	es 20 No	3 Pro	bably 4 🗆 L	Jnknown
Records,	been s	Completed by							24a. Was a		av	ara autopsy fir allable prior to mpletion of ca death?)
æ	a	E O							1□ ¥	as 2 No		Yas 2□i	No
Vital		BeC	25. Was case rafarred to meetic	al				28. Placa of D	eath (Check only or				24
of V	\$ 0 D	ToE	axaminar?	Hospital: 1 ☐ Inpa	itient 2DER/	/Outpatient	3□ DOA	When	Homa 5 Resid		ar (Specif	v)	
ion o	Phy ral d		E C Nocidalit	tigation	ojury 28 Day Year)	b. Tima of Injury	28c. In V M 1		28d. Dascribe h				
Division	tal or Attand is after death al Director:, ed in by tha	Certification:	3 Suicida 6 Couli 4 Homicida	mined 288. Place of	Injury - At homa atc. (Specify)	, farm, stre	et, fectory, offic	: 0	28f. Location (S City or Tow		er or Ruri	il Routa Numb	er,
	To the Hospital or / within 24 hours after To the Funeral Dire completely filled in b	edical	29a. Certifier (Check only one)	ing Physician: To tha best il Examiner: On tha basis and menner	of axamination	dga, death and/or inv	occurred at tha estigation, in m	tima, data and placy opinion, daath oc	ce, and dua to the courred at the time, o	ause(s) and me lata and place,	ennar as s and dua to	tated. tha cause(s)	
	within 2 To the	Σ	29b. Signature and title of certif	or /	200	1	29c. Lica	nsa number	2	9d. Data signe	d (Month,	Day, Year)	
			100	Med	XX		1	36041	4	9/27	196		
	10		30. Name and address of perso	n who/completed cause &	death (Itam 23	a) (Type, F	Print)	/0		1		2	
		_		1 -	and the same								

DHMH 16 Rev 6/95

Registrar

SEP 3 0 1996

876-0042

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	t, Middle, Last)		1							2. DATE OF				3. TIME OF DEATH
		MHOT	STAI	GER							SEPTE	MBer	26	1996	0130 A.
	4. SOCIAL SECURITY NUMBER 477-24-100		5. SEX	6. AGE (in y			UNDER 1 YE	EAR AYB	IF UNDER	24 HRS. MIN.	7. DATE OF ((Month, Di	nr. Years	102/	Count	IPLACE (State or Foreign ny)
	9a. FACILITY NAME (If not in						CITY, TO	WN O	R LOCATI	ON OF DI		=1 1		INTY OF D	
OR	SHADY GRO		VENTIS	r HOS	SPIT	ALF	ROCK	VI	LLE				MO	NTGO	DMERY
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		1	Oc. CITY, TO	OWN OR L	OCATI	ON						10d. INSIDE CITY
	Md.	Montg	omery			Gaith	nersl	our	g					m.	LIMITS?
FUNERAL	10e. STREET AND NUMBER							101.	ZIP COD						WHAT COUNTRY?
NE	2 Cullinan	Court	12. WAS DECEDEN	T FIFE IN II			I		208						States
B	1 Never Merried 2 3 3 Widowed 4 Divo		FORCES?	YES 2	2 NO		If ye	s, spe	offy Cubi		NIC ORIGIN? (S in, Puerte Rica y:		or No—		E — American Indian, k, Whita, etc. "Y White
		EDENT'S EDU		16	(Give I	DENT'S USU	done durir			na	16b. KIR	D OF BUS	BINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	0-12)	College (1-4 or 5		life. Do	-emp1	tired.)			-	Con	nstru	ıctic	n Eq	uipment
§ S	17. FATHER'S NAME (First, M										ME (First, Midd				
BE	John Bernar		ger								Irene				
٥	Frances M.		er		196. M	Culli	nan	Co	urt	Gait	Aoute Number (thersb	or Town	Md .	2087	8
	20a. METHOD OF DISPOSIT 1 Burlal 2 Cymatic 4 Other	on 3 Rame	oval from State	20b. PL cometer Pa	ry, cremate	ory or other I	ISPOSITIO	ท _{ี่} (Nar	ne ol Pa	rk	9/30/			City or To	
	21. SIGNATURE OF JUNERA	_	EMSEE.	0			22 NAS	SE AN	O ADDRE	00 OF FA	OHATY TO Y		2		
	Ha	kes 1	m. H	in	,		10	Ea	st D	eer	Park I)rive	Gai	ther	sburg, Md.
		eart moure.	complications the List only one car	it caused thuse on each	he death h iine.	. Do not	enter the	mod	le of dy	ing, suc	h se cerdisc	or respi	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fit	ne)	REF	RACT	DR.	V	HV	Po	Tex	1510	100				MINUTES
	resulting in death)		REF							0 3	3, -				Minutes
8	Sequentially list condit	lons,	MUL	TIPL OR AS A CO	Le	M	161	-01	MA						2 YEARS
SA	if any, leading to imme cause. Enter UNDERLY	ING		(01) A3 A 00	DIVSEGUE	INCE OF J.									
	CAUSE (Disease or Injuthat initiated events		OUE TO	(OR AS A CO	ONSEOUE	NCE OF):									
CERTIFICATION	resulting in death) LAS		d				_								
	PART II. Other significa				not resu	ilting in ti	he under	riying	cause	given in	Pert i. 24	. WAS AN		246	WERE AUTOPSY FINDINGS
MEDICAL			AILUR.								1	YES 2			COMPLETION OF CAUSE OF DEATH?
_	_ Clee	DING	- FROM	1 A	RM)									1 _ YES 2 2 10
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	MEDICAL						26. PL	ACE OF D	EATH (Ch	eck only one)				
Y S	1 TES 2 NO		HOSPITAL:	ER/Outpatie	ent 3 🗆		HER: Nursing	Home	5 🗆 R	sidenca	6 Other (Sp	ecify)			
		Pending	28a. DATE OF (Month, E		21	8b. TIME OF INJURY		WOI	IRY AT RK? ES 2	□ NO	28d, OEŞCRI	BE HOW II	NJURY OC	CUREO	
ED BY	2 Carteta	Could not be determined	26a. PLACE C building,	of INJURY — etc. (Specify)	A1 home,	farm, stree					261. LOCATIO City or To	N (Street a	and Numbe	r or Rurel i	Route Number,
COMPLETED	29a. CERTIFIER 1 CERT	TIEVING PHYSI	CIAN: To the best of	mu knamlada	no death		Ab - dl	4.4				HIVE Y			
OMI															s) and menner as stated.
BE C	29b. MUNETURE AND TITLE	OF CERTIFIE	1 1					Т	29c. LIC	ENSE NUI	MBER		29d. DA	TE SIONED	(Month, Day, Year)
2	yours !	M. 1	Hagglile	MI	7				7	32	407		► Se	PTel	MBER 26,1996
	JOSEPH M. H	AGGCK	and a comment of	9707				ITE	R	BRILL	e and	KUIC			20850
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATU	URE		- L	,	(-,	1,00				_000
	OCT 0 1	1996	-rena.	Davidson	-Non	delle									

DIVISION OF VITAL RECORDS, P.O. BOX 68760

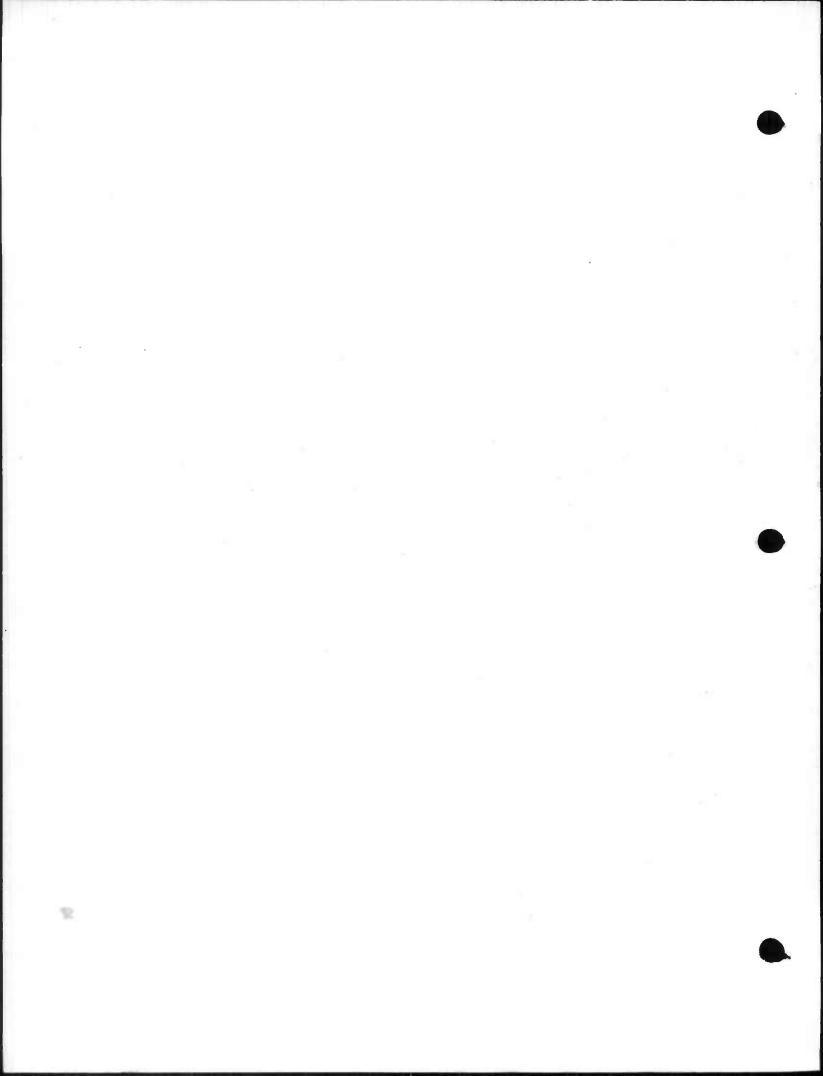
 $\zeta, \not \vdash, \\ \mathsf{BALTIMORE}, \mathsf{MARYLAND} \mathsf{21215-0020}$

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



Ple	ease Type or								gible.	0.0.1	
	State	Oi Maryian				Health and <i>Death</i>	d Mental Hy	ygiene G	16 31	031	
1. Decedent's Name (First, Mide	dle, Last)						2. Dale of D		474 1111	Time of Death	
MARVIN	/ - 2	Gel					Seft	25 19	796 /	:35 Pm	
4a. Facility Nama (If not instituti HOLY CROSS HO		iumber)					or Location of Dea		nty of Death		
5. Social Security Number	6. Sax	7. Age (In yrs. I	last birthde	v) If Und	dar 1 Yaar	SILVER S	Hrs. 6. Data of B	Birth	GOMERY 9. Birthpleca (State or Foreign	
579-48-6958	1 ∑ M 2□ F	1112	59 Yrs.	Months	s Days			Dey, Year)	Country)		
Usual Rasidance of Decedent 10a, Stete 10b, Count	· ha	10c Cit	ly, Town or I	1 anation							
	GOMERY		VER S		•				1.0	side City Limits ☐ Yas 2☐ No	
10e. Street and Number	SUPERI	DIL	VER D		Zip Code			10g. Citizen (of What Country?		
12117 NEW HAMP	SHIRE AVE	NUE			904		1	1	STATES OF	' AMERICA	
11. Marital Stetus 1 Never Married 2 Me 3 Widowed 4 Divorce	erried Armed F	ecedent Evar in U, Forces? s 2 No Give Detas: 1957		It Yes, sp	cedent of I pecify Cub 2 No	ban, Mexican, Pu	? (Specify Yas or Nuerto Rican, atc.)		Race - American Ind Bleck, White, etc. WHITE cify:	lian,	
	ent's Education nest grada completed	d)	(Giv	edent's Us	work done	during most of v	working	16b. Kind of	Business/Industry		
Elementery/Secondery (0-12)		(1-4or 5+)	life.	RIBUT	use retire	id)		WHOLES	ALE FOOD	PRODUCTS	
17. Father's Neme (First, Middle	a, Last)		<i>D</i>		.022	16. Mother's h	Name (First, Middle	la, Meiden Sum	ama)		
BENJAMIN SEIG	EL					MOLLIE	POLLACK				
19e. Informent's Neme/Reletion									wn, State, Zip Code,		
PAT SEIGEL/WIF	Е	anh E				PSHIKE A	AVE., SI			20904	
20e. Mathod of Disposition 1 ☐ Burial 2 ☐ Cremetion			Plece of Disp cemetery, cri			ace)	Date	20c. Location	on - City or Town, St	late	
4 Donetion 5 Other (JUD				GARDENS rass of Facility D			MARYLANI ERG MEMOR		
> Katt Chen	1 4	MOMM		ELS,					ROCKVILL	E, MD	
Part I Enter the diseesa, of shoot, or heart feilure. Lis	or complications their	caused the deeth	h. Do not e	nter the m	ode of dy	ing, such as card	diac or respiratory	arrest,	Appro	20852 oximate val Between	
7	St Only One occoo	about into.								et and Death	
tmmed te Cause (Final diseas or condition resulting in deeth)	meta	static Pan	neventu	· ade	enocae	emorna)			6	months	
resulting in deetn)	0.		or es e conse								
	b			,							
Sequentielly list conditions, if eny, leading to immediate		Due to (or	or as e conse	equance of	I):						
cause. Entar Undarlying Cause (Disease or injury that initiated events	с	Due to (or	r es e conse	on co	Α.,				1		
resulting in death) Last		DUA TO (OI	98 9 CO1100	duance of):						
	d								i		
Pert II. Other significant condit	lone contributing to	deeth but not rest	ulting in the	underlying) cause g	iven in Part I.	23b. Di	d tobacco use	contribute to the c	ause of death?	
							10	788 2□No	3 Probably	4 ☐ Unknown	
							24e Ws		24h Were au	topsy tindings	
							per	as an autopsy rformed?	available completion	prior to ion of cause	
								• •	of death?		
25. Wes case referred to medic	an l					On Diago of f		Yas 2 No	1 100	2□ No	
axeminer?	Hospitel:	Inpatient 201	ER/Outpatie	ent 3 C	DOA Ot	ther	Death <i>(Check only</i> g Homa 5 ☐ Ras		Wher (Specify)		
27. Menner of Deeth	28a. Dete		28b. Time	ot	28c. Inju Wo			e how injury occ			
Z C Problem	stigelion	filli, Day rear	tnjury	М		Yes 2□No					
3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide deten	mined 288. Piec	ce of Injury - At holding, etc. (Specify	ome, term, s	treet, tecto	ory, office	,		ocation (Street and Number or Rural Route Number, ity or Town, Stete)			
		allig, etc. (epoc.,	<i>"</i>					Jing Sivie,			
(Uneck only 2 Medica	ring Physician: To the al Examinar: On the l	basis of axaminati	wledge, dea tion and/or l	th occurre	d et the ti	ime, dete and ple opinion, deeth or	ace, end due to the	e cause(s) end a	manner as stated.	ause(s)	
one) 29b. Signature and title of cartifi	end me	enner stated.				nse number			ned (Month, Day, Y		
cap, oiditatore alle min at am '	.01			_	St. silver.	50 Hullion		200. Doin 0.8.	Hed (Motter, Day, .	ear/	

parmit. Pages 1 and 2 should be filed within 72 hours after deat Department of Health and Mental Hygiene. Important: if then 27 is marked other in any Injury or other traumers of the marked other in the page. Physician /Medical **Examiner**

Physician

/Medical

Examiner

Funeral

Director

notified at the Maryla

ribers 23e or 2 niner mant be n

Director

Funeral

þ

Completed

Be 70

been signed by the attending physician and should be detached for use as the burial-transit

Physician/Medical Examiner

by

Completed

8

Certification: To

Medical

The law requires that the death certificata be exec Division of Vital Records, P.O. Box 68760, After this certificate has page 2 To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, to

20

Registrar

State

1 BERNARO 31. Dete tiled (Month, Dey, Year) OCT 0 1 1996

Donard G. Hecaman, M.D.

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Heckman - 8830 CAMERON STREET - SILVER SPRING, MARYLAND 32. Registrar's Signeture

Sina Dandon Andelle

DHMH 16 Rav 6/95

20910

005373

Systemus 26, 1996

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

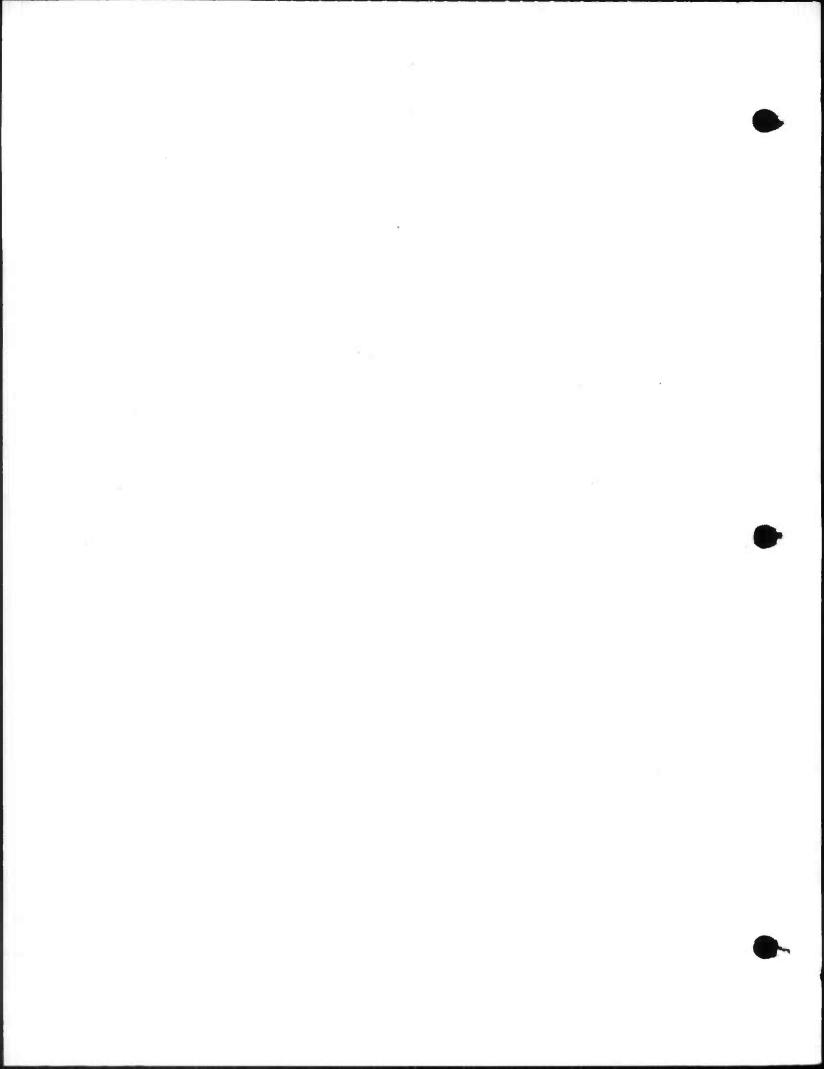
10

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M		DEPAR					MENT	AL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest) HERMAN STERN									TE OF DEATH	199	6 EAR	3. TIME OF GEATH 9:05 AM	
	577-38-6565	1 M 2 D F	∑ M 2 ☐ F 88 YRS, MONTHS DAYS HOURS MIN.									AUST		
TOR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF MONTGOM RESIDENCE OF DECEMENT 90. COUNTY OF													
DIRECTOR	MARYLAND 106. COUNTY MONTGO	MERY	ERY SILVER									10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 3330 LEISURE WORL	D RIVD #	4.1.1			101	209		10g. CITIZEN O				STATES	
B		12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WA	EVER IN U.S. AI	RMED NO		I yea, spe	ENDENT O	F HISPAN	NIC ORIGIN? (Specify Yes or No- 14 in, Puerto Ricen, etc.)			14. RACE Black, Specify	8. RACE — American Indian, Black, White, etc. Specity: WHITE	
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(C	ECEDENT'S Give kind of vie. Do NOT us	work done se retired.)	during mo	DN st of workin	g	1	66. KIND OF BUS			ELE	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	5 +	I KE	TAIL	CLER	CK	100			t, Middle, Maiden				
R	MARCUS STERN 190. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS	S (Street a		or Rural R			n. State. Zic	Code)		
5	LINDA LACHOWICZ (DAUGHTER) 10244 COLEBROOK AVE, POTOMAC, MARYLAND 20854													
	20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) A Donation 5 Other (Specify) A Donation 5 Other (Specify) A DAVID MEMORIAL GARDENS 10/02/96, FALLS CHURCH, VA													
21. SIGNATURE OF FUNEBALL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPEI 1170 ROCKVILLE PIKE, ROCKVILLE, MI										ELS				
												Approximate Interval Between Onset and Dasth		
CERTIFICATION	Sequentisity list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d													
MEDICAL (PERFORMED? 1 YES 2 NO COMPL OF DEA											WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	DID TOBACCO USE CONTRI	BUTE TO CAL		CE OF DEAT	_	_	UNC	ERTAIN						
PHYSICIAN:		HOSPITAL:			OTHER	R:	5 🗆 Re	sidence (B 🗆 Ot	her (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending	NJURY ; Year)	28b. TIM INJ	E OF URY M	28c. INJU WOI 1 Y		NO ON	28d. C	ESCRIBE HOW IN	JURY OC	CURED			
	2 Accident Investigation 3 Suicide 8 Could not be detarmined Startment Start											ute Number,		
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI. 2 MEDICAL EXAMINER:												and manner as stated.	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Fips	0-	M	D		D		8 8	55	19	1301		
	30. NAME AND ADDRESS OF PERSON WHO STEVEN L 31. DATE FILED (Month, Day, Year)	IPSON	OF DEATH (ITE	27) (Type,	Print) MO/	VTA	2050	E	Ri	D, ROC	cki	112	E, MD	
	OCT 0 1 1996	I had	avidson-	Pandal	2									



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	,
ō	
BOX 68760	
1	
φ	
9	
×	
\tilde{a}	
\simeq	
1	
o.	
-	
os, p.o	
-0	
97	
Œ	
RECORDS,	
ō	
\sim	
=	
щ	
_	
4	
\vdash	
_	
OF VITAL	
1.1	
$\overline{}$	
V	
7	
$\overline{}$	
$\underline{\circ}$	
DIVISION	
>	
=	

		1. DECEDENT'S NAME (First, Middle, Last) John Ed 4. SOCIAL SECURITY HUMBER	gar S		-			2. DATE OF DEATH MONTH OCTOBER	DAY 19	YEAR 0756		
Ing physician. the burlat-transit permit. Pages 1, 2, 3 should		577-28-4525 90. FACILITY HAME (If not institution, give s	1 X M 2 □ F	(In yrs. lesi	YRS. MOI	OAYS			1924	BIRTHPLACE (State or Foreign Country) NEW JERSEY Y OF DEATH		
	DIRECTOR									MONTGOMERY		
	IREC	10e. STATE 10b. COUNT			10c. CITY, TO	WN OR LOC	ATION			10d. IHSIDE CITY LIMITS?		
		MD . MONT	GOMERY				HERSBURG	3	40 0000	1 X YES 2 HO		
	ERA	19128 ROMA	N WAY				20878	3	U . S			
	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR E WWII & K	2 H	10	If yea, s	ECENDENT OF HISPAI apacity Cuben, Mexica ES 2 HO Specifi	NIC ORIGIN? (Specify) In, Puerto Ricen, etc.)	4. RACE — American Indian, Black, White, etc. Specify: WHITE			
r attending use as the	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S USU			16b, KIND OF B	USIHESS/IHDU			
0 0 0	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	IHa.	Do NOT use ret	ired.)	•	T-71				
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	4		WRI	TER	18, MOTHER'S HA	WRITING IAME (First, Middle, Melden Surname)				
2 % W	BEC		P. SHIE	LDS			M	ARION A	A. I	KILHEFFER		
5 should notified	9	190. INFORMANT'S HAME (Type/Print)	TELDC /CON					Route Number, City or To				
ay be		RICHARD P. SH	201	_				HIGHLAI				
e 6		20e. METHOD 06-DISPOSITION 1 Burlei 2-05-Cremetton 3 Removal from State 20b. PLACE AHD DATE OF DISPOSITION (Name of cemetery, crematory or other place) CHAMBE_S CREMATORY 10/3 RIVERDATE 10/3 RIVERDATE										
death. Page e funeral directi.		21. SIGNATURE OF FUHERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SILVER SPRING, MD.										
that the death certificate be executed within 24 hours after of ed by the attending physician and completely filled in by the th and Mental Hygiene prior to burial, cremation, or removal. any Injury, or other traumatic event, the medical es	Щ	M.M. Cha	Meusau	M	00091	W. V	V. CHAMB	ERS CO.	INC.	20910		
		23. PART I. Enter the diseases, presented in the second sec	a. DUE TO (OR AS	ard	lial	enter the m	hode of dying, suc	clion	piratory arres	tt, Approximate Interval Between Onset and Death		
	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	EDICAL CE	PART II. Other aignificent condition	s contributing to deeth t	out not re	eeuiting in th	e underlyl	ng ceuse given in		H AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
St of ee	N.	DID TOBACCO USE CONTI	RIBUTE TO CAUSE C	OF DEAT	TH YES] NO [UNCERTAIN	V X		1 YES 2 NANO		
IN: The law r ficate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		E OF DEATH (C							
SICIAN: The certificate I the State I, or Item	HYS	1 YES 2 NO 27. MAHHER OF DEATH	1 Supportion 2 ER/Out	patient 3		Nursing Ho	me 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW	I II II III WAARAA			
this with	ВУ РІ	1 Natural 5 Pending Investigation	(Month, Day, Year)		IHJURY	M 1 🗆	YES 2 HO					
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IHJURY building, atc. (Spe	cify)	ne, farm, street	, factory, offi	ice	28f. LOCATION (Stree City or Town, State		Rural Route Number,		
HOSPITAL OR A FUNERAL DIREC Within 72 hours TTANT: If Itom	COMPLET		CIAH: To the best of my know R: On the basis of examination									
TO THE HOSPIT TO THE FUNERA De filed within 7	BE CC	296. SIGNATURE AND TITLE OF CENTIFIER								BIGNED (Month, Day, Year)		
663₹	2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	ATH (ITEM	l 27) (Type, Print	")	D 39			TOBER 1,199.		
25		31. DATE FILED (Month, Dey, Year) OCT 0 4 1996	32. REGISTRAR'S SIGH	1119	Ro	CKNI	LLE PY	KE #	100, 8	ROCKUILLE		
)		001 0 ± 1330	- Compound	or-No	- Pathal							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Physician Modela Sallie Nelson Smith September 29, 1996 7 46. Facility Annual roof institution, pins stored and number) 46. City, Town, Octobation September 29, 1996 7 46. Facility Annual roof institution, pins stored and number) 46. City, Town, Octobation September 29, 1996 7 47. Aga (revyr. Assibinity) Hunes Yasi Hunes Yasi Hunes Yasi Country C				yland / Depa <i>Cer</i>	rtment of I tificate of			Reg. No.	6 3103			
S. Social Security Number Security State Security Number Security Number Security Number Security Number Security S	ysician Iedical	Sallie Nelson	Smith			4b. City, Town, or	Month Septem	ber 29,	1996 7:35 P			
Elamantery/Secondary (0-12) Collega (1-4or 5+) Homemaker Own Home	ctor	5. Social Sacurity Number 6. 8 578-26-3330	Sax 7. Aga (V	If Undar 1 Yaar	If Under 24 Hrs	8. Data of Birt (Month, Da	th y, Year)	gomery 9. Birthplaca (State or For Country) Virginia			
Elamantary/Secondary (b-12 College (1-for 5-) Homemaker Dwn Home Dwn Home Homemaker Dwn Home Homemaker Dwn Home Homemaker Dwn Home Dwn Home Homemaker Dwn Home Dwn Home Homemaker Dwn Home		10a. Stata 10b. County						10d. Insida City Lin 1 ☐ Yas 2 🖸				
Earnantiary/Secondary (n-12 College (1-for 5+) Homemaker Dwn Home Homemaker Dwn Homemaker Dwn Home Dwn Home Homemaker Dwn Homemaker Dwn Homemaker Dwn Homemaker Dwn Home Dwn Homemaker Dwn Homemak	ieral Dire	12714 Turkey Bra		er in U.S. 13. V	20			U.S.A	S.A.			
Elamentary/Secondary (0-12) 8	d by Fun	1 Navar Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Giva	If			to Rican, atc.)	k, Whita, atc.				
17. Father's Nama (First, Micdia, Last) 18. Mother's Name (First, Micdia, Maiden Surnama) 19. Maling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19. Informant's Name/Ralationship (Type, Print) 190. Maling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12. Informant's Name/Ralationship (Type, Print) 190. Maling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12. Informant's Name/Ralationship (Type, Print) 190. Maling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12. Informatis Name/Ralationship (Type, Print) 190. Maling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12. Informatis Name/Ralationship (Type, Print) 12. Informatis Causal (Town, State, Zip Code) 12. Informatis Causal (Town,	u du	(Specify only highast grant Eiamantary/Secondary (0-12)	rada complatad)	(Giva k	ind of work dona O NOT usa ratire	eation during most of wo d)	rking					
Elizabeth Smith Grubbs 1330 Kara Lane Silver Spring, Maryland 209 20a. Method of Disposition 10 Burial 20a Cramation 3 Removal from State 4 Donaton 5 Other (Specify) 20b. Method of Disposition (Nema of Succession 10 Other (Specify) Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blyd., W. Sil. Spr., Maryland Solver Spring, Maryland Solver Store, Virginia 22. Name and Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blyd., W. Sil. Spr., Maryland Solver Spring (Spring) 23a. Parti. Eller the disease, or complications that cause (the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, Solver Spring (Spring) 10 Solver Spring (Spring) 10 Spring (Spring) 10 Spring (Spring) 20b. Place of Disposition (Nema of Spring) 20c. Location City or Town, Str. Report Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City or Town, Str. Report Spring (Spring) 20c. Location City	Be 1	Thomas Nelson	Buck	ddia, Maiden Sumama)								
21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., Maryla 23e. Part. Again the disease, or complications that cause the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, interviously and the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, interviously arrest, interviousl	20	Elizabeth Smith	Grubbs	13301 20b. Place of Dispos cematary, cram Byrd Chape	Kara Landition (Nema of atory or other place) 1 Method	ne Silve	er Spring	r Spring, Maryland 20904 Data 20c. Location - City or Town, Stete Kents Store,				
23a. Part. Batar the disease, or complications that caused that death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory arrest. Approximate the mode of dying, such as cardiac or respiratory areas. Approximate the mode of dying and such as a consequence of): Date of the mode of the mode of dying and such areas the mode of dying and such areas the mode of dying and such areas the mode of dying areas the mode of dying and such areas the mo	2 2000 2000	l Home,	Inc.									
Dua to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying to list a cause (list a cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avants are cause. Enter Underlying to list and initiated avant	ian cal Ir ner ra	Immediata Causa (Final disaasa or condition	a. Cong			rast,	Approximate Interval Batween Onsat and Death					
Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Urinary Tracting Insection Chronic Urinary Tracting Insection Chronic Urinary Tracting Insection 23b. Did tobacco use contribute to the contribution of the	edical	that initiated avants	b. Du	a to (or as a consagu TROINTE	ence of):				148			
omplation of death? 1	y Physician				23b. Did tobacco use contribute to the cause of the cause							
25. Was casa referred to medical axaminar? 1 Yes 2 No Hospital: 1 Inpatiant 2 FR/Outpatient 3 DOA Other: 4 No Hospital: 1 Inpatiant 2 FR/Outpatient 3 DOA Other: 4 No Hospital: 1 Inpatiant 2 FR/Outpatient 3 DOA Other: 4 No Hospital: 1 Inpatiant 2 FR/Outpatient 3 DOA Other: 4 No Hospital: 1 Inpatiant 2 FR/Outpatient 3 DOA Other: 4 No Hospital: 1 Inpatiant 2 FR/Outpatient 3 DOA Other: 4 No Hospital: 1 Inpatiant 2 FR/Outpatient 3 DOA Other: 4 No Hospital: 1 Inpatiant 2 FR/Outpatient 3 DOA Other: 4 No Hospital: 1 Inpatiant 2 FR/Outpatient 3 DOA Other: 4 No Hospital: 1 Inpatiant 3 DOA Other: 1 Inpatiant	mpleted b	Concer		24b. Wara autopsy finding available prior to complation of cause of death?								
27. Mannar of Death 1 Mannar o	e 25	axaminar?	Hospitai:		Oth		ath (Check only or	na)	1 ☐ Yes 2 ☐ No			
3 Sulcida 6 Could not be	Certification: To	17. Mannar of Death 17. Ma	28a. Data of Injury (Month, Day Ye	28b. Time of Injury	28c. Injur Wor M 1	4 Lawrence of Light (Specify) C Injury at Work? 28d. Dascribe how injury occurred						
27. Mannar of Death Malatural S Panding Invastigation S Panding Sal Certif	4 ☐ Homicida datarmined	building, atc. (S	Specify)	occurred at the tin	na, data and place	City or Tow	m, Steta)	nnar ac stated				
1 m north 9/2/01	W 29	9b. Signetura end titia of certifiar	end mannar stated	Amination and/or inva	29c. Licens	onnion, daeth occu	rred at the time, o	data and place, a	and dua to tha cause(s)			
30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print) T. BENACK ND, 4701 Randolph Rd, Rock ville, md 2085 & State Registrar OCT 0 4 1996 Abay Davidson, Randolph Andolph Andolph Red, Rock ville, md 2085 & State Registrar OCT 0 4 1996	30	RT, BENACK	complated causa of death	(Itam 23a) (Type, P	tolph 1		kulle,	md	20852			

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate	e of	Death			Reg. No.		01000	
	Physic /Medi		1. Decedent's Name (First, Middle, Juan's Ta R &	Last)	Se	>8	0-	2			2. Deta of De Month		Yaer 990	3. Tima of Deeth	
	Exami		4a. Facility Name (If not institution, Washington Adv						4b. City, To Takon		cation of Deat		ty of Death		
	Funeral Director		577-98-2421	3. Sax 7 1 □ M 2 F	. Aga (In yrs. last bi	irthday) Yrs.	If Under Months	1 Year Days	If Undar Hours	24 Hrs. Min.	8. Data of Bir (Month, Da May 1,	1904	9. Birthp Cour Puer	to Rico	
	Maryland H show		Usual Residence of Decedent 10a. Stata 10b. County MD. P.G	•	10c. City, Tov		cation	le					1	0d. Inside City Limits	
	h with the 3a or 28 at be not	al Director	10e. Street and Number 3109 Lancer	Pl.			10f. Zip	Code 207	782			10g. Citizen o	to R1		
020	72 hours after death with the Maryland "natural", or Nems 23s or 28s-f show potent Examiner must be notified at	by Funeral	11. Maritel Stetus 1 Never Merried 2 Marrier 3 (M) Widowed 4 Divorced	Armed Ford	2 No	If		ent of Hify Cub	an, Mexicer	, Puerto	ecify Yas or No Rican, atc.)	В	ace - Amark lack, Whita, city: Whita	atc.	
21215-0020	be filed within 72 ho ttal Hygiana. d other than "natur event, ire Medical	Completed	15. Decedent's (Specify only highest Elementery/Secondary (0-12)	Education grade completed) Coilege (1-4		(Give I	Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired) Homemaker			t of worki	ing 16b. Kind of Busine			dustry	
Maryland	should be file and Mental Hy marked othe umatic event	To Be C	17. Father's Name (First, Middle, La Franzisco		Serrano						a (First, Middle 1 es	, Meiden Sum Torre			
	ss 1 and 2 should of Health and Men Item 27 Is marke other traumatic.		19e. Informant's Neme/Reletionship Marcelina M. Crus		ter 31	.09 I	Lance	r P					82		
altimore,	permit. Pages 1 Department of H Important: If Iten eny Injury or oth		20e. Method of Disposition 20b. Pleca of Disposition (Name of cemetery, cremetory or other piece) 20c. Location											erto Rico	
Bal	Depar Impor eny in	21. Signeture of Finerel Sarvice Licenses # 670 22. Neme end Addrass of Facility W.W. Chambers Co. Inc. 5801 Cleveland Ave. Riverdale, MD. 20													
	Physician		23a. Pert1. Enter the diseese, or conshock, or heart feilure. List or	omplications that can ly one cause on ea	used the deeth. Do ch line.			·	-	cardiec o	or raspiretory e	errest,		Approximata Interval Between Onset and Death	
	/Medical Examiner	L	Immediate Couse (Final disease or condition resulting In death) Due to (or es e consequence of):											UNK.	
	bed jist	nin		b	Parto	20mg	or	5					1	UNK.	
68760,	ertificata be axecuted ding physician and se as the bunal-transit	ical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Disease or Injury that initiated events	C	Due to (or es e		Cu	J		Cen	con		i	UNK.	
XO	ding	an/Medical													
, P.O. B	that the died by the	by Physician										23b. Did tobacco use contribute to the cause of de			
Records	aw requin	Completed b										s en autopsy omed?	ere autopsy findings alieble prior to impletion of causa death?		
Vital R	The ate h	Be Com	25. Wes cesa referred to medical	T					26. Plece	of Deeti	1 🗆	Yas 2 No	1[☐Yas 2☐No	
f <	5 00	10	exe <i>m</i> iner? 1 ☐ Yes 2 No	Hospitei: 1 In	patient 2 ER/O	utpetient	3□ DO	A Ott	her: 4 🗆 Nu	irsing Ho	ma 5□Ras	Idence 8 🗆 C	thar (Specil	(v)	
Division of	Ing Vitar une	Certification:	27. Manner of Deeth 1 Neturel 5 Pending investigal	tion		Time of Injury	M 28	Bc. Inju Wo 1 □	ryet rk? ∣Yes 2 🗆		28d. Describe	how injury occ	urred		
DIV	5 분 등 드		3 Suicide 6 Could no determin	ed 288. Place of building	of Injury - At home, for a strain of the str						City or To	wn, Stete)		al Route Number,	
	To the Hospital within 24 hours a To the Funeral Completely filled	Aedicai	(Check only 2 Medical Ex	Phyeician: To the b aminer: On the bas end manne	is of exeminetion er	e, deeth nd/or inv	estigetion,	in my o	ppinion, dee	d pleca, th occurr	and due to the red et the time,	, dete and plec	e, and due to	o the cause(s)	
	2	×	29b. Signature and title of certifier	M				200	697			29d. Dete sig	12/9	6	
	Sta		30. Name and eddress of person when the second seco	Sopolaria 32. Rej	of deeth (Item 23e) 3060 Mgistrer's Signeture wha Davidson	(Type, F	helu	ille	- Rd	# 10	a Bou	ie, n	13.20	2716	
	Registr	ar	OCT 0 4	וטטט ו	was wardson	1-1/01	plane								

the second of th

State of Maryland / Department of Health and Mental Hygiene 96 3 | 036

						Cer	tificate	of	Death		Reg. No.	-	01000	
	Physic /Medi		Decedent's Name (First, Middle, Last) DORC				2. Date of De Month SEPT.		Yaar	3. Time of Death 2329				
À	Exami		4a. Facility Nama (If not institution, give ANNE ARUNDEL MEDIC						4b. City, Town, or ANNAPOL				RUNDEL	
	Funeral Director		5. Social Security Number 6. San 217-40-9045	IM OFFE	(In yrs. last	birthdey) Yrs.	If Undar 1 Months I	Yeer Days	If Under 24 Hrs Hours Min		th ly, Year) 9 1941	Cou	place (State or Foreign intry) YLAND	
Maryland H show	Maryland e-f show	ctor	10a. Stete 10b. County MARYLAND ANNE ARUN		10c. City, To	own or Loc					10d. Inside			
	ath with the	ral Director	10e. Street and Number 19 LAFAYETTE AVEN	10f, Zip Co							10g. Citizen of Whet Country? US			
21215-0020	n 72 hours aftar death with the Maryland "natural", or fisma 23a or 28a-f show edical Examiner must be norified at	by Funeral	11. Meritei Stetus 1 Nevar Married 2 Married 3 M Widowed 4 Divorced	1 ☐ Yas 2 🛣 No			Vas Deceder Yes, specify ☐ Yas 20		dispanic Origin? (: an, Maxican, Pual Specify:	Specify Yes or No to Rican, atc.)		ican indian, , atc. ACK		
		Completed	15. Decedant's Edu (Specify only highast grade Elamantery/Secondary (0-12)	completed) (Giva kind of work lifa. DO NOT usa			Occup dona ratire	pation during most of wo d)	orking	18b. Kind of Businass/Industry				
Maryland 2		To Be Co	12th 0 COOK 17. Fathar's Nama (First, Middle, Last) WILLIAM SPRIGGS						FREDS RESTAURANT 18. Mother's Nama (First, Middle, Maiden Sumama) MARY L. JONES					
	nd 2 shall and 27 is m	ľ	19e. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, 1205 MADISON ST. APT. B 3 ANNAPOLIS, MD 20a. Mathod of Disposition 1 □ Burlai 2 □ Crametion 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Specify) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, 1205 MADISON ST. APT. B 3 ANNAPOLIS, MD 20b. Piece of Disposition (Nama of cematary, crematory or other piece) ANNAPOLIS MEM. GARDENS 10/2/96 ANNAPOLIS											
Baltimore,	permit. Pagas 1 a Department of Has important: if item sny injury or othe once.													
Bal	Departiment in surjections in surjec		21. Signature of Funarei Service License	J. Lee	22	WM 82	. REES	SE r s	& SONS M	OLIS, MI	21401			
/ /	Physician /Medical		23a. Part1. Entar tha disasse, or complishook, or haart failura. List only or timmediete Cause (Final disassa or condition						ng, such as cardis		rrast,		Approximate fintarval Between Onset and Death	
	Examiner	al Examiner	Due to (or es a consequance of):									1		
68760,	erificate be executed ling physician and a as the burlet-transit													
Box 687	0 5 8	an/Medical	rasulting in deeth) Last											
s, P.O. B	that the died by the detached	by Physician	Part ii. Other significant conditions con		-	van in Part i.		Did tobacco use contribute to the cause of d						
Records	aw requires been so should	Completed b					*···			24a. Wes	en autopsy omed?	8	Vara autopsy findings vailable prior to ompletion of cause f death?	
Vital R	T ag ag	e Con	25. Was casa rafarred to medical						On Piece of De	10		1	☐ Yas 2☐ No	
	Q 60 X	ToB	axaminar?	lospitel:	t 20 ER	Outpatient	3□ DOA	Ott	305	ath (Check only Home 5 ☐ Resi		her (Spec	ify)	
Division of	After fune	Certification:												
D N	三四年	_	3 Suicide 4 Homicide 6 Could not be datermined	28a. Piaca of Injur building, atc.	(Specify)					City or To	wn, Stata)		ral Route Number,	
	To the Hospital or within 24 hours after To the Funeral Dirticomplately filled in	Medical	29a. Certifiar (Check only one) 1 ☐ Certifying Physical Certifian (Check only one) 2 ☐ Medical Examination Certifian (Check only one)	vician: To the best of ner: On the basis of a	xamination	iga, daath and/or invi	astigation, in	my c	ma, data and piac opinion, daath occ se number	a, and dua to the urred at tha tima,	cause(s) end m data and placa, 29d. Dete signe	, and dua	to the cause(s)	
	F3F8		1 (1) h	J.K	W	_				6			6 Ml. 2140	
			30. Nama and address of person who co	mpleted causa of dea	180	Adm	ripti)	00	home I	Prive +	Junape,	15 /	NS. 2140	

DHMH 16 Rev 6/95

State Registrar

State of Maryland / Department of Health and Mental Hygiene

31037 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Deeth **Physician** 4a. Facility Name (If not institution, give street and number) Schwartz 3:12 Am 2 October 1996 /Medical 4b. City, Town, or Location of Death 4c. County of Death Examiner Hospital Baltimore Hopkins Vonns 7. Age (In yrs. last birthday) If Under 1 Yeer | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Sociei Security Number 6. Sex Birthplace (State or Foreign Country) **Funeral** Days 27 12M 2□ F Months Director 248-99-9836 South Carolina May 5, 1996 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itams 23a or 28a-f show traumetic event, the Maxical Examinan must be notified at MD Director Baltimore Reisterstown 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3 Mainbrook Court 21136 United States death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, Whita, etc. permit. Pages 1 and 2 should be filed within 72 hours aftar I Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or her eny Injury or other traumatic event, or Medical Evanance 1. Never Merried 2□ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify by 3 Widowed 4 Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/industry Elementary/Secondary (0-12) College (1-4or 5+) 0 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Kenneth Jeffrey Schwartz Pamela Mills 19e. Intormant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kenneth J. Schwartz, father 3 Mainbrook Court, Reisterstown, MD 21136 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 10/04/96 1 Buriai 2 □ Cremation 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Garrison Forest Cemetery Owings Mills, MD 21. Signeture of Funeral Service Licensee 22. Prittsdrameral Home & Chapel 412 Washington Rd., Westminster, MD 21157 23a. Pert1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Cause (Final Liver Failure 3 months disease or condition resulting in deeth) Examiner attending physician and for use as the burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Physician/Medical Due to (or es a consequenca ot) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown bleeding by 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24a. Was en autopsy 1 ☐ Yes 20 No Yes 2 No certificata Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica Be 25. Wes case reterred to medical examiner? 28. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA Aftar this 27. Manner of Deeth 28b. Time of 28a. Date of Injury (Month, Dey Year) 28c. injury et Work? 28d. Describe how injury occurred Natural 5 Pending 2 Accident investigetion 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, tarm, street, tectory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) in by 4 Homicide 24 hours eff Funeral Di detaly filled in Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and manner as ateted.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. Medical 29e. Certifier (Check only one) pletaly within 2 To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) M6806 October 2, 1996 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) Susan A. Bardwell ND. Johns Hopkins Hospital, 600 N. Wolfe St., Baltimore MD 21287 31. Date filed (Month, Day, Year) 32. Registrer's Signature State

alis Davidson Redall

DHMH 16 Rev 6/95

A.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** Mristine ummerset 0920 26 27 /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Union Hospital Elkton Cecil If Undar 1 Yaar if Undar 24 Hrs.

Months Days Hours Min. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) Apr. 28, 1920 9. Birthpiaca (Stata or Foreign Country) South Carolina 7. Aga (In yrs. last birthday) **Funeral** Days 1□M 21 F 76 Yrs. 238-12-1868 Director Usual Rasidance of Dacedant To permit. Peges 1 and 2 should be filed within 72 hours effer deeth with the Meryland Department of Health end Mental Hygiene.
Important: if item 27 is merked other than "naturel", or items 23a or 28a-f show only injury or other traumatic event, the Medical Processing Contracts. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Director 1 ☐ Yas 2 ☒ No DE New Castle Newark 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 17 Brentwood La. 19711 Funeral USA Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 12. Was Decedant Evar in U,S. Armad Forcas? 11. Marital Status 14. Race - Amarican Indian, Biack, Whita, atc. 1 ☐ Yas 22 TNo It Yas, Giva Yaar or Datas: 1 Navar Married 2 Married 1 ☐ Yas 2CXNo Specify: Specify: P 3 Widowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) 12 Seamstress Self Employed 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be Gus Lee Cunningham Victoria Williams 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Joy S. Smith/ Daughter 17 Brentwood La., Newark, DE 19711 Oct. 20a. Mathod of Disposition 20b. Place of Disposition (Nama of 20c. Location - City or Town, Stata cematary, cramatory or other place) 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Florence Memorial Gardens! 1996 Florence, SC 21. Signature of Funaral Sarvica Licanson 22. Nama and Addrass of Facility 122 W. Main St., Newark, DE 19711 Robert T. JOnes and Foard, Inc. 23a, art1. Enter the effsaese, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or head failure. List only one cause on each line. Approximata Intarval Between Onsat and Death Physician /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner physician and s the burial-transit The lew requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disease or injury that Initiated evants rasulting in death) Last Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequance of): 88 attending I signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No þ 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of cause of death? certificate hes b lirector, page 2 s 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: director. Be 25. Was casa ratarred to medical 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Yas 2√ No 1 Inpatiant 2) ER/Outpatient 3 DOA this funeral 28a. Data ot Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred After 1 Natural 2 Accidant 5 Panding uneral Director: Aft sly filled in by the fur 1 ∏Yas 2 ∏No invastigation 3 Sulcida 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida To the Hospital or within 24 hours aft To the Funeral Di completely filled in JE Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifiar 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) D4319X 2 nd a daath (Itam 23a) (Type, Print) mes 31. Date filed (Month) Ragistrar's Signatura State 0 8 1996 ... a Davidson Registrar

State of Maryland / Department of Health and Mental Hygiene 95 31039

1. Decedent Name (First, Middeal SAL Last) She put of Death She							Certific	ate of	Death			Reg. No.	0 0	11033		
## As Socially from gird carbothines, pies well and numbers of Control of Con				1. Decedent's Name (First, Middle, La		***					2. Date of De	ath	931711	3. Time of Death		
## A Facily Note of International Control And Part A Facily Note of International Control And Part A Facily Note of Control And Part A Facily Note of Control And Part A Facily Note of Part	ı			Shelvia Ja	ean Sil	er					Sonten	Day		IIAm		
Fallston General Hospital Fallston General Hospital Fallston General Hospital Fallston Control Fallston Control Fallston General Hospital Fallston Control Fallston Control Fallston General Hospital Fallston Control Fal									4b. City, To					1170//		
Social Section Number C. Sec. Social Section Number C. Sec. Social Section	1	LAUIIII	161	Fallston Genera	al Hospita	1			Fall	ston		На	rford			
Discourse of the property of t	H	Euporal				8. Dete of Birl										
10. State 10. County 10. Co				246-56-9239	DM WELL		Mont	ha Days	Hours	Min.	(Month, Da	y, Year)	North	Carolina		
Part Clark Clements Sparreve Factor Clements Sparreve Part		Maryland f show	0	10a. State 10b. County				,					10			
Part Clark Clements Sparreve Factor Clements Sparreve Part		15 the	9		ord	EC						10a Citizen of V	What Count	to/2		
Part Clark Clements Sparreve Factor Clements Sparreve Part		23a or	rai Di				101.		040				Vilat Couri	.,,,		
Part Clark Clements Sparreve Factor Clements Sparreve Part		de a	Ine	11. Meritel Stetus			13. Was De	ecedent of	Hispanic Ori	igin? (Spe	ecify Yes or No Rican, etc.)					
Part Clark Clements Sparreve Factor Clements Sparreve Part	020	ours afte	by		1 ☐ Yes 2120 If Yes, Give						,					
Part Clark Clements Sparreve Factor Clements Sparreve Part	15-0	in 72 ho	pleted	(Specify only highest gra	ade completed)		(Give kind of work done during most of work			it of worki	ing	16b. Kind of Bu	isineas/Ind	lustry		
Part Clark Clements Sparreve Factor Clements Sparreve Part	77	With	E		Coilege (1-4or !	5+)						Orm 1	Iomo			
Part Clark Clements Sparreve Factor Clements Sparreve Part		I to the)		TOTAL	makei		er's Name						
4 Donation S Other (Seption) Bel Air Memorial Gardens 10-3-96 Bel Air, Maryland 22. Name and address of Facility of Course of Country	an	d be some														
4 Donation S Other (Seption) Bel Air Memorial Gardens 10-3-96 Bel Air, Maryland 22. Name and address of Facility of Course of Country	ary	shoul mark umark	Te											Code)		
4 Donation S Other (Seption) Bel Air Memorial Gardens 10-3-96 Bel Air, Maryland 22. Name and address of Facility of Course of Country	Z,	and 2 selth e n 27 is		Harold A. Siler -	husband	3	907 Wa	lters	Rd.,	Edge	ewood,	Md. 210	40			
4 Donation S Other (Seption) Bel Air Memorial Gardens 10-3-96 Bel Air, Maryland 22. Name and address of Facility of Course of Country	Ore	Jes 1 of H or oth			Removel from State	20b. Place of cemeter	Disposition (y, crematory	Neme of or other pla	ace)	1	Dete	20c. Location -	City or To	wn, Stete		
Saa Part Effect the disease of bombications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the death. Do not only in a such as a consequence of): 233.1 Policy of the mode of dying, such as cardiac or respiratory errest. Approximate encoded encoded the encoded encoded the encoded encoded the encoded en	Ë	tmen tant:		4 ☐ Donation 5 ☐ Other (Specific	y)	Bel Ai					0-3-96	Bel Ai	r, Ma	ryland		
Saa Part Effect the disease of bombications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the mode of dying, such as cardiac or respiratory errest. Approximate encoded the death. Do not only in a such as a consequence of): 233.1 Policy of the mode of dying, such as cardiac or respiratory errest. Approximate encoded encoded the encoded encoded the encoded encoded the encoded en	Bal	Depariment of the population o		21. Signature of Funeral Service Uder	To Vac	14					II Fune	ral Home	e. P.	Α.		
Physician (Medical Examiner) Medical Examiner Due to (or ea a consequence of): Due to (or ea consequence of): Du	_	_		1317 Cokesbury Rd., Abingdon, Md. 21009												
Medical Examiner Due to (or as a consequence of): Due to (or as a consequence of	H	Physician		shock, or heart failure. List only	one cause on each li	ne.	iot enter trie r	node or dy	ing, such es	cardiec o	or respiratory et	rest,	1	interval Between		
Due to (or ea a consequence of): Due to (or as a consequence of):					5.4	acuch a.	-/	10	/	-2				241		
Due to (or as a consequence of): Condition Condit	Н	Examiner		resulting in death)	a				rras	و				at hours		
Course (Disease or Influry thet Initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a consequence of):			ner			Due to (or ea a t	consequenca	01):					1			
Course (Disease or Influry thet Initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a consequence of):		pacuted end al-transi	xami	Sequentially list conditions, if any, leading to immediate	b. ————	Due to (or as a	consequence	of):								
The state of the s	760	siciar bunia		Ceuse (Diseese or injury	c	Due to fee ee e		-Ω.					-			
The state of the s		ntificating physes as the	Medi	resulting in death) Less									1			
Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Part II. Other eignificant conditions contributing to death? Part II. Other eignificant conditions contributing to death? Part II. Other eignificant conditions contributing to death? Part II. Other eignificant conditions contributions contributi	0	ath ce ittendi			d											
24a. Was an autopsy performed? 24b. Ware autopsy findings evallable prior to completed cause of death (Check only one) 24c. Place of Deeth (Check only one) 24d. Mas an autopsy performed? 24b. Ware autopsy findings evallable prior to completed cause of death (Check only one) 24c. Place of Deeth (Check only one) 24d. Mas an autopsy performed? 24d. Was an autopsy findings evallable prior to completed cause of death? 24e. Was an autopsy performed? 24e. Vas Place of Deeth (Check only one) 25e. Place of Deeth (Check only one) 27e. Place of Deeth (Check only one) 28e. Place of Injury at home of Injury at North Work? 28e. Injury at Work? 28f. Location (Street and Number or Rural Route Number, City or Town, State) 29e. Cartiller (Check only one) 29e. Cartiller (Che		the a	ysic	Part II. Other eignificant conditions of	ontributing to death b	ut not resulting in	the underlylr	g cause g	iven in Pert I	i.	23b. Did 1	tobacco use cor	ntribute to	the cause of death?		
25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) 27. Menner of Deeth 1 Naturel converted to medical examiner? 28a. Date of injury 28b. Time of injury 28b. Time of injury 28b. Time of injury 28c. Injury at Work? 27. Menner of Deeth 1 Naturel converted to medical examiner of Deeth 1 Naturel converted to Injury at Work? 2 Non The Set of Deeth 1 Naturel converted to Injury at Work? 2 Non The Set of Deeth 1 Naturel converted to Injury at Work? 2 Non The Set of Deeth 2	Д.	thet the ned by detac		Cardiac Ari	rest (Vent	ricular	Fibril	late"	م).		10	Yes 21 No	3 Prob	ably 4 Unknown		
25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) 27. Menner of Deeth 1 Naturel converted to medical examiner? 28a. Date of injury 28b. Time of injury 28b. Time of injury 28b. Time of injury 28c. Injury at Work? 27. Menner of Deeth 1 Naturel converted to medical examiner of Deeth 1 Naturel converted to Injury at Work? 2 Non The Set of Deeth 1 Naturel converted to Injury at Work? 2 Non The Set of Deeth 1 Naturel converted to Injury at Work? 2 Non The Set of Deeth 2	rds	uires n sign									24a. Was	an autopsv				
25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) 27. Menner of Deeth 1 Naturel converted to medical examiner? 28a. Date of injury 28b. Time of injury 28b. Time of injury 28b. Time of injury 28c. Injury at Work? 27. Menner of Deeth 1 Naturel converted to medical examiner of Deeth 1 Naturel converted to Injury at Work? 2 Non The Set of Deeth 1 Naturel converted to Injury at Work? 2 Non The Set of Deeth 1 Naturel converted to Injury at Work? 2 Non The Set of Deeth 2	00	w req	iete								perfo	rmed?	con	npletion of cause		
25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) 27. Menner of Deeth 1 Naturel converted to medical examiner? 28a. Date of injury 28b. Time of injury 28b. Time of injury 28b. Time of injury 28c. Injury at Work? 27. Menner of Deeth 1 Naturel converted to medical examiner of Deeth 1 Naturel converted to Injury at Work? 2 Non The Set of Deeth 1 Naturel converted to Injury at Work? 2 Non The Set of Deeth 1 Naturel converted to Injury at Work? 2 Non The Set of Deeth 2	Re	ne lav s has ige 2	dmc								40					
1				OF Mas ages referred to madical									1 =	Yes 2LINo		
29a. Certifler (Check only one) 29a. Certifler (Check only one) 29b. Signature end title of certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) T. Kevin Lynch Max 2 Meanures Sinature 31. Date filed (Month, Day, Year) 31. Date filed (Month, Day, Year)	5	certi		examiner?	Hospitel:	-5		0	her:		-					
29a. Certifler (Check only one) 29a. Certifler (Check only one) 29b. Signature end title of certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) T. Kevin Lynch Max 2 Meanures Sinature 31. Date filed (Month, Day, Year) 31. Date filed (Month, Day, Year)	ot	Phy this						DUA	4 LI NU)		
29a. Certifler (Check only one) 29a. Certifler (Check only one) 29b. Signature end title of certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) T. Kevin Lynch Max 2 Meanures Sinature 31. Date filed (Month, Day, Year) 31. Date filed (Month, Day, Year)	sion	Hing After fune	ation	1 Naturel 5 Pending 2 Accident investigation	(Month, Da	y Year) ii	njury				200. Describe i	low injury occurs	60			
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 31. Date filed (Month, Day, Year) 31. Date filed (Month, Day, Year) 31. Date filed (Month, Day, Year) 32. Positives Sinature	Ď Ž	or Atte	ertific	determined	286. Pleca of inj	ury - At home, fe c. (Specify)	rm, street, fed	tory, office		2	28f. Location (5 City or Tov	Street and Numb vn, State)	er or Rurai	Route Number,		
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) T. Kevin Lynch MD 2: Nonth AVE. Belain, Md. 21014		spita iours neral		29a. Certifier 1 Certifying Ph	vaician: To the best	of my knowledge	death occur	ed et the t	ime date an	d niaca e	and due to the	rause(s) and me	nner es str	eted		
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) T. Kevin Lynch MD 2: Nonth AVE. Belain, Md. 21014		in 24 h	edic	(Olieck Griff) 2 Medical Exam	niner: On the basis of	examination and	Vor investigat	ion, In my	opinion, dea	th occurre	ed at tha time,	date and place,	and due to	the cause(s)		
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) T. Kevin Lynch MD 2: Nonth AVE. Belain, Md. 21014		To the To the Com		29b. Signature end title of certifier	/					_						
J. Kevin Lynch Ma 2 NORTH AVE. Belging, Md. 21014				1./leni	4			D3	501	2		October	1,18	96		
31 Date filed (Month Day Year) 32 Propietre 2 Strature		7					Type, Print)				0	1	1-	1 210116		
Registrar 0CT 0 2 1996				31 Date filed (Month Day Year)	32 Deciete			ont	A A	<u> </u>	/30	1 Air	Ind	. 2/0/4		
				OCT 0 2 19	96	s Signeture	woll,									

€,

of Frint in Black findenbie link. Assure An Ooples Are L	egible.		
tate of Maryland / Department of Health and Mental Hygiene	96	3116	
Certificate of Death	20	0104	

5	-				State of M	Maryland				lealth a	nd Mental		iene 9	6 3	3 0	40
	Physic /Medi		1. Decedent's Neme		atthew St	tout					2. Dete Sep	of Deeth	1	9 ^{Year} 9	3. Tima 7: (of Death
	Exami		4e. Facility Name (If	not institution, giv		er)					n, or Location of		4c. County	of Deeth Harf	ord	
	Funeral Director		5. Social Security No. 218-46-	umber 6. S		Age (In yrs. l	14	Months	1 Yaar Days	_	4 Hrs. 8. Date		Year) 1948			or Foraign
	e Maryland Sa-f show Wited at	ctor	Usual Residence of 10a. Steta Ni D	Decedent 10b. County Harfo	ord	10c. City	, Town or L		re c	de Gra	ce			10	0d. Insida 1 🖸 Ya	City Limits
	th with th	al Director	10e. Street and Num 712	Ontario	Street			10f. Zip		078		10g. Citizen of What			try?	
e, Maryland 21215-	72 hours effer death with the Maryland 'natural', or Nema 23a or 28a-f show dical Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Merric 3 Widowed		nt Evar in U,5 s? ⊒No s: 1965-		Was Deced If Yas, spec			in? (Specify Yes Puerto Rican, atd	or No-		ce - Americ ck, White, a			
	l within 72 iene. than "nat	Completed		15. Decedent's Edify only highast grandery (0-12)		r 5+)	(Give	cedant's Usual Occupation ve kind of work done during most of working . DO NOT use retired) Likhoe operator Cemete								
	₩ E D S	To Be C	17. Fether's Neme (First, Middle, Last, Walter M	out				18, Mother	's Neme (First, M Kather			,			
	nd 2 sh aith end 27 is m r traum		19e. tnforment's Ne Mrs. Del	e					or Rural Route N t, Havre		112			078		
	Solo				Removel from Ste	ta ce	eca of Disp ematary, cre igel H	metory or o	ther ple		10/3/9		Havre			e, MD
Ball	pemit. Peg Department Important: h any injury o		21. Signetura of Funerel Service Licensae					22. Name and Address of Facility Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197								
6	Physician /Medical		23e. Pert1. Enter the shock, or heer							-				402	Approximation of the control of the	otween d Death
	Examiner	6	diseese or condition resulting in deeth))	e. 17021		as a conse		FI	O)	WKNa	N.	FRIM	J	101	"THE
P.O. Box 68/60,	eath certificete be executed attending physician end I for use es the buriel-transit	in/Medical Examiner	Sequentielly list con if any, leeding to Im- causa. Entar Under Ceuse (Disease or i that initiated events rasulting in death) L		b		as a conse									
	res that the death is igned by the attention be deteched for u	Physician/Me	Pert tt, Other signific	cant conditions o	ontributing to death	but not resu	iting in the u	underlying c	ause giv	ven in Pert I.	23b.	23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknow				
cords,	v requires the been signer should be contact the conta	leted by									24a.	Wes an	autopsy	ava	re sutopsy ideble prior inpletion of	to

ils certificate has t director, page 2 s Division of Vital Re To the Mospital or Attending Physician: The lev within 24 hours after deeth.

To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2 completely filled in by the funeral director, page 2

Compl Be Medical Certification: To

4 Homicide

1 Yes 2 No

1 Yes 2 No

25. Was case referred to medical examiner?
1 ☐ Yes 2 ☑ No 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Aesidence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA

27. Manner of Death 1 (1 Natural 28a. Dete of Injury (Month, Day Year) 28d. Describe how tnjury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check o

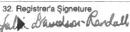
1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end dua to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, and dua to the cause(s) end manner stated. 29b. Sign 29c. License number 29d. Dete signed (Month, Day, Year)

October 2, 1996

and address of person who completed cause of deeth (item 23e) (Type, Print)

Joan P. Edwards, M.D., 2112 Bel Air Road, Fallston, MD 21047 31 Oute filed (Month, Dey, Year)

State Registrar



DHMH 16 Fiev 6/95

O DE P

DHMH 16 Rav 6/95

TERM NO VIVIL AND ROOM A CONT

State of Maryland / Department of Health and Mental Hygiene Q 5

0	2	0	1	0
. %	1	13	13	1
	- 1	~	-	Sam

					$C\epsilon$	ertificate of	Death	Re	g. No.	01046
	ma and		1. Decedant's Nama (First, Middle, Last)		01			2. Date of Deat		3. Time of Death
	Physic /Medi		Ethel M		Ster	enso	n)	Septen	Day	Year (:12 04
	Exami		4a. Facility Name (If not institution, give	street and number)	11.		4b. City, Town, or L	The state of the s	4c. County	of Death
			Southern Man	24/AND	Heson	tal	Clinto	N	PRINC	a llenese'o
	Funeral		5. Social Security Number 6. Sex	7. Age (II	n yrs. last birthday	If Under 1 Year	r If Under 24 Hrs.	B. Date of Birth (Mooth, Day		9. Birthplaca (Stata or Foreign
	Director		571-32-2941	M 2004	7 Yrs.	Montha Days	Hours Min.	(Mootin, Usy	Year	Stigger (1 141)
	D.		Usual Rasidence of Decedent							7110
	anylen ehow		10a. Stata 10b. County	10	oc. City, Jown or	Location				10d. tnside City Limits
	A THE	cto	MD Prince 0	storges	Clinic	on				1 Yes 2 No
	or 20	Oire.	10e. Street and Number	1		10f. Zip Code	0-	10	g. Citizen of W	/hat Country?
	th w	100	9211 STUART	Ln		201	35		U.S	H
	after deeth with the M or Nems 23a or 28a-f Italiaer mant be notifie	Funeral Director	11. Marital Status	12. Was Decedant Eva Armed Forces?	r In U,S. 13	. Was Decedent of	Hispanic Origin? (Sp ban, Mexican, Puerto	pecify Yes or No-	14. Race	- American Indian, k, White, etc.
20	filed within 72 hours after deeth with the Maryland Hygiane, "naturet", or items 23a or 28s-f show ent, the Medical Examiner must be profiled at	Y F	1 Never Married 2 Married	1 ☐ Yes 2 ☐ No if Yes, Give		1□ Yes 2 □ N o			Specify	01. 1.
21215-0020	ure!	d by	3 ☐ Widowed 4 ☐ Divorced	Yeer or Dates:						DIUCH
5	nat	Completed	15. Decedent's Educ (Specify only highest grade		16a. Dec	edent's Usual Occu e kind of work done	ipation e during most of work ed) ,	king	16b. Kind of Bu	sinass/industry
12	withis	m	Elementary/Secondary (0-12)	College (1-4or 5+)	11	DO NOT USE TELL	0 -		-	
	Hygie Hygin	ပိ	17. Father's Name (First, Middle, Last)		4/1	FILLIDA	18 Mother's Nam	e (First, Middle, N	Iaidan Sumam	01
Maryland	2 should be filed within 72 hours and Mentel Hygiene. Is marked other than "naturel", surratic event, the Medical E.	Be c	Haltore Univ	Y.I			101191	0	OLLA CI	6)
2	should nd Men marke	To	19g3Informant's Namé/Relationship (Tys	T Drinks	10h Mai	line Address (Otens	1000	To a de Nombre	MING	Chair Zie Code I
S	d2s then 7 is		Flon Stovanon	5	16	1/2	et and Number or Rui	Machi	nakh	DA DADA
a)	os 1 and of Heelth Item 27 other tr	IJ	20a. Method of Disposition	Ĭ.	20b. Place of Dist	position (Name of	· OC	Date . 2	POCA ocation -	City or Town, Stata
0 U	Pages nent of I ant: If Its ary or o		1 Burial 2 Cremation 3 R	emoval from State	Cometery, cr	ematory or other pla	ace)	alarba	Machi	natan M
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryle Department of Heelth and Mentel Hygiene. Important: If tem 27 is marked other than "natural", or items 23a or 28s-1 shown may injury or other traumatic event, the Medical Exprinter must be notified at page.		4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License	(J'EIIM	220Nama and Addr	1019	HOLIN!	MOTICI	rigion, a
Ba	Departing Importa		1/107	1		Robert, C	3. 19ason	Funera	Ham	el De acces
	_		July a	Cay -	1 2 2	1661 60	oa Hope r	a SE U	usning	10h DC 20020
			23a Juni. Enter the diseese, or complete the complete complete the complete	e cause on each line.	deeth. Do not e	nter the mode of dy	ring, such as cardiec	or respiratory arre	st, (Approximate Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Finel	100	1	24 . 0	-/	0-	/	15111
П	Examiner		disaase or condition resulting in death)	. Her	7 IW	Jolan ,	no no	400	~	224h
		ē		Dug	to (or as a cons	equence of):	1	J /		- 1
	unsit	Examiner	6 b	. AC	Their	-	denn	Meh		75%
-	eath certificate be executed ettending physician and for use as the bunal-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due	of (or as a conse	equence of):				
68760,	sicia burd		Cause (Disease or injury thet initiated events							
89	ficat phy ss the	Medical	resulting In death) Last	Due	to (or as a conse	equance oi}:				
×o	cent nding use		d d							
m	d for	Physician	Part II. Other significant conditions conf	tributing to death but a	at seculting to the		han in Dard I	Anh Didani		Adh. As As As as as a second of decision
0	the oxy the mache	hys	Tatti. Other argimicant conditions con	induting to death but he	ot resulting in the	underlying cause g	iven in Part I.			tributs to the cause of death? 3 Probably 4 Unknown
S, D	that ned t	by P						1 🗆 Ya	a 2 No	3 Probably 4 Onknown
rds	v requires that the death been signed by the etter should be detached for u							24a. Waa ar	autopsy	24b. Were sutopsy findings
Record	- JU (I)	Jet			-			perform	ned?	available prior to completion of cause of death?
æ	The law ata hes t page 2 s	Completed	a					1 □ Ye	s 2 No	
Vital	ilcian: The certificata rector, pag		25. Was case referred to medical				00 Diamet Desi			1 Yea 2 No
5	Physician: this certific rel director,	o Be	examiner?	ospital:	0 D ED/O	01	ther:	th (Check only one		- M
of			27. Manyler of Death	1 Inpatient 28a. Date of Injury	2 ER/Outpatie	SIL SEL DON	4 Li Muising Inc	oma 5 Raside		
Division	Attending F ir death. ector: After by the funer	tio	1 Natural 5 Pending 2 Accident investigation	(Month, Day Ye	ear) Injury	Wo	ork?]Yes 2 □ No			
ISI	or Attendialiter death Director: A	fica	3 ☐ Sulcide 6 ☐ Could not be	28e. Placa of Injury -	At home, farm, s			28f. Location (Str	eet and Numbe	er or Rural Route Number,
Ö	after A Direct D	Certification:	4 Homicide	building, etc. (S	Specify)	,,,		City or Town		
	epita nours neral		29a. Certifiar 1 Certifying Physi	ician: To the best of m	v knowiedge, dea	th occurred at the t	ime, date and place.	and due to the ca	use(s) and mar	nnar as stated
	Ho Ho Fur	edical	(Check only 2 Medical Examin	er: On the basis of exa and menner stated.	aminetion and/or l	nvestigation, in my	opinion, death occur	red at the time, da	te and place, a	nd due to the cause(s)
	To the Hospital or A within 24 hours after To the Funeral Directompletely filled in b.	Me	29b. Signature and title of certifier		4 44	29c Licen	se number	29	d. Date algned	(Month, Day, Year)
	(0)		1/2/2	DA A	Alta	ud x	DUK:	35	91	22/06
	101		30. Neme end address of person who cor	mpleted cause = time!	(Inim 23a) (Type	Print)	-67)			00190
	U			Old Br Ave		1			,	
	Sta	te	31 Data filed (Month, Day, Year)	32. Registrar's	Signatura					
	Registr		OCT 01 199	6 John all	welson Ran	lall				
		_								

DHMH 16 Rev 6/95

to the second

			State of Maryla		tment of F			30	31043
		-	Decedent's Nama (First, Middla, Last)	00111	mouto or	Doutin	2. Data of De		3. Time of Death
	Physici /Medi	cal	FLORIDA SUI	MNER		4b. City, Town, or I	Septer	mber 27	,1996 ^{5:12AM}
A	Examir	ner	Holy Cross Hospital			ilver S			
	Funeral			V 1	if Undar 1 Yaar Months Days	If Under 24 Hrs. Hours Min.	8. Data of Birt (Month, Da	Montgo b, Year) 9 28.1915	Birthplaca (Stata or Foreign Country) Wash., DC
	pu .		Usual Rasidance of Decedant 10a. Stata 10b. County 10c. (City, Town or Loca	ation .				
	f ahow	5	1 m2 m2 m2 m3						10d. Inside City Limits 1 ☑ Yas 2 ☐ No
	the A	rect	MD Montgomery Si	lver Sp	ring 10f. Zip Coda			10g. Citizen of Who	
	ith with the Maryla 23a or 28a-f ahow	D IE	8830 Piney Branch Rd.#803	3	2090	3		USA	
	tar deati	Funeral Director	11. Marital Status 12. Was Decedant Evar in Armed Forces?			lispanic Origin? (S an, Maxican, Puart	pecify Yas or No		Amarican Indian,
21215-0020	8 6	by	1 Navar Marriad 2 Married 1 Yas, 2 No If Yas, Giva Yaar or Datas:		Yas No	Specify:	o rican, atc.)		Whita, atc. Black
5-0	72 hours "natural",	Completed	15. Decedant's Education (Specify only highest grade completed)	16a. Decedar	nt's Usual Occup	ation during most of wor	kina	16b. Kind of Bush	nass/industry
121	C . 0	mple	Elamantary/Secondary (0-12) Collega (1-4or 5+)	lifa. DO	NOT usa retired	d)	Ang .		
d 2	filed within Hygiene. Ither than "		12th 17. Fathar's Nama (First, Middla, Last)	Clerk		18 Mother's Nan	na /First Middle	Navy De	eptartment
Maryland	s 1 and 2 should be filed within f Health and Mental Hygiere. Item 27 is marked other than other traumatic event, tra M.	To Be	Hugh Sumner				rroga V		
ary	2 should be and Mental is marked o	-	19a. informant's Name/Ralationship (Type, Print)	19b. Malling	Addrass (Street				nta, Zip CodMD 20903
	1 and 2 Haalth a em 27 la		Marsha Sumner-Niece	8830	Piney :	Branch	Rd., #	303,Silv	ver Spring,
Baltimore,	permit. Pages 1 and 2 Department of Hasith a Important: If item 27 is any Injury or other tra page.		20a. Mathod of Disposition 20b. 1 □XBurial 2 □ Cramation 3 □ Ramoval from Stata	o. Place of Dispositi cematary, cremai	ion (Nama of tory or other plac	00)	Data	20c. Location - Cit	ty or Town, State
Ei m	Pages ment of h lant: If ite lury or of		4 Donation 5 Other (Specify)	incoln 1				Suitland	
Bal	Departition of the popular in the po		21. Signature of Funarai Sarvice Licensee	ome, Ind	c.				
2_	40240		J. P. Marshall	20011					
	Physician		23a. Pand. Enter the disease, or complications that caused the de shock, or heart failure. List only one cause on each line.	or raspiratory a	rast,	Approximata Interval Batwean Onset and Death			
	/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in daath)	PSIS					16 DAYS
		<u></u>	Dua to	o (or as a consequa					
	cata be axacuted ohysician and tha burial-transit	Examiner	U	NEUMUI					16 DAYS
o,	ata be axecuted hysician and tha burial-transit	Exa	Sequentially list conditions, If any, leading to Immediate cause. Enter Underlying Cause. Clisease or injury	o (or as a consequa	ince or):				
8760,	ata be	dical	Causa (Disease or injury that initiated avants that initiated avants pasulting in death) Last	(or as a consequa	nce of):				
9	leath certifica attending pt d for usa as t	Mec							
Вох	ath co	lan	0.						
P.O.	ha de	Physician/Me	Part II. Other aignificant conditions contributing to death but not re	asulting in the unde	arlying causa giv	an in Part I.			bute to the causs of death?
s, P.	res that tha de signed by the s be datached (þ	CHRONIC DECUBITI	DIABET	TES M	ELLITUS		Yes 2 No 3	
of Vital Records,	The law requires that tha death certific ata has been signed by the attending p paga 2 should be datached for usa as	Completed	HYPOTHROIOUM	CONGEST	IVE NE	ART FA	1WILE perfo	an autopsy med?	24b. Wara autopsy findings available prior to completion of causa of death?
= E		Соп	GLAUCOMA				101	as 200No	1 Yas 2 No
Vita	Physician: The this certificata ral director, pag	Be	25. Was casa rafarred to medical axaminar?		10"	26. Place of Des	th (Check only o	na)	
of	Phys this ral di	. To	1	☐ ER/Outpatient 28b. Tima of	3 DOA Oth	4 🗆 IYursing n		lance 6 Other	
Division	or the cra	tlon	1 Natural 5 Panding (Month, Day Year) 2 Accident invastigation	Injury	28c. Injur Wor M 1 🗆	k? Yas 2□No	200. Dascribe /	iow injury occurred	
Visi	i or Attending after death. Director: After d in by the fune	Ifica	3 Suicida 6 Could not be	homa, farm, street	t, factory, office				or Rural Routa Number,
Ö	s afte	Certification:	4 Homicida building, atc. (Spec	city)			City or Tow	m, State)	
	To the Hospital or Atta within 24 hours after de To the Funeral Directo completaly filled in by the	edical	29a. Certifiar (Check only one) 1 Certifying Physician: To tha best of my kr 2 Medical Examiner: On tha basis of axamir and mannar statad.	nowledga, death or nation and/or invas	ccurred at the tin stigation, in my o	na, data and place pinlon, daath occu	, and dua to tha rred at tha tima,	causa(s) and mann data and place, and	ar as stated. I dua to the cause(s)
	To the within 2 To the comple	M	29b. Signatura and titla of certifiar		29c. Licans	a number		29d. Data signed (/	Month, Day, Year)
	5		DON M.D.		D	35941		SEPTEM	BER 27, 1996
	(5)		30. Nama and addrass of person who completed cause of death (its	am 23a) (Type, Pri					
			PURAN P. MATHUR +	# 401 1	w.EDmo	NSTON D	R ROCI	LVILLE, 1	no 20852
	Sta Registr		31. Data filed (Month, Day, Year) 32. Registrar's Sign	or hardall					
	riegisti	-	OCT 01 1996 July 27 Walls						

DHMH 16 Ray 6/95

Physician

Examiner

Funeral Director

28a-f show

Director

Funeral

þ

Completed

Be

7 is marked other than "natural", or Nems 23a or 28a-f shor traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effer c Deperment of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or Itam any Injury or other traumatic event, the Medical Exeminations.

Baltimore, Maryland 21215-0020

the Meryland

/Medical

3 Pleas	se Type or Pr			delible In artment of					egible.	2101	. 1.
	Olale Of I	rai yiari		tificate o			nemai My	Reg. No.	96	3 1 01	44
1. Decedent's Neme (First, Middle,	Last)						2. Dete of De			3. Time o	of Deeth
CYNTHIA	ANN			SHAIF	ER		SEPT.	24 ^{ey}	1996	20:0	00 PM
4e. Fecliity Neme (If not Institution,	give street end number	or)			4b. City	Town, or L	ocation of Deet	h 4c. Co	unty of Deetl	1	
9811 49th AVE	MILE				COLI	ECE D	ADV				7.0
		Age (In yrs. le	est birthday)	If Under 1 Ye	ar If Un	EGE Pa	8. Dete of Bir	th		GEORGI	
579-86-3882	1 □ M 2/C)(F	36	Yrs.	Months Dey	ys Hou	rs Min.	Nov. 1		Co	untry)	
Usuel Residence of Decedent							1100. 1	1,1///	D.		
10e. Stete 10b. County		10c. City	, Town or Lo	cation						10d. Inside C	City Limits
Md Prince	George!s	Capi	tol He	eights	2	20743				the Wes	2 □ No
10e. Street end Number				10f. Zip Code				10g. Citizen	of What Co	untry?	
1104 Cedar Driv	e			20743	3			U. S	Α.		
11. Maritel Stetus	12. Wes Decede	t Ever in U.S		Wes Decedent o	f Hispenic	Origin? (Sp	ecify Yes or No	- 14.	Rece - Amer		
1 ☐ Never Married 2 ☐ Marrie	Armed Force			f Yes, specify Co			Ricen, etc.)		Black, White	, etc.	
3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dete			I□Yes 2∏ N	lo Spec	elfy:		Sp	ecity: BLA	CK	
15. Decedent's				lent's Usuel Occ				16b. Kind	of Business/I		
(Specify only highest Elementery/Secondery (0-12)	College (1-4c	r.5+)	life. L	kind of work dor OO NOT use reti	ne during n ired)	nost of work	ang				
12th		.,.,						Priva	te		
17. Fether's Neme (First, Middle, Li	est)				18. Me	other's Nem	e (First, Middle	Meiden Sui	meme)		
Thomas Simon					Ma	rgie l	NcNair				
19e. informent's Neme/Relationshi	p (Type, Print)		19b. Meilin	g Address (Stre	et end Nu	m <i>ber</i> or Rur	al Route Numb	er, City or To	wn, Stete, Z	ip Code)	
Margie Alexande	r (Mother)		2104 I	Lakewood	St.	,Suit	land, M	arylan	d		
20e. Method of Disposition		0.0	ece of Dispos	sition (Neme of netory or other p			Dete		on - City or T	Town, Stete	
1 ☑ Burial 2 ☐ Cremetion 3 4 ☐ Donetion / 5 ☐ Other (Spe		Θ		emorial		torub	/28/06	Sud + 1 a	nd M	2012	4
21. Signature of Funeral Service Li	censee	#810	22	. Neme end Add	dress of Fe	cility	J D1110	kott I	ind, Ma	1 Uomo	4
1 Conton	au										
23e. Pert1. Enter the disease, or or	omplications that cause	ad the death	Do not ente	04 - 281	th St	., NE.	,Washin	gton, I	C. 20	018-14 Approxima	
shock, or heart feilure. List or	nly one ceuse on each	iine.	DO HOL BING	ar the thought of o	lying, such	es cerdiac	or respiretory e	riest,		Interval Be Onset end	tween
immediate Cause (Final disease or condition resulting in deeth)	. Shot	pun la Due to (or	Journes es e conseq	el 1 t	he	He	L			011301 0113	D00(I)
		·		0							
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Ь	Due to (or	es e conseq	uence of):							
Ceuse (Diseese or injury that initiated events	C	Due to (or a	es e consequ	ience off:					-		
resulting in deeth) Lest		200 10 101	00 0 00113041	active ory.							
	d										
Pert II. Other significant conditions	s contributing to death	but not result	ting in the un	iderlying cause	given in Pe	art i	23h Did	tohacco use	contribute	to the causs	of death?
	o oontributing to doubt	Dat Hot losal	ung un the un	idenying codes	givoiriire	511 1.		Yss 2 P		(Lonknown
							,,,	199 201	10 3 <u> </u> FR	Notice of the second	CHAHOWII
								an eutopsy rmed?	6	Vere eutopsy valleble prior ompletion of f deeth?	to
							110	Yes 2□N		1/] No
25. Was case referred to medical					26 PI	ace of Deet	h (Check only			7.55	
exeminer? 1 ☑XYes 2 ☐ No	Hospitei:	tient 2 E	P/Outcetleni	3 7 704			me 5 ☐ Resi		Kibar (Cana	4. CCE	NIE

Physician /Medical Examiner

Examiner Physician/Medical Be Completed by

To the Hospital or Attanding Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the estending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit sate hes been signed by the e page 2 should be deteched Certification: To

Division of Vital Records, P.O. Box 68760,

25. Was case referred to me exeminer? 1 ☑ Yes 2 ☐ No

27. Manner of Deeth

2 Accident

3 ☐ Sulcide 4 Hemicide

29e. Certifier (Check only one)

1 Neturei

State Registrar

Medical

leada THEODORE MIKE

29b. Signeture end title of certifier

ny

28e. Date of Injury (Month, Dey Year)

28b. Time of

injury

28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify)

vehicle

OCME

1 ☐ Yes 2 No

May 1a 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

28f. Location (Street and Number or Ryral Royte Number, City or Town, State)

29c. License number 29d. Dete signed (Month, Day, Year) SEPTEMBER 25, 1996

28d. Describe how Injury occurred

College

bjectsh

30. Name end eddress of person who completed cause of deeth (tem 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 the Studen Redall

31. Dete filed (Month, Dey, Yeer) OCT 01 19

5 Pending

Investigation

6 Could not be determined

word in the good was to

State of Maryland / Department of Health and Mental Hygiene

					Certifica				Reg. No.	3	1045
Physici	an	1. Decedent's Name (First, Middle, I	· ·	Stover					ath Day	Xear	3. Time of Death
/Medic			BLACK	St	over				ber 28 1	1996	7:34 PM
Examir	ner	4a. Facility Name (If not institution, g					City, Town, or Lo	ocation of Death			
		Physicians Memo			the state of the s		aPlata Under 24 Hrs.		Charle		
Funeral Director		223–48–7001 Usual Residence of Decedent	Sex 1 ☐ M 2 🗓 F	6 (In yrs. lest			Hours Min.	MARCH Birt	7, 1940	9. Birthp	INIA
and and		10a. Stete 10b. County		10c. City, To	own or Location					1	0d. Inside City Limits
with the Marylan a or 28a-f show	ō	MARYLAND CHARL	FS		WALD	DRE					1 Yes 2000
28s	rec	10a. Street and Number				Zip Code		10g. Citizen of What Country?			
3a o	0	3157 HUNTINGTON	CIRCLE	20602					UNITED :	STATE	S
IL Z I Z I D-UUZU Illed within 72 hours after death with the Manyland hygiene. ther than "natural", or items 23a or 28a-f show inf, the Medical Examiner must be recorded.	by Funeral Director	11. Merital Stetus 1 Never Married 2 Married 3 Widowed 4X0 Divorced	12. Was Decedent Armed Forces? 1 Yes 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			cedent of Hispa becify Cuban, I 2 No S	anic Origin? (Sp Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	14. Race Blace Specify	k, White,	
72 hours				16	Sa Decedent's He	uai Occupatio	n		16b. Kind of Bu	elnace/Inc	WHITE
Z I Z I 3-00 Z O within 72 hours at giene. If then "natural", or the Wed call and the control of the control of the wed call and the control of the wed call and the wed call an	Completed	15. Decedent's (Specify only highest g			Sa. Decedent's U: (Give kind of I life. DO NOT	vork done duri	ng most of work	ing	IOD. KING OF BU	1311162271110	Justry
filed within Hygiene. ort, the M	EO	Elementary/Secondery (0-12)	College (1-4or 5	o+)	BUDGET A				AIR NAT	IONAL	GUARD
be filed that the dother went,	BeC	17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Last)							Meiden Sumem		
Menta b	To	WILLIAM BLACK				M	ARIE CA	RTER			
Mal yiailu Z d 2 should be filed v th and Mental Hygie ?? Is marked other t treumatic event, to		19a. Informant's Name/Reletionship	(Type, Print)	1	9b. Mailing Addre	ss (Street and	Number or Run	Noute Number	er, City or Town,	State, Zip	Code)
8 2 2 7		KATHRYN M. KING,	DAUGHTER		159 HUN		CIRCLE	, WALDO	RF, MD	20602	2
P H P P P P P P P P P P P P P P P P P P		20a. Method of Disposition 1 ☐ Burial 2 A Cremation 3	☐Removal from State	20b. Place ceme	of Disposition (A tery, cremetory o	leme of r other piece)		Date	20c. Location -	City or To	wn, Stete
Pag ment amt: ury c		4 Donation 5 Other (Spec		THE H	IUNTT CR	EMATORY	SEPTEM	BER 30,	1996	WALDO	ORF, MD
permit. Pages 1 at Department of Hea Important: If Item 2 any Injury or other 2008.		MGB MARK G. BROH	C. LAND 20	604							
		23a. Part1. Enter the disease, or co shock, or heart feilure. List on	mplications that caused y one cause on each lir	the death. D							Approximate Interval Between
Physician		I									Onset and Death
/Medical Examiner		Immediate Cause (Finel disease or condition resulting in deeth)	8	Coros	rang f	leart	Disen	Se			Terry
14510	5			Due to (or as	a consequenca o	f):					
nsit	Examiner		b	Myper	tensio	\sim				-	yeurs
be executed sician and burial-transit	Exa	Sequentially list conditions, if any, leading to immediate	Due to (or as a consequence of):							į,	
fficate be ex g physician a		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Ç.	Hyper		mich					Tens
. 2 6	v/Medical	resulting in deeth) Last	d	Due to (or as o	e consequence o						
laath cert attendin	by Physician/	Dort II Other significant conditions						1			
that the death	hys	Pert II. Other significant conditions	contributing to death bi	ut not resulting	in the underlying	j cause given i	n Pert I.				the causs of death
res that the signed by t	Y P							ישי	res 2 No	3 Prot	bebly 4 Unknow
requi	Completed b							24a. Was perfo	an autopsy med?	cor	ere autopsy findings ailable prior to mpletion of cause death?
stclan: The law cartificate hes birector, page 2 s	mo.							1 D Y	es 2XXNo		Yes 2□No
diffica	Be	25. Was case referred to medical				26	3. Place of Deatl	(Check only o	ne)		
00	To I	examiner?	Hospitel: 1 Inpatie	nt 200 ER/	Outpatient 3 1	Other			lenca 6 Oth	er (Specify	1)
To the Hospital or Attending Physician: The within 24 hours after death. To the Eureral Director: After this carificate complately filled in by the funeral director, pa	atlon:	27. Menner of Death 1		Year) 28b	Time of tnjury	28c. Injury at Work?			ow injury occurr		
tal or Att	Certification:	3 Sulcide 6 Could not determine		ury - At home, c. <i>(Specify)</i>	farm, street, fect	ory, office		28f. Location (5 City or Tow	Street end Numb m, Stete)	er or Rura	l Route Number,
he Hospi in 24 hou he Funer plately fill	edical	29e. Certifier 1 ☐ Certifytng P (Check only one) 1 ☐ Certifytng P	hysician: To the best of iminer: On the basis of and manner sta	examination a	ge, death occurre and/or investigation	d at the time, opinion, in my opinion	date end placa, on, death occurr	and due to the d ed at the time, d	cause(s) and ma date and place, o	nner as st and due to	ated. the cause(s)
To the To the Comi	Σ	29b. Signature and little of cedifier.	0	1	2	9c. License nu	mber		29d. Date signed	(Month, I	Day, Year)
		Kobesti	Warn	1	MO	DYOUTH MAYLAN 9/29/96					
	Ī	30. Name and address of person who	completed cause of de	eath (Item 23s) (Type, Print)					1 1	
		700 Old Line Cent	er, Suite	100, W	aldorf,R	Maryla	Ravisen:	Jr.,MD			
Sta		31. Date med (Month, Day, 1991)	32. Hedunta	ar's Signeture	on Rardall						
Registra	ar	OCT 0 4	1330	a want	ANTIONINE NO						

DHMH 16 Rev 6/95

20	
8	
Ŋ	
MARYLAND 21215	
2	
0	
Z	
7	
~	
A	
Σ	
шĨ	
MOR	
Š	
E	-
ALT	•
SA A	•
.0	
1	•
20	
37	
99	
×	١
B	
.O. BOX 6876	
Ö.	
S, P.	
C	
~	
CORD	
ы	
0	
7	
1	1 40 10
>	
F	0.00
0	-
N	
3	THE ASSESSMENT OF
3	-
	000
Seed.	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAR
1. D	ECEDENT'S NA
	Hen
4. S	OCIAL SECURIT
9	15-28

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	1. DECEDENT'S NAME (First, Middle, Last)													
	Henry		ott							2. DATE OF DEATH	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	last blethdad	IF UNDER	4 WEAR	IF UNDER		7. DATE OF BIRTH	O I	-	-	
	215-28-3		1 M 2 F			MONTHS	DAYS	HOURS	Z4 MIN.	(Month, Day, Year)		Country	PLACE (State or Foreign	
. 1				71	Tho.					Apr. 25,				
~	Se. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE						EATH		
Ö	Lorraine An	n Nurs	sing Home	2		Columbia Montgome						erv		
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		1 10 00									
E	2.1											10d. INSIDE CITY LIMITS?		
0	Maryland	N/A			Bal	timo	re						1 X YES 2 NO	
Ž.	10e. STREET AND NUMBER						101. ZIP CODE 10g. CITIZEN OF WHAT CO					HAT COUNTRY?		
单	1100 Irving	Place					2	1208			U.	S. A	Α.	
FUNERAL	11. MARITAL STATUS	Superior Control	12. WAS DECEDEN	T EVER IN U.S.		13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes		14. RACE	- American Indian.	
BY !	1 Never Merried 2 3 S Widowed 4 Divo		IF YES, GIVE V		Z NO			2 X NO		n, Puerto Rican, etc.)		Specifi	, White, etc.	
	3 E WIGOMEG 4 DIVO	rced							3677				Black	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working title. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY													
91	Elementary/Secondary (0		College (1-4 or 5	F)	life. Do NOT u	se retired.)	Juning mo	or or working	9					
9	10th			Au	ito Re	pair				Privat	e			
Ö	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTH	HER'S NA	ME (First, Middle, Melden	Sumeme)			
BE (Henry L. So	cott						Eve	1 vn	Williams				
	19e. INFORMANT'S NAME (7	ypa/Print)			19b. MAILING	ADDRESS	S (Street e			Route Number, City or Town	n, State, Zig	Code)		
2	Vernon Scot	t								ltimore, M			21208	
	20e. METHOD OF DISPOSIT				EANDDATE				, Du			City or Tow		
	1 Donation 5 Other		oval from State	Tron	crematory or o	ther place)	C 0	f T	T C					
	Ironside Cem. C.of L.J.C 10/4/96 Ironside, Md 21. SIGNATURE OF FYNERAL SERVICE LICENSEE													
	and the state of t												Home	
	2504 - 28th St., N.E., Wash., D.C. 20018-1413 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate													
	23. PART I. Enter the di ahock, or he	seases, or c eart fallure. I	complications the List only one cau	t caused the	death. Do i	not enter	the mo	de of dyl	ng, aucl	h as cardiac or respi	ratory an	reat,	Approximata	
	IMMEDIATE CAUSE (Final												Interval Between Onset and Death	
ľ	disease or condition a. Septic Shock DUE TO (OR AS A CONSEQUENCE OF):													
	DUE TO (OR AS A CONSEQUENCE OF):													
z	- Colonic Perforation 124hre													
CERTIFICATION	Sequentially list conditi if any, leading to immed	diate	DUE TO	(OR AS A CONS	EOUENCE O	F):								
2	CAUSE (Disease or Inju		- COLOR	110	LISM	otili	toy						gmos	
E	that initiated events	· .	DUE TO	(OR AS A CONS	EOUENCE O	F):)							
	resulting in death) LAS	' La	i											
0	PART II. Other algnifica	nt condition	a contribution to	don'th hut no	A =====	l= ab	4. 4. 4.							
MEDICAL	- 1			death but no	resulting	in the un	deriying	g cause g	iven in	Part I. 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ă	Shia!	bra!	111012							1 YES 2	NO		COMPLETION OF CAUSE OF DEATH?	
M											* *		1 YES 2 NO	
z I	DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE OF DE	ATH YE	S 🗆 t	NO K	UNC	ERTAIN	1 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL		26. PL	ACE OF DEA									
Si	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		• 5 □ Re	sidence	6 Other (Specify)				
È I	27. MANNER OF DEATH		280. DATE OF		28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIBE HOW II	NJURY OC	CURED		
L L		Pending investigation	(Month, D	ay, reer)	INJ	M		RK? 'ES 2	NO				- 1	
B	2 Sulpido	Could not be	28e. PLACE O	F INJURY At	home, farm, s	street, fect	ory, office			28f. LOCATION (Street e	nd Number	or Rural Ro	oute Number	
Ĕ		datermined	building,	etc. (Specify)						City or Town, Stete)				
"	29e. CERTIFIER	IFYING BUYOU	21441									_		
물										to the cause(e) end man				
COMPLETED	Z MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated.													
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Very)												Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (IT				<u> </u>						
	THOMAS -	2 B	NSS1	1080	54	icko	3	Kids	re F	Ed Colum	bia		10	
	31. DATE FILED (Month, Day, Year) OCT 01. 1996 Jalia dawelsor hardely													
	UCI 01	F 1330	Julia do	avolused	artally									

Division of Vital Records,

*

death.

5

0/5

Physician

/Medical

Examiner

Director

Funeral

b

Completed

Be 2

Funeral

Director

Show

7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Medical Examinal must be notified at

Hygiana.

permit. Pagas 1 and 2 should be filed wit Department of Haaith and Mental Hyglane Important: If Item 27 is marked other tha any Injury or other traumatic event, the page.

with the Meryland

daath

filed within 72 hours after

Baltimore, Maryland 21215-0020

Examiner Physician/Medical ed by the a signed by ğ 2 Completed D880 Na. page 2 certificate ector. 89 2 2 Certification: After after death Director: B Medical

24 hours a Funeral D To the Y within 2 To the State Registrar

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Immediata Causa (Finel disaasa or condition rasulting in death) Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last Part II. Other eignificant conditions contributing to death but not rasulting in the undarlying causa givan in Part I. GASTROSTOMY TUBE 25. Was case rafarred to medical axaminar? 1 Yas 27. Mannas of Death 1 Naturai 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be detarmined 3 | Suicida 28a. Place of Injury - At homa, farm, streat, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 [] Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and dua to the causa(s) and manner es stated.

Umbedicat Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner stated. 29e. Cartifiai (Check enly 29b. Signy and title of certifie 29c. License number

29d. Deta signed (Month, Day, Year)

30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)

ICHAEL LEVINE MD 7801 OLD BRANCH AVE #409 CLINTON, MD 20735

Date filed (Month, Dey, Year)

OCT 02 1996

32. Begistrer's Signatura Whi devolver Redall

og i i i vijeme gil

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 687604

ID THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within the flow is a first death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
---	--

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE (OF DEATH	REG. I	10.					
	1. DECEDENT'S NAME (First Middle Last)												
	NELLIE	Mae SMI		2. DATE OF DEATH MONTH DAY YEAR 2. DATE OF DEATH DAY YEAR 2. DATE OF DEATH DAY YEAR 2. DATE OF DEATH									
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		1 d'Aigri				
	233-66-2992	1 🗆 M 2 💢 F		YRS.	MONTHS DA		April II,	1906	West	HPLACE (State or Foreign try)Riverton, Virginia			
_	9a. FACILITY NAME (If not institution	ion, give street and number)			9b. CITY, TO	WN OR LOCATION OF D	DEATN	9c. COL	UNTY OF E	DEATN			
DIRECTOR	North Arundel N				Glen E	urnie		Ann	ne Aru	undel County			
2		COUNTY		10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY	-		
	Maryland An	ne Arundel Co	unty	G	len Burn	ie				LIMITS?			
¥	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CI1	TIZEN OF	WHAT COUNTRY?			
崱	134 Shelly Road					21061-1622		Unit	ted St	tates of Amer	ica		
Ē	11. MARITAL STATUS 1 Never Married 2 Marri	12. WAS OECED FORCES?	ENT EVER IN U		13, WAS	DECENDENT OF HISPA s, specify Cuben, Mexic	NIC ORIGIN? (Specify	Yea or No-	14. RACI	E - American Indian, ik, White, etc.			
BY FUNERAL	3 XXWidowed 4 Divorced		WAR OR OAT			YES 2 X NO Speci			Spec				
COMPLETED	15, DECEDEN (Specify only high	NT'S EDUCATION lest grade completed)	1	6a. DECEDENT'S	work done durin	PATION g most of working	16b. KIND OF	BUSINESS/IN					
1	Elementary/Secondary (0-12)	College (1-4 or	5+)	He. Do NOT u	naker		Own H	ome					
8	17. FATNER'S NAME (First, Middle,	Lasi)				18. MOTNER'S N	AME (First, Middle, Maid						
BEC	Ulysses S. Harma	in					F. Teter	en sometive)					
8 2	19a. INFORMANT'S NAME (Type/P)			19b. MAILING	ADDRESS (St	eet and Number or Rural	Route Number, City or	lown, State, Zi	ip Code)		_		
F	Violet Smith Pro	pst (Daughte				d, Glen Burn	nie, Marylan	d 21061	-1622	,			
	20e. METHOD OF DISPOSITION 1 % Burlel 2 Cremstlon 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremetery, cremetery or other place) Dolly Cemetery Date 20c. LOCATION — City or Town, State 10ctober 5, 1966 Riverton, West Virginia												
	21. SIGNATURE/OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Basagic Funeral Home												
	Jaien	W. Soot	Home ranklin, We	st Virg	ginia	26807							
	23. FART 1. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval 8-tween												
	IMMEDIATE CAUSE (Fins)		Onset and De										
disease or condition resulting in death)											,		
	`	100											
CERTIFICATION	Sequentially list conditions, Due TO/ION AS A CONSEQUENCE OF												
Ă	cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or Injury that Initiated events Due to (OH A& A CONSEQUENCE OF):												
=	resulting in daeth) LAST												
- 0	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
SAL	A . A . O	ondivons contributing	to death but	not resulting	in the under	lying cause given in		ORMED?	24b	. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO			
<u> </u>		of Conn	Ta				1 _ YES	2 NO		COMPLETION OF CAUSE OF DEATH?			
M	DID TODA GGO HET									1 YES 2 NO			
A A	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER:						-		
<u>"</u> ∥	27. MANNER OF OEATH	1 Inpetient 2		ent 3 DOA		Nome 5 Residence		H 101 H 100 0.0	OUIDED		_		
- 48	Netural 5 Pendi	(Month,	Day, Year)	INJ	URY	WORK?	28d. DESCRIBE NOW INJURY OCCURED						
É	2 Accident Invest 3 Suicide 8 Could	28e. PLACE	28f. LOCATION (Street and Number or Rural Route Number,										
MPLEIED	4 Nomicide detarm		g, atc. (Specify,				City or Town, Sta	fe)					
로		IG PNYSICIAN: To the best	of my knowled	ge, death occurr	ed at the time,	date end place, end due	to the cause(a) and r	nanner se sta	ited.				
500	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
# H	296. SIGNATURE AND THE OF CHITTERE 29d. DATE SIGNED (Mogifi, Day, Year)												
2	30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CA	USE OF DEAT	N (ITEM 27) (Type,	Print)	Hala G	10.17.	100	2.10	11	H		
	31. DATE FILED (Month, Day, Year)		RAR'S SIGNATI	1000	Jian	40/	ואשני טואן	עוו	106	21	Ц		
	OCT 03 199		plear Re			/							
		O TILLY WILL		Day									

State of Maryland / Department of Health and Mental Hygiene 96 3 | 049

					a.y.aa.	Certificate		Death		Reg. No.	0 0	049				
	Dhusia	ian	1. Decedent'a Name (First, Middle, L	ast)					2. Date of Dec		Year 3	3. Time of Death				
	Physic /Medi		LaRue	В		Stokes			OCTOBER			9:17AM				
	Exami		4a. Facility Name (If not institution, g)		4	b. City, Town, or L								
			Prince Georges	General	. Hospi	tal	C	Cheverly			e Geo	rges				
	Funeral Director		5. Social Security Number 6. 221–16–4892 Usual Residence of Decedent	Sex 7. Ag 1 X M 2 □ F	ge (In yrs. lest bir 65	thday) If Under Months Yrs.	1 Year Days	Hours Min.	8. Date of Birt (Month, De)	h y, Year) 3,1930		(State or Foreign				
	land www		10a. State 10b. County		10c. City, Tow	or Location					10d.	Inside City Limits				
	Mary	to	MARYLAND PRINCE	GEORGE'S	SEAT I	PLEASANT						Yes 2□No				
	or 28	Director	10e. Sfreet and Number		4	10f. Zip (Code			10g. Citizen of	What Country	7				
	th wit	a	603- 64th PLACE				207	43		USA						
	dea	Funeral	11. Marital Status	12. Was Decedent Armed Forces?	Ever in U,S.	13. Was Decede	enf of H	lispanic Origin? (Sp an, Mexican, Puerto	ecify Yes or No-	14. Rac	ce - American l					
21215-0020	be filed within 72 hours after death with the Maryland ntal Hygiene. Id other than "natural", or liems 23a or 28a-f show event, the Medical Exertines must be notified at	by	1 ☐ Never Married 2 ⚠ Married 3 ☐ Widowed 4 ☐ Divorced	1 X Yes 2 ☐ If Yes, Give Year or Dates:		1 ☐ Yes 2			Thous, otc.)	Specify						
5-0	72 h	Completed	15. Decedent's I (Specify only highest g	Education rade completed)	16a.	Decedent's Usual	l Occup	ation during most of work t)	ina	16b. Kind of B	usiness/Indust	iry				
121	ithin ne.	mpi	Elementary/Secondary (0-12)	College (1-4or	D+)					100						
7	tygie her t		12th SELF EMPLOYED TAXI DRIVER PVT 17. Father'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sun													
Maryland	d la b	Be c	HUGH STOKES	•							ne)					
7	d 2 should be th and Mental 7 is marked o traumatic eve	P	19a. Informent'a Name/Relationship	(Type Print)	10h	Mailing Address	/Street	BESSIE and Number or Run	ROBERTS		State Zin Co	uda l				
N	D = 1 = 5		EVA STOKES/ WI													
ē,			20a. Method of Disposition		20b. Place of	Disposition (Nam	e of	CE SEAT F	Date Date	20c. Location		0743 State				
E	00		1 XBurial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec	□ Cremation 3 □ Removal from Stete 5 □ Other (Specify) CEDAR HILL CEMETERY							т мар	VT.AND				
Baltimore,	permit. Peges 'Department of Himportant: If the any Injury or ot once.		4 Donation 5 Other (Specify) CEDAR HILL CEMETERY 10-6-96 SUITLAND, MARYLAND 21. Signature of Funeral Service Licensee 22. Name and Address of Facility MARSHALL'S FUNERAL HOME 4308 SUITLAND RD. SUITLAND, MD 20746													
Ö	S S S S S S S S S S S S S S S S S S S															
	4.54		23a. Part1. Enter the disease, or col	nplications that ceuse	d the death. Do r	not enter the mode	of dyin	g, such as cardiac	or respiratory ar	rest,	Ap	proximate				
S.	Physician		shock, or heart failure. List only one cause on each line. Interval Between Onsef and Death													
7	/Medical		Immediate Cause (Final disease or condition Registration and Cardiac accest													
н	Examiner	L	Immediate Cause (Final disease or condition resulting in death) a. Cardiac arrest Due to (or as a consequence of):													
	ed sit	Examiner	e. CardiomyopaThy													
	and and	хап														
68760,	rificate be executed og physician and as the buriel-transit	<u>8</u>	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events Due to (or as a consequence of): Schemic heart disease Due to (or as a consequence of):													
68	ifficate ig phy as the	edical	resulting in death) Last Due to (or as a consequence of):													
Box	attending	Physician/M		d												
	the death cery y the attendir sched for use	sicla	Part II. Other significant conditions	contributing to death to	ouf not resulting in	the underlying ce	use alv	en in Part I.	23b. Did t	obacco usa co	ntribute to the	s cause of death?				
P.0		th's	O :	Imonary hypertension						23b. Did tobacco use contribute to the cause of						
Ś	signed be de	b	Tulmo	nary	my p	elten.	210	14								
Record	requires that been signed b should be dete				l				24a, Was	an autopsy med?		autopsy findings ble prior to				
e C	IS L	ple										etion of ceuse				
<u> </u>	The law ate has t page 2 s	Completed							1 🗆 Y	es 2 XNo	1□ Ye	es 2 No				
/ita	ysicien: The s certificate director, pay	Be	25. Wes cese referred to medicel examiner?					26. Place of Deet	h (Check only o	ne)	1					
of Vital	Physicien: this certific ral director,	ဥ	1 ☐ Yes 2 ☐XNo	Hospital: 1 Inpatie	ent 2 XER/Ou			4 Li Nursing Ho	me 5 Resid	lence 6 Oth	er (Specify)					
	a fe	:uo	27. Manner of Deeth 1 ☑Natural 5 ☐ Pending	28a. Date of tnju (Month, Da			Bc. Injun World		28d. Describe h	ow injury occur	red					
Sic	Attending r death. actor: After by the fune	icat	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not	ne .		М		Yes 2 □ No	001 1 11 15							
Division	or Al	Certification:	4 ☐ Homicide determined	286. Place of Inj	ury - At home, fa c. <i>(Specify)</i>	m, street, factory,	office		28f. Location (Street and Number or Rural Route Number, City or Town, State)							
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical Co	29a. Certifier 1 X Certifying P (Check only one) 2 Medical Exa	hysician: To the best of minar: On the basis of	t examinetion and	deeth occurred a	t the tin	ne, dete end place, pinion, death occurr	and due to the d	ceuse(s) end madate and place,	anner as atated	d. e ceuse(s)				
	ithin the xmple	Mec	29b. Signature and fittle of certifier	and manner sta	¤ (6 €).			number		29d. Date signe						
	E 3 F 8		na / n	a for						1	1 O.	,				
	(17)		Mark D.	villing	~ M		22	2123	mo	10/2	176					
			30. Name and address of person who DR. M. GOLDMAN				VTT T	E MD 26	0782							
	Sta	te	31. Date filed (Month, Day, Year)		ar's Signature		A T.T.	an in a	0702							
	010		OCT 0 2.40	DC d.	46	. # 42										

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0 6 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month WILLIAM RANDOLPH SMITH. SR. 27, 1996 8:59 AM Sept. 49. Facility Nama (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Crofton Convalescent Center Crofton Anne Arundel If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) M 20 F Yrs. 223-09-5843 March 7,1915Lena, S.C. Usual Rasidence of Decedani 10b. County 10c. City. Town or Location 10d. Inside City Limits Prince Georges Bowie X Yas 2 □ No 10a, Street and Number 10f. Zip Code 10g. Citizen of What Country? 12319 Stonehaven Lane, #T-25 20715 USA 12. Wes Decedant Ever in U.S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, Bleck, Whita, etc. 1 Nevar Married 2 Married 1 XYas 2 ☐ No If Yas, Giva lf Yas, Giva Yeer or Dalas: Army Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work done during most of working tifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 2 yrs. Letter Carrier US Postal Service 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Surname) Willie Smith Jannie Wilson 19a. Informant's Name/Raietionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Doris Smith Wife 12319 Stonehaven Lane, T-25, Bowie, MD 20715 20b. Piaca of Disposition (Nama of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Slele Date 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Ft. Lincoln Cemetery 10-4 Brentwood, MD 21. Signature of Funaral Sarvice Licenses 22. Nama end Address of Fecility
Marshall's Funeral Home, Inc. Marsh 4217 9th St. N.W., Wash, DC 20011 23a. Dan't . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximata Intervai Betw Onsel and Deeth immediata Causa (Final diseese or condition rasulting in death) «Sepsis 1 week Due to (or as a consequence of) Peripheral Vascular Disease Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disaasa or Injury that initiated evants rasulting in death) Lasi Due to (or es a consequance of): Atherosclerosis Dua to (or es e consequence of): Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown Chronic obstructive pulmonary disease 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Coronary artery disease 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case raferred to medical axaminer? 26. Placa of Death (Check only one) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding Invastigation 1 Yas 2 No 2 ☐ Accident 6 Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 ☐ Suicida Piaca of Injury - Al homa, farm, streat, factory, offica building, atc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. (Check only one)

29c. License number

0 50343

A-6

29d. Data algned (Month, Day, Year)

BOWIE, MARYLAND

Dictober 2, 1996

20715

Physician /Medical Examiner physician and the burial-transit Box 68760. certificata be

P.O.

Records,

Division of Vital

I or Attending Fatter death.

Physician

/Medical

Examiner

10a Stala

MD

Director

Funeral

þ

Completed

0

Funeral

Director

tem 27 is marked other than "natural", or flems 23s or 28s-f show other traumatic event, the Medical Examiner must be nothed at

permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If fem 27 is marked other than "n any Injury or other traumatic avant

tha Maryland

With

72 hours after death

Saltimore, Maryland 21215-0020

Examiner Physician/Medical tha detached yd bengis by 8 Completed page 2 has Be 2 funeral Certification: Director: Aftar

24 hours a Hospital To the Vithin 2 State

29b. Signeture and titla of certifia KELVIN

29a. Cartifiai

30. Nama and address of person who complated cause of daeth (Itam 23a) (Type, Print) HAO , ND 3231 SUPERIOR LANE 31. Data filed (Month, Day, Year) OCT 03-1996



what we will see that a

State of Maryland / Department of Health and Mental Hygiene 96

					Cer	tificate of	Death		Reg. No.					
			1. Decedent's Name (First, Middle, La	ist)				2. Date of De			3. Tima ot	Death		
н	Physic	an	MEI VIN	AHCTEN	CDEC	TIT OD		Month	Dey	Yaar				
	/Medi	cal	MELVIN	AUSTIN	SPEC				26, 199		12:40	P.M.		
J.	Exami	ner	4e. Fecility Nema (If not Institution, giv	ra street and number)			4b. City, Town, or L	ocation of Deal	th 4c. County	of Death				
			9201 Waterstre	eet Road			Walkers	ville	Fre	deri	ck			
	Funeral		5. Social Security Number 8. S		last birthday)	If Under 1 Year		8. Dete of Bi (Month, D			pleca (Stata o	r Foreign		
п	Director		216-38-0737	1X M 2□F 55	Yrs.	Months Days	Hours Min.	March	29, 194	1 M:	aryland			
			Usuel Residence of Decedent					Haren	27, 174	I FIC	11 y Laine	1		
	and ***		10a. Stata 10b. County	10c. Ci	ty, Town or Loc	cation				1	10d. Inside Cit	ty Limits		
	ah ah	7	M1 - 1								1 Tes			
	N 1	Š	Maryland Freder	1CK V	Valkers	ville						2124		
	\$ 5 A	Directo	10e. Street and Number			10f. Zip Code			10g. Citizen of V	What Cour	ntry?			
	W E		9201 Waterstree	t Road		217	93		United	Stat	tae			
	72 hours after death with the Maryland natural, or items 23a or 28a-f show dical Examiner must be notified at	Funeral	11. Maritai Stetus	12. Wes Decedant Evar in U	J.S. 13. V		Hispanic Origin? (Sp	pecify Yas or N	-		can Indian.			
_	10 PE N	٦	1 □ Naver Merried 2/XMarried	Armed Forces? 1 ☐ Yes 2 🕅 💜 0		Yes, specify Cub	en, Mexican, Puarto	Rican, atc.)		ck, White,				
20	a a	by F		If Yes, Giva	1	☐ Yes 2000	Specify:		Specify	. Whi	ite			
8	72 hours	d D	3 Widowed 4 Divorced	Yaar or Detes:						******				
5	Jwithin 72 ho liene. r than "natur fr was cal	Completed	15. Decedent's E (Specify only highest gra	ducation ade completed)	16a. Deced	ent's Usuei Occup	pation	kina	16b. Kind of Bu	usiness/In-	dustry			
21		ğ	Elementary/Secondery (0-12)	College (1-4or 5+)	life. D	OO NOT use retire	during most of world)	ung.						
21		0	11 th		R	eliner			Alumin	um Ir	ndustry	7		
D	tal Hygied other		17. Fether's Nema (First, Middle, Last,)			18. Mother's Nam	e (First, Middle	, Meiden Sumam	ia)				
an		Be	W-3 0 0 1											
3	should Ind Men	2	Melvin S. Spech				Doroth	-						
Maryland 21215-0020	C1 9 5 6		19e. Informent's Name/Reletionship (Type, Print)	19b. Meilin	g Address (Street	t and Number or Ru	ral Route Numb	per, City or Town,	Stata, Zip	Code)			
	CENE		Mazie A. Specht,	wife	9201	Waterst	reet Road	Walke	ersville	. MD	21793	3		
e e			20a. Method of Disposition		Plece of Dispos	sition (Neme of netory or other pla		Date	20c. Location -					
n	Pages nent of I int: If Its iry or o		1 ☐ Burial 2X☐Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif	JHamovai trom Stete				107106	**					
Baltimore,	ormit. Page: Japartment of montant: If I iny Injury or					own Crem	atory 9	121/96	Hagerst	cown,	Maryl	and		
38	ada de la company de la compan		21. Signature of Funeral Service Company 22. Nama and Address of Facility Stauffer Funeral Home, Inc.											
_	00740		1621 Opossumtown Pike Frederick, Maryland											
	THE REAL PROPERTY.		23s. Part1 Enter the disease, or com	plications that caused the dear	th. Do not ente	or the mode ot dyle	ng, such es cardlec	or respiretory 8	arrest,		Approximate	a		
	Physician		23s. Part 1 / Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiretory arrest, Shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death											
ы	/Medical		Immediete Cause (Finel											
	Examiner		disease or condition resulting in death) 6. Extrasiet 5 mall cell (1 / 1 / 2)											
		_	Due to (or as e consequence of): $ \alpha : CC $											
	D #	Ine	_	· acta	5 /	4-0019	101 = (3564	5-5	1	g	O		
	certificate be executed ding physician and se as the bunal-transit	Examiner	Sequentielly list conditions,	Due to (c	or es e consequ									
ó	e ne													
68760,	sicia bu	/Medical	Ceuse (Diseese or Injury that Initiated events ceutified in death) Lect Dua to (or as a consequence of):											
28	S th	Pa	resulting in deeth) Last	Dua to (o	n as a consequ	rence or):								
×	6 45 8	M		d										
Bo	death of etterned for un									1				
	ed f	sic	Part II. Other significant conditions of	ontributing to death but not res	ulting in the un	derlying cause giv	ven in Pert I.	23b. Dld	tobacco use co	ntribute to	o the cause o	of death?		
P.0	that the ed by th detach	Physician		1 Yes 2 No 3 Probably 4 Unknown										
		by F												
Ď	requires ween sign hould be							24a. Was	an autopsy	24b. W	era eutopsy ti	indinas		
Ö		ete							ormed?	av	allable prior to	0		
ě	S S S	ig u								of	death?			
<u> </u>		Completed						10	Yes 2 No	10	☐Yes 2☐	No		
of Vital Records,	idelan: The certificate irector, pay	Be (25. Was case reterred to medical				28. Place of Dea	th (Check only	one)	1				
>	Physician: r this certific ral director,	70	examiner? 1 Yes 2 No	Hospitai: 1 ☐ Inpatient 2 ☐	ER/Outpetient	3□ DOA Oth	har		Idence 8 Oth	or /Consid	64)			
	를 를 들		27. Manner of Deeth	28a. Date of Injury	28b. Time of				how injury occurs		<i>y</i>)			
E C	Attending is death.	0	1 Natural 5 ☐ Pending	(Month, Day Year)	Injury	28c. Injut Woo	rk? Yas 2 □ No							
Si	death. ctor: A y the f	cal	2 Accident Investigation 3 Suicide 6 Could not b			M	1745 2 110							
Division	or Attendation of the order or	ertification:	4 Homicida datamined	 28e. Plece of Injury - At he building, etc. (Specification) 	ome, farm, stre fy)	et, fectory, office			8f. Location (Street end Number or Rural Routa Number, City or Town, Stete)					
Ω	o a sal	Ce												
	hou hou	8	29e. Certifier 1 Certifying Ph	ysician: To the best of my kno	wiedge, deeth	occurred et the tir	me, dete end plece,	and due to the	cause(s) and ma	inner as s	itated.			
	P He He	edicai	(Check only 2 Medical Exam	niner: On the basis of examine and menner stated.	ition end/or Invi	estigation, in my c	pinlon, deeth occur	red at the time,	dete and place,	and dua to	o the cause(s))		
	To the Hospital or Attending i within 24 hours after death. To the Funeral Director: After completely filled in by the fune	X	29b. Signatura and title of certifier			29c. Licens	se number		29d. Date signer	d (Month,	Day, Year)			
	- s + ö		9	2/						d. Date signed (Month, Day, Year)				
			1 2	~~~~~		1114	1676		Sept	27	159	6		
			30. Name and address of person who	completed cause of death (Item	n 23e) (Type, F	Print)								
			76 0	21050644	2 50	100	520701	2 56	Free	177	-5M1	2217		
	Sta	te	31. Date tiled (Month, Day, Year)	996 32. Regrisyar's Signa	ature 0	4								
	Registr	ar	SEP 3 1	996	receion trans	tall								

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death September 23, 1996 **Physician** Annie SUMMERS 2:55 pm /Medicai 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1□M 2\ F Days Months Hours 88 Yrs. 219-07-1139 Director Aug 7, 1908 Maryland Usual Residence of Decedent 10b. County 10c. City, Town or Location 28a-1 show 10d. inside City Limits traumatic event, the Medical Examiner must be notified at Maryland Frederick Frederick Director 1X Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Counfry? items 23a 1421 Taney Avenue 21702 U.S.A. Funeral 12. Was Decadent Ever in U,S. Armed Forces? Wes Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, e filed within 72 hours after all Hygiene. Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2X No Specify: Specify: þ 3 ☑ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Cashier/Waitress Restuarant permit. Pages 1 and 2 should be file Department of Heelth and Mental Hyy Important: if item 27 is marked othe any injury or other traumatic event, once. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Rov RICE M Hattie HOOPER 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Mary C. Summers/Daugher-in-law; 2400 Dominion Dr, Frederick, Maryland 21702 20b. Pleca of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition Date 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from State Zion Lutheran Cemetery Sep 25, 1996 Middletown, Maryland 4 Donation 5 Dother (Specify) 22. Name and Address of Facility Keeney & Basford P.A. Funeral Home 21. Signatura Funeral Servica Licansee M00021 texhord 106 East Church St, Frederick, Maryland 21701 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death **Physician** immediete Cause (Finel disease or condition resulting in death) /Medical Pulmonary Edema Days Examiner Due to (or as a consequenca of): Physician/Medical Examiner Congestive Heart Failure Years The law requires that the death certificete be executed siclan and buriel-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or as e consequenca of) Division of Vital Records, P.O. Box 68760. Atrial Fibrillation Years the Due to (or as e consequenca of): for use es Mitral Regurgitation Years Pert II. Other significant conditions contributing to death buf not resulting in the underlying cause given in Part I. deteched 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably ₩ Unknown Intertrochanteric Fractured Left Hip Completed by 8 24a. Was en autopsy 24b. Were autopsy findings eveileble prior to completion of cause of death? page 2 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifict completely filled in by the funeral director, Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 2 1 XYes 2 No 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how injury occurred 3:45 pm 5 Pending investigation 1 Netural Fell at home Sep 20,1996 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 1421 Taney Avenue 4 Homicide At home Frederick, Maryland 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D35164 September 24, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Andrew Zarick, Jr, M.D., 130-Thomas Johnson Drive, #5, Frederick, Maryland 21702 1996 32. Registrer's Signature Reveals 31. Date filed (Month, Day, Year) State

State of Maryland / Department of Health and Mental Hygiene

31053

					OGII	iiica	ie oi	Dealli		Reg. No.					
	Physic /Medi			TER SM	ITH,	JR.					R 2, 19	96	Tima of Death 11:10 AM		
Ä	Exami	ner	4a. Fecility Nama (If not institution, g						4b. City, Town,	or Location of Deel	charL	ty of Death			
Funeral Director		I			73	st birthday) Yrs.	If Unde Montha	r 1 Yeer	If Under 24	Hrs. 8. Deta of Bi	rth ay, Year)	9. Birthplace Country)	(State or Foreign		
	Mand Mand		10a. Stata 10b. County		10c. City,	Town or Loc	ation					10d. l	nside City Limits		
	Man	tor	MARYLAND CHARLES		HUGHI	ESVILL	Ε					1	☐ Yes 2 No		
	h with the 23a or 28 at be not	al Director	10a. Street and Number 9145 LEONARDTOWN	ROAD				p Coda)637			10g. Citizen of U.S.A.	izen of What Country?			
020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hyglene. Then 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Merried 2 Married 3 Widowed 4 N Divorced	Armed Forces? 1	1 X Yes 2 No				lispanic Origin en, Maxican, P Specify:	7 (Specify Yes or Nuerto Rican, etc.)		14. Race - Amarican Indien, Black, Whita, etc. Specify: WHITE			
21215-0020	ithin 72 ho e. en *netur Medical	Completed	15. Decedant'a (Specify only highest of Elamantary/Secondary (0-12)	reda complated)	da complated) (Giva k lifa. D			ork done ise retire	during most of d)	working	U. S. FEDERA				
	filed wi Hyglen Wher th	Con	11		WAREHOU						GOVERN				
Maryland	should be fill nd Mental H marked oth	To Be	17. Fathar'a Name (First, Middla, La PETER PIERRE SM)	*						Name (First, Middle INE BLY R		me)			
Mar	le sh le m raum		19a. fnformant's Name/Ralationship							r Rural Routa Numb		n, Stata, Zip Cod	a)		
	of Health Nem 27 other tr		RONALD J. SMITH, 20a. Mathod of Disposition	SUN		P.U. B			MAZCO,	MARYLAND		01	0		
timore,	Pages nent of h mt: If he iry or of		1 X Buriel 2 ☐ Cramation 3		TRIN	netery cremi	TSCC	SPAI Pla	CHURCH	Data	ST.	MARY S,	State		
ᄩ	urtment		4 □ Dopation 5 □ Other (Special Signature of Funeral Service 1		CEME	IEKY				10/05/19	96 MARY	LAND			
Bal	permit. Pages Department of Important: If N any Injury or o		JOHN P. KNISI	L	9	TH	E HI	JNTT		L HOME, I LDORE, MA		20604			
П			23a. Part1. Enter tha disaasa, or co ahock, or heart failura. List on	mplications that caused ly ona causa on aach iir	the deeth. a.	Do not anter	the mo	da of dyli	ng, such as car	diac or raspiratory a	rrast,	App	proximata rvai Batween		
	Physician /Medical		Immediate Cours (Final									Ons	sat and Death		
	Examiner		immediate Causa (Final diseasa or condition resulting in death)	· Myo	CARD	INL	Ŧ٨	FAR	CTION			1	-2 HRS		
		ē		•	Dua to (or a	as a consequ	ence of)	:							
	uted d ansit	Examiner		b	D 4- 4		, ,					<u> </u>			
Ć	n certificate be assouted anding physician and use as the burial-transit	Еха	Sequentially list conditions, it any, leading to immadiata cause. Entar Undarlying		Dua to (or a	ia a consequ	ence or)					i			
68760,	ysicia	in/Medical	Ceusa (Diaease or injury that initiated evants	c	Dua to (or e	s e consequa	anca of)								
89	ng ph as th	Med	resulting in death) Last												
Box	attendii for use	lan/		d								1			
0	the death y the atter sched for u	Physicia	Part if. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of										cause of death		
ď	res that the death signed by the atte I be detached for									10	Yes 2500	3 Probably	4 ☐ Unknow		
corc requirements	bluods	Completed by			1					24a. Was	an autopsy omed?	availabi	utopsy findings ia prior to tion of cause		
Ĭ	0 - 0	mo								10	Yes 2 No	1 □ Yas			
Vital	dcian: Th	BeC	25. Wes case rafarrad to medical						28 Piace of			1010	2,340		
>	0 0	To	axeminar? 1 ☐ Yas 2 XNo	Hospitai: 1 ☐ Inpatier	3 D		oma 552 Rasidence 6 □ Othar (Specify)								
n of	ding Phys h. After this funeral d		27. Mannar of Deeth 1 Naturel 5 □ Pending	28a. Data of fniur	28a. Data of Injury 28b. Time of 28c. Injury at							rred			
200	Attending or death.	Satic	2 Accidant invastigati	on	n										
Division	교육등	Certification:	3 Sulcida 6 Could not 4 Homicide datamina	d ∠8a. Placa of Inju	28a. Piaca of Injury - At home, farm, straet, fectory, office building, atc. (Specify)						28f. Location (Street and Number or Rural Route Number, City or Town, Stata)				
	Hospita 24 hours Funeral tely fille	edical C	29a, Certifiar (Check only one)	Physician: To the best of end mannar sta	axaminatio	edga, daath o n and/or inve	occurred at the time, date end piece, and due to the cause(s) and manner es stated. estigetion, in my opinion, deeth occurred at the time, dete and place, and due to the c						Cause(s)		
	To the within 2 To the comple	Me	29b. Signatura and titla of cartifiar			29	c. Licens	a number	T	29d. Date signed (Month, Day, Year)					

993 OLD RT. 5 MECHANICSVILLE, MARYLAND 20659

P14/68

OCT. 10/2/96

State Registrar 30. Nama and address of person who complated cause of death (itam 23a) (Type, Print)

ROBERT BAUER, MD
31. Data tilad (Month, Day, Year)

OCT 0 4 1996

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

							C	ertificate of	Death			Reg. No.	0	01007	
	Physic /Medi		1. Decedent's Name (First, Middle, Last) ANNIE SCHMITT								2. Date of De Month Octobe		96 ^{eer}	3. Time of Death 4: 1	
	Exami		4e. Fecility Name (If not instit				cation of Deat								
	Funeral Director		5. Social Security Number 219-88-1230 Usual Residence of Deceden		ex □M 2∏XF	7. Age <i>(In yrs.</i> 20	last birthda Yrs.	y) If Under 1 Yea Months Days		24 Hrs. Min.	8. Dete of Bir (Month, Da DEC - 2		9. Birth	place (State or Forei	gn
	Maryland a-f show	ctor	10a. Stete 10b. Cod	inty FALB	OT		y, Town or ASTO							10d. Insida City Limit	
	th th	- Jre	10e. Street and Number	-				10f. Zip Code				10g. Citizen of	Whet Cou	untry?	
	th wi	<u>a</u>	9538 BLACK	DOG	ALLEY	, C-3		2160	1			USA			
5-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiene. It has the marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Funeral Director			12. Was Dece Armed For 1 Yes If Yes, Give Yeer or De	ces? 2XXVIo	,S. 13	3. Wes Decedent of If Yes, specify Cu 1 Yes 211 No	f Hispenic Origin? (Specify Yes or N uban, Mexican, Puerto Rican, etc.) lo Specify:			Specif	ck, White	erican Indien, ite, etc. HITE	
5-0	72 ho	ted	15. Dece (Specify only hi				18a. Dec	cedent's Usual Occu	pation	et of worki	ina	16b. Kind of B	usiness/i	ndustry	
21	within iene. than "	Completed	Elementary/Secondary (0-1	1	College (1-	-4or 5+)	life	. DO NOT use retir	kind of work done during most of working DO NOT use retired) ER WORKED						
121	led w hygier nt. In		9	# 1 1			NE	VER WORK				N/			
anc anc	should be filed withlind Mental Hygiene. marked other than	Be	17. Father's Name (First, Mid									, Maiden Sumar	ne)		
3	should and Men marke	10	MICHAEL R.				1				F. R	COE			
9, Maryland	and 2 sho lealth and m 27 is ma		19a. Informent's Name/Relat		Type, Pnint)		953	BLACK			EY, C-3, EA		or Town, State, Zip Code) EASTON, MD 2)1
Baltimore,	permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any injury or other tra once.		20a. Method of Disposition Burlal 2 Cremati Donetion 5 Othe	on 3 🗆 r <i>(Specif</i>)	Removal from S	State	emetery, ci	of Disposition (Name of oter, cremetory or other place) IG HILL CEMETERY 10			Date 20c. Location - City or EASTON,				
Balt	Departicular Depar		21. Signature of Funerel Services	1	P-hygan	W, CF	57 1	22. Neme end Add FELLOWS, 200 S. H	HEL	FENB				JNERAL HO	MC
	Physician		23a. Part1. Enter tha disaase shock, or heart fallura.	e, or comp List only	one cause on ea	ach line.	h. Do not e	inter the mode of dy	ring, such es	cardiec d	or respiratory e	rrest,		Approximete Interval Between Onset and Death	
1	/Medical Examiner	ш	Immediata Cause (Final disease or condition resulting in death)		a. +1	HYPOXIC BRAIN INJURY								5 DAYS	
L	pe jisi	ulner	,		Due to (or as a consequance of): CARDIOMYOPATHEY 10 YEARS									>	
60,	be axecut clan and bunial-tran	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	J	c			equence of): 3 MELLI	Tus					12 4EAR	5
ox 68760,	n certificata be assouted anding physician and usa as tha bunal-transit	in/Medical	that initiated events ' resulting in death) Last	J	d	Due to (o	ras a cons	nsequence of):							
Bo	the atten	sicia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute										to the cause of deat	h?	
S, P.O.	ires that tha daath or signed by the atten d be detached for u	by Physician									1 Yes 2년No 3 Probably 4 U				
Division of Vital Records,	aw requisite to the second sec	Completed b				-					24a. Was	an autopsy ormed?	a	Vere autopsy findings vailable prior to ompletion of cause f daath?	
3	The star h	NO.									10	Yes 2DNo	1	□Yes 2□No	
/ita	Physician: Th this cartificata rai director, pa	Be	25. Was case referred to med examiner?	dical					26. Place	a of Death	(Check only	one)			-
>	S 00 0	2	1 Yes 2 No		Hospital: 1 1 In	patient 2 🗆	ER/Outpati	ent 3 DOA	ther: 4 🗆 Nu	ursing Hor	me 5 Resi	dence 6 □Ott	ner (Spec	ify)	
ion o	nding Ph ath. r: After th		27. Manner of Death 1 Natural 5 Per 2 Accident	nding estigation	,	f fnjury n, Day Year)	28b. Time Injury	W	uryat ork?]Yes 2 □		28d. Dascribe	how injury occur	red		
Divis	al or Atte s after de il Directo ed in by th	Certification:		uid not be ermined	28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify)					28f. Location (Street and Number or Rural Route Number, City or Town, State)					
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director; After th completely filled in by the funeral	edical	29a. Certifier 1 Certi (Check only one) 1 Certi	fying Phy caf Exam	ysician: To the ballnar: On the ballnar and mann	sis of axamina	wiedga, daa tion and/or	ath occurred at the linvastigation, in my	ime, date an oplnion, dea	nd place, a ath occurre	and due to the ed at the time,	cause(s) and made and piace,	anner as	stated. to the causa(s)	
	Vith To t	W	29b. Signature and title of cere		inebry	, M	ク		ES number	00	0	29d. Dete signe			5
			30. Name and eddress of personal THOM	AS	A HE	of death (Item	3 R 9	Pandale	ins	Ho	pKons			1st 1990	
	Sta		31. Data filed (Month, Day, Yo	ear)	32. Re	gistrar's Signa	ture	L	-						
	Registr	ar	OC	1 - 5	1996	guial	lavidson	-Aandelle							

My .

State of Maryland / Department of Health and Mental Hygiene

31055 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician GEORGE** Ε. TINDLEY 07500AM 09 96 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 8513 TINDLEY TOWN ROAD NEWARK WORCESTER if Undar 1 Yeer Months Days if Undar 24 Hrs. Hours Min. 5. Social Security Number 8. Deta of Birth (Month, Day, Year) 6-3-36 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Hours Days NEWARK. MD. 220-32-2348 60 Director Usual Rasidance of Decedant with the Maryland 10a Stata 10c. City, Town or Location 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. insida City Limits MD. WORCESTER NEWARK Director 1 ☐ Yes 2 ☑ No 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? 8513 TINDLEY TOWN ROAD 21841 USA 2 should be filed within 72 hours after death v and Mental Hyglene. Is marked other than "natural", or Itema 23 Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Giva Yeer or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 14. Race - American Indian. Black, Whita, etc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify: 3 Widowed 4 Divorced BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usuai Occupation (Giva kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) POULTRY EMPLOYEE LABORER parmit. Pages 1 and 2 should be filed Department of Heelth and Mental Hyg Important: if item 27 is marked other eny injury or other treumatic event, 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be UNKNOWN ANNIF TINDLEY 2 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)
14 DONNA DRIVE: PEDRICKTOWN, N.J. 08067 19a. Informant's Name/Ralationship (Type, Print) ANDREW TINDLEY 20b. Place of Disposition (Name of cematary, cramatory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete MD. 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Steta SALISBURY CREMATORY 9-12 SNOWHILL RD., SALIS. 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Address of Fecility JULLEY MEMORIAL CHAPEL, 1213 JERSEY ROAD: SALISBURY, MD. 21801 ath. Do not antar the mode of dying, such es cardiec or respiretory arrest, Physician immediata Cause (Finel disease or condition rasulting in death) /Medical ASCVD EW YEARS Examiner Due to (or as a consequence of) Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disaasa or Injury that initiated avants resulting In death) Last Dua to (or as a consequance of): Division of Vital Records, P.O. Box 68760, thet the death certificate be Physician/Medical Due to (or as a consequence of): 98 attending ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by t 1 Yes 2 No 3 Probably Unknown MELLITUS þ 24b. Ware eutopsy findings available prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed Deen hes certificate 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was casa raferred to medical axeminer? Be 28. Placa of Death (Check only ona) Hospitai: Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 10 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 28a, Data of Injury (Month, Day Year) 27. Mannar of Death Injury at Work? 28d. Describe how injury occurred Certification: To the Hospital or Attending I within 24 hours efter death.
To the Funeral Director: After 1 Natural 5 Panding investigation 1 ☐ Yas 2 ☐ No 2 Accident the 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 28a. Piaca of Injury - At home, ferm, streat, factory, office bullding, atc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifler Medical completely 29d. Data signed (Month, Day, Year) 29b. Signature and title of certifier 0. 30. Name and address of person who commeted cause of death (Itam 23a) (Type, Print) 203 SNOW ST. SNOW HILL NO. TS 32. Registrar's Signeture 31. Dete filed (Month, Day, Year) State Registrar 26 1996

DHMH 16 Rsv 6/95

THE SECTION OF THE SE

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Month Day **Physician** David Μ. Turner Jr. October 3, 1996 8:45 AM /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Holy Cross Hospital Silver Spring Montgomery If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Min. | March 9, 1 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Months 10XM 2□ F 229-03-8917 Yrs 75 Director 1921 Virginia Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Haaith and Mental Hygiane. Important: if item 27 is merked other than "neturel", or items 23s or 28s-1 show any injury or other traumatic event, the Medical Exercises. 10a State 10c. City, Town or Location 10b. County 10d. inside City Limits Maryland 1 XYes 2 No Montgomery Silver Spring Direct 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 1205 Highland Drive 20910 Funeral IISA 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specity Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 X Yes 2 No if Yes, Give Yeer or Detes: WW II 1 ☐ Never Merried 2 Merried 1 ☐ Yes 2 XNo Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) 5+ Elementery/Secondery (0-12) Engineer U.S. Navy / E.E.&G. 18. Mother's Neme (First, Middle, Meiden Sumerne) 17. Fether's Neme (First, Middle, Last) David M. Turner Mary F. Callis 19e. fnforment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elizabeth R. Turner/Wife 1205 Highland Drive, Silver Spring, MD 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriei 2 【Cremetion 3 ☐ Removel from State 10/03/96 Alexandria, VA 4 ☐ Donetion 5 ☐ Other (Specify) Metropolitan Crematory 22. Name and Address of Facility
Francis J. Collins Funeral Home 23e. Pent. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximete Interval Between Onset and Death Physician /Medical zy hrs fmmediate Cause (Fine) disease or condition resulting in deeth) Examiner Due to (or es e consequenca of): Examiner Z months iseaso The law requires that the death certificate be asscuted attending physician and for use as the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Last Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. ed by the e 23h. Did tobacco use contribute to the cause of death? signed by t Hody Kins 1 | Yes 2 | No 3 | Probably 4 | Unknown lymphoma à 24b. Were autopsy findings available prior to completion of cause of death? should 24a. Wes an autopsy performed? Completed has a 2 s cartificata ha 1□ Yes 2® No or Attending Physician: funeral director 25. Wes case referred to medical exeminer? Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 1 XInpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Aftar 5 Pending 1 Neturei death. To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: At complately filled in by the fu 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29e. Certifier Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) end menner steted. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 035162 10/3/46 12 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) mp 70910 SPRING-SILVER MICHARL SUHINDURS MRAZI 1106 SPRING 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State Nia Davidson Registrar OCT 0 4 1996

DHMH 16 Ray 6/95

Piease Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Deeth 3. Time of Death SMonth **Physician** GEO RGE /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Annapolis Anne Arundel DOESCH H Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 5. Sociei Security Number 6. Sex **Funeral** Months 227346089 1 M 2□ F 64 Yrs. Days Director -20-32 IRGINIA Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiene.
Important: If term 72 is marked other than "natural", or itema 23a or 28a-f ahow any injury or other traumatic event, me Medical Exeminer man be notified at 10b. County 10c. City, Town or Location 10d. fnside City Limits Anne Arundei Annapolis 1₽Yes 2□No Director MAIZYLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 101/2 DORSEY 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☑ Yes 2 ☐ No //52 If Yes, Give 11 Maritai Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 2 Merried 1 Never Merried Baltimore, Maryland 21215-0020 1 Yes 2 PNo Specify: BLack þ 3 Widowed 4 Divorced Yeer or Dates: 8 Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) House of Hick Chaulfeur. 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be laylor (SCORGE MAR Smith 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) (Wite) 101/2 Taylor Annapolis DORSEY arrie 20b. Placa of Disposition (Nama of cematary, cramatory or other p 20a. Method of Disposition Dste 20c. Location - City or Town, State 1 Buriai 2 ☐ Cremation 3 ☐ Removal trom Stete MARYLand Vet 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licansee 22. Name and Address of Fecility Sticks 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical METASTATIC LUNG MONTHS Examiner Examiner attending physician and if for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or as e consequença of): Part II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? signed by the 1 Yaa 2 No 3 ☐ Probably 4 ☐ Unknown à page 2 should be 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate has been 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica 25. Was case reterred to medical examiner? Be 28. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of fnjury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. fnjury at Work? Certification: 28d. Describe how injury occurred 1 Naturai 2 Accident 5 Pending Investigation 2 No 1 Yes illed in by the 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, tactory. offica building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medical 29a. Certifier Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner ss stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. completely (Check only one) 29b. Signature and title of certifier. 29c. License number

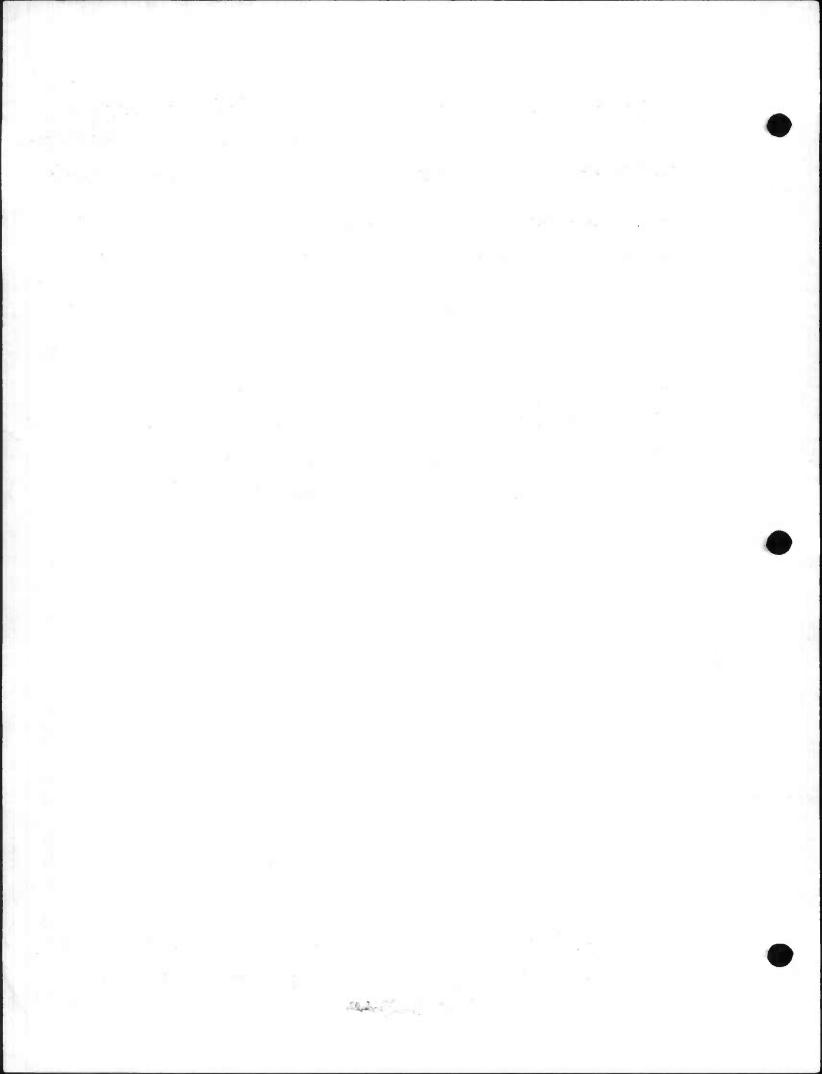
State Registrar

31. Date tiled (Month, Day, Year) 01 1996



29d. Date signed (Month, Day, Year)

ANNAPOLIS MD



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death Month Oct. **Physician** 1996 Mildred Mae Tutwiler 7:15 PM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Westminster Nursing Home Carroll | If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth | 9. Birthplace (State or Foreign Months | Deys | Hours | Min. | Min. | July 11, 1908 | Washington, DC 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) **Funeral** 1 M 2 F 88 Yrs. 577-20-0021 Director Usual Residence of Decedent with the Maryland 10a. State 10b. County show 10c. City. Town or Location 10d. Inside City Limits traumatic avant, the Medical Examinar must be notified at Carroll Westminster Director 1 Yes 2 No 23a or 28a-f 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1234 Washington Road 21157 United States Funeral deeth Heme 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give 11. Marital Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours effer. Department of Heelih and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic avant 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced White Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Homemaker Own Home 10 Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 Allison Hoover Fannie Mae Harrison 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Shirley A. Lorditch, daughter 424 Sawgrass Court, Westminster, MD 21158 Baltimore, 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 10/02/96 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) Carroll Cremations, Inc. Hampstead, MD 21. Signature of Funeral Service Licenses 22. NPreintible Purieral Home & Chapel 412 Washington Rd., Westminster, MD 21157 K 23a. Pert1. Enter the seese, or compilections that usus at the dishock, or heart feiture. List only one cause on each tipe eath. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner The law requires that the death certificate be executed ettending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Box 68760, Physician/Medical Due to (or as a consequence of): Division of Vital Records, P.O. the Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributa to the cause of death? signed by 1 -Yea 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes an autopsy performed? certificate has 1 ☐ Yes 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical 28. Place of Deeth (Check only one) 1 Yes 2 No Hospital: 10 1 Inpatient Wursing Home 5 ☐ Residence 8 ☐ Other (Specify) 2 ER/Outpatient 3 DOA this funeral 27 Menner of Death 28a. Dete of Injury (Month, Day Year) Certification: 28d. Describe how Injury occurred To the Hospital or Attending P within 24 hours after death.
To the Funeral Director: After t 5 Pending investigation 1 MNatural 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

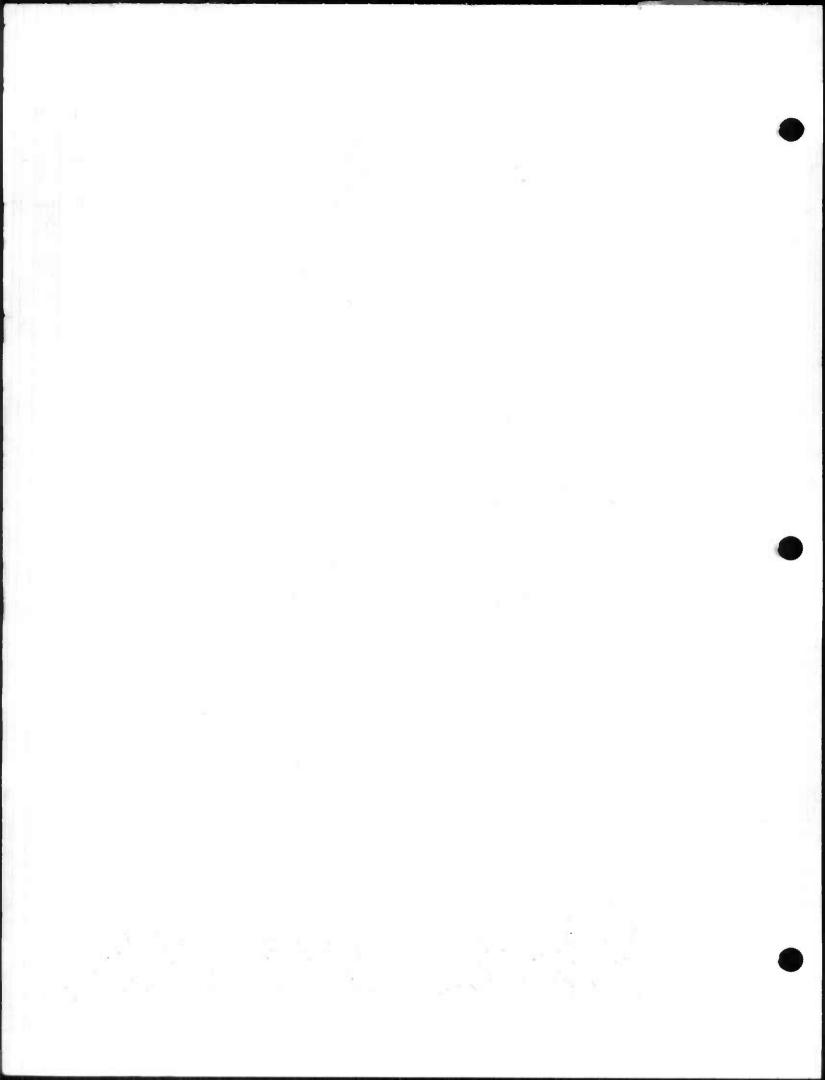
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical 29b. Signature and title of certific 29d. Dete signed (Month, Dey, Year)

DHMH 16 Rev 6/95

State

Registrar

31. Date filed (Mon.



State of Maryland / Department of Health and Mental Hygiene

Q	6	31	0	5	C
1	0	U	U	J	1

						Ce	rtificate c	of Deati	h	F	Reg. No.	20	01000
	Physic	ian	Decedent's Nama (First, Middle			0.D.D	(DED.)			2. Data of Dea Month	afh Day	Yaar	3. Tima of Death
	/Medi					ORD TI	MBERMAI	(SEPT	-	996	9:30 PM
y:	Exami	ner	4a. Facility Nama (If not institution	O TO THE OWNER OF						ocation of Death	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		72-766
			WESTMINSTER NU					1	MINST ar 24 Hrs.	_		ARROLI	
	Funerai		5. Social Security Number 214-01-4737	6. Sex 1 □ M 2 □ F		yrs. last birthday) Yrs.	If Undar 1 Ya Months Da			8. Dafa of Birtl (Month, Da)			placa (Stata or Foreign htry)
	Director		Usual Rasidance of Dacedant	41	91					Mar 12	, 1905	_Ind:	iana
	dand day		10a. Stata 10b. County		10c.	City, Town or Lo	ocation					1	Od. Insida City Limits
	Many Many	to	Maryland Car	croll				Wes	tmins	ster			1 ☐ Yas 2√2 No
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Director	10e. Street and Number				10f. Zlp Cod	e.			10g. Citizan of 1	What Cour	nfry?
	3a o	D	97 Timber Ridge	e Drive				21	157		J	JSA	
	in 72 hours after death with the Maryland "netural", or items 23s or 28s-f show ledges Exprimer must be nouted at	Funeral	11. Maritai Status	12. Was Dec	cedant Evar i	n U,S. 13.	Was Decedant	of Hispanic C	ngin? (Sp	ecify Yas or No-		e - Amaric	
	or its		1 ☐ Nevar Married 2 ☐ Marr	ed 1 ☐ Yas	2 No		If Yas, specify C			rican, atc.)		ck, Whita,	atc.
	ral', c	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, G Yaar or I	Datas:		1□Yas 2□	No Specif	у:		Specif	v: W	hite
	72 h	Completed	15. Decedan		n	16a. Dece	dant's Usual Oc	cupation	ast of work	doa	16b. Kind of B	usinass/inc	dustry
	C . 6	npie	Elamantary/Secondary (0-12)	1	(1-4or 5+)	lifa.	kind of work do DO NOT usa rei	tired)	331 OF WORK	9		3 0	
	77 -	Co	10			M	old Make				-		lass Corp
	be filed tal Hygi d other event, I	Be	17. Fathar's Nama (First, Middla,	•						a (First, Middla,	Maiden Suman	na)	
		2	Charles Timber	nan						uders			
	U 00 00 0		19a. Informant's Name/Raiations			1				ra <i>l Rou</i> ta Numbe	-		
	. Peges 1 and 2 ment of Heelth lant: If item 27 I jury or other tri		Mary Timberman	- wite					Dr, V	Westmins			
	Se to L		20a. Mefhod of Disposition 1 ☑ Burlai 2 ☐ Cramation	3 DRamoval from	Stata 20	 b. Placa of Dispo camatary, crai 	natory or othar i	place)	į.	Data 10/2	20c. Location -	· City or To	iwn, Stata
	Per Hand		4 Donation 5 □Other (S)			St. Bart	holomew	s Cath		Cem	Manch	este	r, MD
	permit. Peges Department of important: If it any injury or once.		21. Signature of Funarai Sarvice	Licensee	71.	22	2. Nama and Ad	drass of Fac	ility	ELINE FU	INERAT. H	OME	
	20 E E 9		ATRICE	INC.	lin	e	934 S I	MAIN S		AMPSTEAL			
ì	11.	1	23a. Pert1. Entar tha disease, or shock, or haart failure. List	complications that	caused the d	leath. Do not an							Approximata Intarvai Between
Ì	Physiclan												Onsat and Death
	/Medical Examiner		Immadiata Ceusa (Final disaasa or condition	. (VA								3 WKS.
	Examiner		resulting in death)	a.	Dua t	o (or as a conse	quance of):					1	loyrs.
	D ==	ine		- h	COP.	D						1	10015.
	certificate be executed ding physician and se es the buriel-transit	Examiner	Sequentially list conditions,		Dua t	o (or as a consec	quance of):						
	clan		Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaase or Injury	C									
	physi the	Medical	that initiated events rasulting in death) Last		Dua to	o (or as a consec	uanca of):						
	ding	Me		d								i	
		lan											
	0 0 0	Physician	Pert II. Other significant condition	ns contributing to	death buf not	rasulting in tha u	ndarlying causa	given in Par	t f.	23b. Dfd t	obacco use co	ntribute to	o the cause of death?
	that the detail									101	Yes 2 No	3 Prol	bably 4 Unknown
	requires that the wen signed by th hould be detach	d by								040 11/00		24b W	are autoney findings
		Completed								perfor	an autopsy med?	SV	ara autopsy findings allable prior to empiation of causa
	S CA	Jdm											death?
	E age	ပိ								1 🗆 Y	as 2 No	10	Yas 2 No
	Physician: Th this certificate ral director, par	å	25. Was casa rafarred to medical axaminar?	Manufali					ca of Deat	th (Check only o	na)		
	5 00 0	2	1 Yas 2 No			2 ☐ ER/Outpatier	IT 3LI DOA		Vursing Ho	oma 5 Rasid			y)(y
	ding P h. After funer	Certification:	27. Manner of Death 1- Neturei 5 □ Panding		e of Injury nth, Day Year	r) 28b. Tima o Injury		njury af Nork?		28d. Describe h	low Injury occur	red	
	Attending r death. ector: After by the fune	cat	2 Accident invastig 3 Suicida 6 Could r	of ba				Yas 2	□No				
	of or Attend effer death Director: / d in by the f	E	4 Homicide datarmi	ned 288. Plac	a of Injury - A ding, etc. <i>(Sp</i>	t homa, farm, sfi ecify)	eaf, factory, offi	Ce		28f. Location (S City or Tow		er or Rura	al Routa Number,
	To the Hospital or Attending Physicial within 24 hours after death. To the Funeral Director: After the completely filled in by the funeral completely filled in by the funeral physicial states.												
	Fun Fun tely t	edicai	29a. Certifiar 1 Certifying (Check only one) 2 Medicat I	Physician: To the xaminer: On the t	basis of axam	knowladge, deetl Ination and/ <i>o</i> r in	n occurred at the vestigetion, in m	tima, dete a y opinion, de	and plece, eath occur	end dua to tha o red at tha tima, o	causa(s) and mi data and place,	annar as at	tated. tha cause(s)
	vithin X vithin To the comple	Me	29b. Signature and title of certifier	and mai	nner stated.		29c Lice	ensa number	,		20d Data siana	d (Month	Day Voer
	N N N			NO	76	MODRA	CAL COL	226	385	_ '	29d. Data signe	0/6	76.
			Cernen	Acres	-0.50	NOKIV	AN GUL	DOTE	4.11),	11	11	
			30. Nama and addrass of person	vho complated cau	ise of death (Itam 23a) (ybe	THIN HER	MAN. P	VI.D				
						218 Washi		thts Med	icul Ca				
	Sta		31. Dete filed (Month, Day, Year)	2 1996	Registrar's Si	H/4		aryland 2					
	Registi	ar	551 /				1110	- Jimilu d	-110/				

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended # 10 €. # 196. 10/3/96 P.G.C. EL.M. Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Dev **Physician** Month Yeer OBBY IRUJILLO NE SEPTEMBER 27, 1996 12:50Pm /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) **Funeral** Birthplece (State or Foreign Country) Months Deys Hours 1 ☐ M 2 🗓 F Vrs Director 214-68-9766 JAN. 19, 1956 WASHINGTON, DC Usual Residence of Decedent the Maryland show 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Examiner must be notified at 1 Yes 2 □ No Director 28a-f MARYLAND HOWARD COUNTY LAUREL 10e. Street end Number Homes read 10f. Zip Code 10g. Citizen of Whet Country? ò 238 9640-E HOLMSTEAD COURT death Funerai 20723 UNITED STATES Reme 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien. Pages 1 and 2 should be filed within 72 hours aftar onent of Health and Mental Hygiena. Int: If Itam 27 Is marked other than "natural", or Iten Bleck, White, etc. 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 Never Married 2 Narried 21215-0020 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 8 12 BINDRY WORKER PRINTING Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Melden Sumems) Be GEORGE MARION BRADFIELD 2 DELORES PINNELL 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) permit. Pages 1 and 2 Department of Health a Important: If Itam 27 is any injury or other tra 9640-E HOLMSTEAD COURT, LAUREL, MARYLAND 20723 CHRISTOPHER TRUJILLO, HUSBAND 20b. Place of Disposition (Neme of 20e. Method of Disposition Dete 20c. Location - City or Town, Stete cemetery, cremetory or other piece) 1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 10/2/96 FORT LINCOLN CEMETERY BRENTWOOD, MARYLAND 21. Signature of Funeral Service Licensee, 22. Name end Address of Fecility FORT LINCOLN FUNERAL HOME 3401 BLADENSBURG RD., BRENTWOOD, MD 20722 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Final disease or condition resulting in deeth) 24-5 **Examiner** Physician/Medical Examiner the burial-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Box 68760. 20 4-5 physician The law requires that the death certificate be thet initieted events resulting in death) Lest Sease 7.0 Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were eutopsy tindings evelleble prior to 24e. Wes en eutopsy performed? completion of cause of deeth? page 2: 1 Yes 2 No 1 ☐ Yes 2 ☐ No Physician: 25. Wes case reterred to medical exeminer? Be 26. Plece of Deeth (Check only one) 2 Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Menner of Deeth Dete of Injury (Month, Dey Yeer) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred After Attending 1 Neturei 5 Pending investigation death. 1 ☐ Yes 2 ☐ No the 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 6

P.O. Records,

Division of Vital after death filled in by To the Hospital within 24 hours a To the Funeral C Hospital

completaly

State Registrar

29b. Signeture and title of certifier

29a. Certifier

(Check only one)

Medicai

8, M.D. Registrer's Signature 32

Covering MD

1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) and manner es steted.
2 Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the ceuse(s) and menner stated.

empleted cause of deeth (Item 23e) (Type, Print) 7500 Green way

29c. License number

Greente H.

29d. Dete signed (Month, Day, Year)

and the same of th

CMK

the Maryland

Pages 1 and 2 should be filled within 72 hours efter death with inent of Health end Mentel Hygiene. Int: If Item 27 is marked other than "natural", or items 23a or i

Baltimore, Maryland 21215-0020

7 is marked other than "natural", or items traumatic event, the Medical Examiner ma

other 1

0 permit. Page Department of Important: If any Injury or once.

Physician

/Medical

Examiner

physician and s the burial-transit certificate be executed

signed by the a d be deteched t

peed hes

funeral

Records, P.O. Box 68760,

Division of Vital

Attending After

death.

or Attend efter death Director:

Hospital c To the Hospital within 24 hours To the Funeral C Examiner

Physician/Medical

p

Completed

Be

2

Certification:

edical

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical Examiner 1. Decedant's Nama (First, Middla, Last) CARL

TARNER

2. Data of Death Month

27,

3. Tima of Death

10d. Insida City Limits

FRANKLIN 4a. Facility Name (If not institution, giva street and number) 728 NOVA AVENUE

SEPT. 4b. City, Town, or Location of Death

Yaar 1996 0130AM

Funeral Director

show

ns 23a or 28a-f show

Director

Funeral

þ

Completed

5. Social Security Number 10a Stata

201-07-7593 Usuai Rasidanca of Dacedant

MARYLAND PRINCE GEORGE'S

1**∑**M 2□ F

10c. City, Town or Location

7. Aga (In yrs. last birthday)

75

Days

CAPITOL HEIGHTS PRINCE GEORGES

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth
Months | Days | Hours | Min. | Park Year | 21 |

Months | Days | Hours | Min. | Park Year | 21 |

Months | Days | Hours | Min. | Park Year | 21 |

Months | Days | Hours | Min. | Park Year | 21 |

Months | Days | Hours | Min. | Park Year | 21 |

Months | Days | Hours | Min. | Park Year | 21 |

Months | Days | Hours | Min. | Park Year | 21 |

Months | Days | Hours | Min. | Park Year | 21 |

Months | Days | Hours | Min. | Park Year | 21 |

Months | Days | Hours | Min. | Park Year | 21 |

Months | Days | Hours | Min. | Park Year | 21 |

Months | Days | Hours | Min. | Park Year | 21 |

Months | Days | Hours | Min. | Park Year | 21 |

Months | Min. | Park Year | Min. | Park Year | 21 |

Months | Min. | Min. | Park Year | 21 |

Months | Min. | Min. | Min. | Park Year | 21 |

Months | Min. | Min 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or For Country)
FEB. 24,1921 FRANKLIN, PA

Birthplaca (Stata or Foraign Country)

10b. County

CAPITOL HEIGHTS

Vrs

1X Yas 2 □ No

10e. Straat and Number

10f. Zip Code

20743

10g. Citizan of What Country? USA

4c. County of Death

728 NOVA AVENUE

11. Maritai Status 1 ☐ Nevar Marriad 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedant Evar in U,S.
Armed Forcas?

1 X Yas 2 □ No ARMY
If Yas, Giva
Yaar or Datas: 1943–1963

 Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 1 ☐ Yas XNo Specify:

Biack, Whita, atc. Specify: WHITE

15. Decedent's Education (Spacify only highast grada complated) Elamantary/Secondary (0-12)

Collega (1-4or 5+)

16a. Decedent's Usuai Occupation (Giva kind of work dona during most of working life. DO NOT usa retired)

16b. Kind of Businass/Industry

8th

RETIRED MILITARY/ CLEANERS BUS.

17. Fathar's Nama (First, Middla, Last)

CHARLES A. TARNER

18. Mothar's Nama *(First, Middla, Maidan Sur*nama*)*MAIDEN
ELSIE (UNKNOWN) TARNER

19a. tnformant's Name/Reletionship (Type, Print)

19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Coda) 728 NOVA AVE. CAPITOL HTS., MD 20743

MIYOKO TARNER/ WIFE

20b. Place of Disposition (Nama of cematery, cramatory or other place)

Data 20c. Location - City or Town, Stata

20e. Method of Disposition

1 ★ Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify)

ARLINGTON NATIONAL CEM.

10-4-96 ARLINGTON, VA 22. Nama and Addrass of Facility MARSHALL'S FUNERAL HOME

21. Signature of Funaral Service Licensea

23a. Pert1. Enter the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

4308 SUITLAND RD. SUITLAND, MD 20746

Immadiata Causa (Finel disaasa or condition resulting in daath)

ardiousaler

Approximata Intarvai Batween Onsat and Death

Sequentielly list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Diseasa or Injury that Initiated events resulting to daath) Last

Dua to (or as a consequence of):

Dua to (or as a consequenca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death?

Hospitel:

1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

26. Ptaca of Daath (Check only ona)

24b. Wara autopsy findings available prior to completion of cause of death?

INSPECTION

1 Yas 2 No

25. Was casa rafarred to medical axaminar? 1 XYes 2 No

Accidant

3 Suicida

4 Homicide

27. Mannar of Death Natural

5 Panding invastigation 6 Could not be determined

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Dey Year)

28b. Tima of

28a. Piace of Injury - At homa, farm, streat, fectory, offica building, etc. (Specify)

Othar: 4□ Nursing Homa 5 X Rasidance 6 □ Othar (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Dascribe how injury occurred

29a. Cartifian

1 Certifying Physician: To the best of my knowledge, daath occurred et the tima, data and plece, end dua to tha cause(s) and mannar as steted.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated.

29b. Signature and title of certifian

29c. Licansa number

29d. Data signed (Month, Day, Year)

28f. Location (Streat and Number or Rurel Route Number, City or Town, Stata)

us of person who complated cause of daath (Itam 23a) (Type, Print)

O.C.M.E.

SEPTEMBER 27, 1996

J. Laron Locke M.D. 31. Data filed (Month, Dey, Year)

OCT 03-199

111 Penn Street, Baltimore, Maryland 21201 32 Registrar's Signatura

State Registrar

Parties on where the transfer of the transfer of the same of the same of 14 15 P

State of Maryland / Department of Health and Mental Hygiene 31062

							Cer	tificat	e of	Death			Reg. No.		21002			
п	Dhi-i		Decedent'a Name (First, Middle	, Last)								2. Date of D		Veer	3. Time of Death			
	Physici /Medic		Sulisa VanVelz	er								Sept.	27, 19	96	12:00 PM			
i	Examir		4a. Facility Neme (If not institution	, give street end i			4b. City, To	wn, or Lo	cation of Dee	th 4c. County	of Deeth							
			Washington Adve	ntist Ho	ospi	tal				Takon	a Pa	rk	Mont	gome	ry			
	Funeral		5. Social Security Number	6. Sex	-	e (In yrs. last b	oirthday)	If Under			24 Hrs.	8. Date of B	irth	9. Birthi	place (State or Foreign			
	Director		213-54-5778	1□M 2□F		50	Yrs.	Months	Days	Hours	Min.	Jan.	20, 1946	Tha	place (State or Foreign			
	_		Usuel Residence of Decedent															
	/land		10a. State 10b. County			10c. City, To	wn or Lo	cation							10d. Inside City Limits			
	Man 4 sh	ō	Hong Kong			Disco	ver	z Bay							1 Yes 2 No			
	28°	Directo	10e. Street and Number			21000	, , , ,	10f. Zip	Code				10g. Citizen of V	What Cou	ntn/2			
	with with	ā	6 F Seahorse La	ine				TOT. EIP	Code				United					
	e 23	Funeral			non-dona	Ever in U,S.	10.11	Man Dance	lant of	I liamania Or	alan (Ca							
	item item	5	11. Maritel Stetus	Armed	Forces?		IS. V	Yes, spec	ify Cut	ban, Mexice	n, Puerto	ecify Yes or N Ricen, etc.)	Bled	k, White,	etc.			
20	s aft	by F	1 ☐ Never Merried 2 ☐ Marri 3 ☐ Widowed 4 ☐ Divorced	If Yes,	s 2∰ N Give r Dates:	NO	1	☐ Yes	2⊠ No	Specify:			Specify	Orio	ental			
Ş	filed within 72 hours after death with the Maryland Hygiene. Wher than "natural", or items 23a or 28a4 show ent, the Medical Examiner must be notified at	8			Dates.	10	n Danad	landa Harr	1000	- ation			405 Kind -4 D					
5	°nar	Completed	15. Decedent (Specify only highes	t grade complete	d)	16	(Give I	lent's Usua kind of wo	rk done	during mos	t of work	ing	16b. Kind of Bi	Jsiness/In	dustry			
7	within the men	ם	Elementery/Secondary (0-12)	College	(1-4or 5	(+) /rc	AR	rrst	se reure	90)			AR	\mathbf{T}				
77	her in	ပိ	17 Fethodo Nemo /First Middle /		7 7	115.	-			40 1401	ada Maran	/#": A # #! - I - #!						
ŭ	be d d of	Be	17. Father'a Name (First, Middle, I Chia - Ti-ng										e, Maiden Sumen	ie)				
ž	ould Mer mrke	P									gy M							
Maryland 21215-0020	s 1 and 2 should be filed within 72 hours after death with the Marylan I Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, in a Medical Examiner must be notified at		19a. Informant's Name/Reletionsh		A- 1					tend Numb 3 10e	er or Rura	al Route Numi	ber, City or Town,	Stete, Zij	Code)			
,	and eaith n 27 er tu		Herman B. VanVe.	zer, Jr./	HUSDE					106								
ore			20a. Method of Disposition 1 ☐ Burial 2 ☒ Cremation	2 Domoval fra	m State	20b. Place cemet	of Dispos ery, crem	sition (Namelony or o	ne of ther pia	ace)		Date	20c. Location -					
Ĕ	Peges nent of I int: If its		4 Donation 5 Other (Sp		III State	Metrop	olita	in Crem	rato	ry	Ser	pt29,1	996Alexa	ndria	, Va.			
altimore,	permit. Peges 1 and Department of Heaith important: if item 27 any injury or other ti once.		21. Signeture of Funeral Service L	lg/nses	0	,	22	. Name an	d Addr	ess of Fecili	ly	054.0						
m	80 E 8 8		m.l.	18	51	1	Α.				-		moll St.,	N.W.				
	ALC: UNKNOWN		23a. Part1. Enter the disease, or shock, or heart feilure. List of	complications tha	it cay sed	the death. Do				n, D.C		0012 or respiratory	arrest.	-	Approximate			
	Physician		shock, or heart feilure. List of	only one cause or	n e ch lir	ne.				0,					Approximate interval Between Onset end Death			
3	/Medical		Immediate Cause (Final	0		·			1.	M C	110	-10	[1	5			
	Examiner		disease or condition resulting in death)	a. Ce	rui	x Cai	nee	γ -	>1/	iall c	en	WILL	Done MI	el	2 years			
0		P.				Due to (or es e	conseq	uence of):							V			
	bed nsit	Examiner		b														
	certificate be executed iding physician and ise as the bunal-transit	xar	Sequentially list conditions, if any, leading to immediate			Due to (or as a	consequ	uence of):						1				
68760,	be e ician buria		Cause (Disease or Injury	C														
8/	phys the	edicai	that initiated events resulting in death) Lest			Due to (or as a	consequ	uence of):						į				
OX 6	ding ding se as	/Me		d.										i				
80	death of attended for us													1				
	0 0 0	Physician	Part II. Other eignificant condition	a contributing to	death bu	ut not resulting	In the un	derlying c	euse gi	iven in Part		23b. Did	tobacco uee co	ntribute t	o the cause of death?			
л О	at th	Ph)										1□	Yee 25 No	3 Pro	bably 4 Unknown			
Ś	The law requires that the de ite has been signed by the a page 2 should be detached	þ																
D'C	en s ould	ted											s an autopsy formed?		ere eutopsy findings eileble prior to			
ပ္ထ	2 5 5	ple												of	mpletion of cause deeth?			
ř	The law ate has page 2	Completed										10	Yes 2 No	11	☐Yes 2☐No			
Vital Records,		Be C	25. Was case referred to medical							26 Dia-	of Door	(Check only		1	_ 100 _ 2 _ 140			
>	ysician: is certific director,	o B	examiner? 1 X Yes 2 No	Hospital:	Almania	- a - EB/C			Ot	hor:								
ō	Phy ral d	\vdash	27. Magner of Death	28a. Det	Inpatie		Time of	-					how injury occur		(y)			
0	h. After funer	Certification:	1 Natural 5 ☐ Pending	(Mc	orith, Day		Injury	М	8c. Inju	ork?]Yes 2□		Lou. Dosonbo	now injury occur	60				
S	death death tor: ,	Ca	3 ☐ Suicide 8 ☐ Could n	ot be	an of Ini	ini Akhama I						206 Leastien	(Canada and Mumb		of Courts About an			
DIVISION	4 - 6 6	ŧ	4 Homicide determine	ned 20e. Pla	lding, etc	Specify)	arm, stre	28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)						 Location (Street and Number or Rural Route Number, City or Town, Stete) 				
	라는				et, rectory		City or											
	pitat or ours afte orai Dir filled in		20a Conffice	Division -	uliani.													
	Hospitat or 24 hours afte Funeral Dir tely filled in		Check only 2 Madicat E	xamınar: Un ine	basis of	exemination a	je, deeth nd/or inv	occurred	at the ti	ime, date an	d place,	and due to the	ceuse(s) and me	enner es s	stated. the cause(s)			
	the Hospital or thin 24 hours after the Funeral Dir mpletely filled in	edicai	one) 21 Madicat E	and ma	basis or anner sta	exemination a ited.	nd/or inv	occurred a	at the ti	opinion, dee	th occurr	ed at the time	ceuse(s) and me , date and place,	and dua t	o the cause(s)			
	To the Hospital or Attending Physician: within 24 hours after death To the Funeral Director: After this certific completely filled in by the funeral director,		one) 21 Madicat E	and ma	basis or anner sta	exemination a ited.	nd/or inv	occurred a	at the ti	opinion, dee	th occurr	ed at the time	ceuse(s) and me , date and place,	and dua t	o the cause(s)			
		edicai	one) 21 Madicat E	and ma	basis or anner sta	exemination a ited.	nd/or inv	occurred a	at the ti	opinion, dee	th occurr	ed at the time	ceuse(s) and me , date and place,	and dua t	o the cause(s)			
	To the Hospital or Within 24 hours afte To the Funeral Dir completely filled in	edicai	one) 21 Madicat E	and ma	basis or anner sta	exemination a ited.	nd/or inv	occurred a	at the ti	opinion, dee	th occurr	ed at the time	ceuse(s) and me , date and place,	and dua t	o the cause(s)			
		edicai	one) 21 Madicat E	and ma	basis or anner sta	exemination a ited.	nd/or inv	occurred a	at the ti	opinion, dee	th occurr	ed at the time	ceuse(s) and me , date and place,	and dua t	o the cause(s)			
		Medical	one) 21 Madicat E	and ma	basis or anner sta	exemination a ited.	nd/or inv	occurred a	at the ti	opinion, dee	th occurr	ed at the time	ceuse(s) and me , date and place,	and dua t	o the cause(s)			

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month -oretta ernon SEPTEMBER 25,1996 4:34 a /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year Months Days if Under 24 Hrs. Hours Min. 5. Social Security Number 8. Dete of Birth (Month, Dey, Year)
Mar. 2, 1921 6. Sex 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** Hours 1 ☐ M 2 🖾 F Yrs. 578-38-5914 75 Director Pennsylvania Usuel Residence of Decedent death with the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Medical Examinat must be notified at 1 Yes 2K No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 13916 Overton Lane 20904 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 11. Maritel Stetus 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural". or handle any Injury or other traumate. 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify 3 ☑ Widowed 4 ☐ Divorced White 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade comp 16b. Kind of Business/Industry completed) Elementery/Secondery (0-12) College (1-4or 5+) Public Health Nurse P.G. County Health Dep. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Albert Joseph Margaret Elias 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Beverly Ann Blankenship/Daughter 14923 Perrywood Drive, Burtonsville, MD 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Suriel 2 ☐ Cremetion 3 ☐ Removei from Stete 4 □ Donetion 5 □ Other (Special) George Washington Cem. 9/27/96 Adelphi, Maryland 21. Signature of Fungral Service Licens 22. Name and Address of Fecility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 23e. Perf. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear feilure. List only one cause on each line Approximete Intervei Between Onset and Deeth Physician /Medical Immediate Cause (Finel diseese or condition resulting in deeth) Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Lenkemia USB 85 been signed by the attending should be detached for use as Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably ♦ Unknown à 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy performed? No No 1 ☐ Yes 2 ☐ No this cartificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this carifica 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) exeminer? Hospitei: 1 Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) ပို 1 Yes 2 No 2 ER/Outpetient 3 DOA funeral 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. injury et Work? Certification: Naturat 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) completely filled in by 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end pieca, and due to the cause(s) end manner stated. edicai 29e. Certifier 29b. Signeture egd title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) who completed cause of deeth (Item 23e) (Type, Print) Hopkins Hospital, Baltimore, Maryland Johns 32. Registrar's Signeture State

Julia Savidson-Randelle

Registrar



State of Maryland / Department of Health and Mental Hygiene

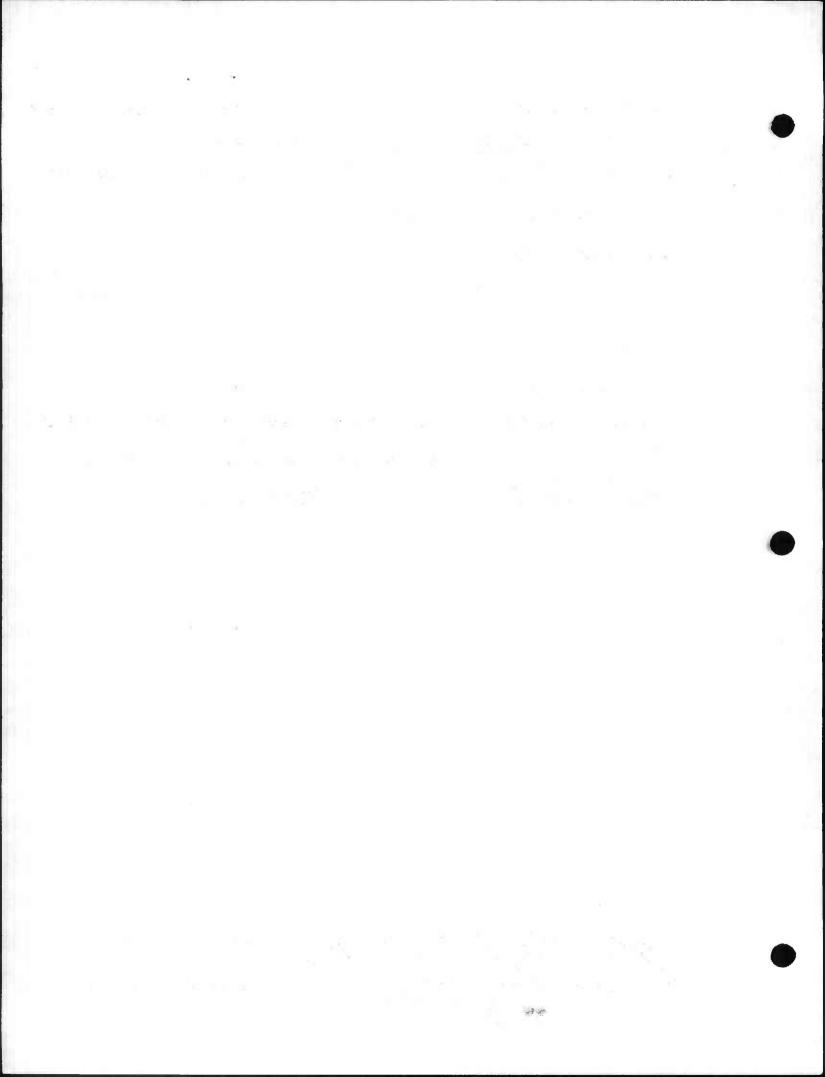
			Certificate of Maryland / Department of the			Reg. No.	6 31	064
	H8.3.	3	Decedent's Neme (First, Middle, Last)		2. Dete of De	eth		ime of Death
	Physici /Medic		ALLISON MARTHA VERARDO		SEPTEME	BER ^{Dey} 27,	1996 9:4	40 AM
	Examir		4a. Fecility Neme (If not institution, give street end number) 4	lb. City, Town, or Lo	ocation of Death	4c. County	of Death	
			National Institute of Health	Bethesda		Mont	gomery	
	Funeral	Г	5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year	If Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, Da	th v Year)	9. Birthplece (S	State or Foreign
	Director		077-04-5139 12 W 2X 32 Yrs.	7,00.0	01/10/		New Yo	
	P		Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location					side City Limits
	faryt after	5						Yas 2 No
	the A	Director	Virginia Culpeper Culpeper 106. Street and Number 101. Zip Code			10g. Citizen of V		
	the st		14010 11					
	Seath mass	era		isnenic Origin? (Sp	ecify Yes or No	U.S.A	e - Americen Ind	ien
Maryland 21215-0020	hours after death with the Marylar ural', or heres 23s or 28s-f show at Examiner must be notified at	by Funeral	11. Meritei Stetus 1 Never Merried 2 Merited 3 Widowed 4 Divorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No 1 Yes, Give Yeer or Dates:		Rican, etc.)	Specify	ck, White, etc.	
50	72 ho	Completed	15. Decedent's Education 16a. Decedent's Usuei Occupe (Specify only highest grade completed) (Give kind of work done of	ation	ina	16b. Kind of Bi	usiness/Industry	
21	within ane. than "	nple	(Specify only highest grade completed) (Give kind of work done of life. DO NOT use retired life. DO NOT use retired.)	during most or work. f)	iiig			
2	wed w	Co	4+ Teacher			Fauquie	r County	School
Ë	d day a	8	17. Fsther's Neme (First, Middle, Last) Harold Fisch	18. Mother's Neme		Maiden Sumen	10)	
ž	Ould Marks warks	2		Hedy W				
Mai	5 2 st h and h and reum		19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street a					400
	1 and Healt im 27 ther 1		Matthew Verardo - Husband 14212 Horsesh 20a. Method of Disposition (Name of	noe Court				
ŏ	Pages hant of l		1 Burlet 2 Cremetion 3 Removel from State cemetery, crematory or other place	(a)	Dete	20c. Location -	City or Town, St	310
Baltimore,	rtmar rtmart rtmrt		4 Donellon 5 Other (Specify) Potomac Cremator 21. Signeture of Guner Service Licensee 22. Neme and Address		0/1/96	Dale C:	ity, VA	
Ba	Dept beny beny beny beny		Pound &	Cone Bun	onel He	**		
_		_	850 Sper	ryville I	Pike C	we ulpeper	-VA -22	701
100			23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying shock, or heart feilure. List only one cause on each line.	g, such es cardiec d	or respiratory ei	rrest;	Interv	701 oximate sl Between t and Death
	Physician / /Medical		Immediate Cause (Final	- L				
	Examiner		disease or condition	OCK			20	days
		Jer	Due to (or es a consequence of): b. refrectory if perfe	225.0				nk
	outed id ansit	Examiner	Sequentially list conditions. Due to (or es e consequence of):	EU 210V				20.4
o,	an ar		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events Due to (or es e consequence of):	219			12	months
68760,	ificate be executed g physician and as the bural-transit	edical	Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of):					
	E 0 0		d					
Box	the death cert y the attending sched for use	Physician/M	0.				1	
P.O.	the s	ysic	Part II. Other significant conditions contributing to death but not resulting in the underlying cause give	en In Pert I.	23b. Dld 1	tobacco use co	ntribute to the co	ause of death?
		Ph	Candida albicans fungemia		1 🗆 1	Yes 2 2NO	3 ☐ Probably	4 Unknown
Division of Vital Records,	w requires that been signed b should be deta	Completed by			240 Was	an autopsy	24b. Were aut	oney findings
00	pen y	ete			perfo	med?	sveilable	prior to on of cause
Re	in a ci	E					of death?	
B	ysician: The is is certificate ha director, page		DE Mos ages referred to modified		OSC	-	1 🗆 Yes	2 No
₹		o Be	25. Wes case referred to medical examiner? 1 ☐ Yes 2 ☐ No Hospitel: 1 ☐ Inpatient 2 ☐ FR/Outpatient 3 ☐ DOA Other	26. Plece of Deeth				
o	는 등 등	. To	1 ☐ Yes 2 ☑ No	■ □ Nursing no		dence 6 ∐Oth now injury occur		
on	th.: Afte	to		k? Yes 2 ☐ No				
S	Attending or death. actor: After by the fune	HCg	3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office				er or Rural Route	Number,
Ö	s effe	Certification:	4 ☐ Homicide building, efc. (Specify)		City or Tov	vn, Stete)		
	To the Mospital or Attending Phwithin 24 hours effer death. To the Funeral Director: After the completely filled in by the funeral	edical	29a. Certifier (Check only 15 Certifying Physician: To the best of my knowledge, deeth occurred et the tim 2 Medical Examiner: On the bests of examinetion end/or investigation, in my open	ne, dete and pleca,	end due to the	cause(s) and ma	nner as stated.	
	the H the E the F		one) and menner steted.		ed et trie time,	dete end piece,	and due to the ca	use(s)
	T will	Σ	29b. Signeture end title of certifier 29c. License	e number		1	d (Month, Day, Y	ear)
			Catherine A Metho MD			9/27	196	
	25		30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)					
	0		DR. CATHERINE A. MEITIN NATIONAL INSTITUTION OF THE PROPERTY O	TUTES OF	HEALTH,	BETHES	DA, MD 2	0892
	Sta Registra	_	OCT 0 3 1996 La Davidson-Rendelle					

DHMH 16 Rev 6/95

71.5

State of Maryland / Department of Health and Mental Hygiene 96 31065

						Cei	rtificate (of L	Death			Reg. No.		0 1	000		
	Dhari		Decedent's Neme (First, Middle,	Last)							2. Dete of De Month		Vene	3. T	ime of Deeth		
	Physic /Medi		Elsie Mae V	Vilhelm	n						Oct.	Dey 7	1996	12	:45 PM		
	Exami		4a. Fecility Neme (If not Institution,	give street and n	umber)			4	b. City, To	wn, or Lo	ocation of Deat		inty of Deat				
7			Long Green N	ırsing	Cente	r		I	Balt:	imo	re Cit	у -					
	Funeral Director		5. Social Security Number 220-03-6017	.Sex 1□M 2ӁF	7. Age (In yr	rs. lest birthday) Yrs.	If Under 1 Y Months De	eer	If Under Hours	24 Hrs. Min.	8. Dete of Bir (Month, Da Dec. 8	th iy, Year) , 1918	9. Birti Co Ma	npiece (S untry) rv1	Stete or Foreign		
	P .		Usuel Residenca of Decedent														
	Marylar a-f ahow	ctor	MD 10b. County Balti	more		City, Town or Lo Parkton					10d. inside City Limits 1 □ Yes 2 💆 No						
	ith with the 23s or 28	Funeral Director	10e. Street and Number 3004 Tracey	s Stor	e Rd.		10f. Zip Coo 211)		10g. Citizen of What Country? U.S.A.						
020	filed within 72 hours after death with the Maryland Hygiene. Than "natural", or frams 23s or 28s-f show brit, the Medical Examiner must be notified at	by	11. Meritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	Armed F	2 🔯 No live		Wes Decedent i Yes, specify (1 ☐ Yes 2X	Cuba	spenic Origin, Mexican Specify:	gin? (Sp. , Puerto	ecify Yes or No Rican, etc.)	14. Rece - American India Black, White, etc. Specify: White					
5-0	"natural",	ted	15. Decedent's (Specify only highest		f)	16a. Dece	dent's Usuel Oo kind of work do DO NOT use re	ccupa	ation	nd unde	16b. Kind of Business/Industry						
21215-0020	s 1 and 2 should be filed within 72 hr if Health and Mental Hygiene. Item 27 is marked other than "natur other traumatic event, the Medical	Completed	Elementery/Secondary (0-12)		(1-4or 5+)		embler))	OF WORK	nig	Too	l Mfc				
	othe other	Be C	17. Fether's Name (First, Middle, La	st)					18. Mothe	8. Mother's Name (First, Middle, Melden Surname)							
Maryland	lenta ked ic ev	To B	Daniel Bau	blitz					Gra	ce	Matthe	ews					
ary	and Menidis marke	-	19a. informent'e Neme/Reletionship	(Type, Print)		19b. Meltin	ng Address (St	reet e	end Numbe	r or Run	al Route Numb	er, City or To	wn, State, Z	ip Code)			
Ž	and 2 sealth ar n 27 is		Charles Lee Bre	nt / So	on		Trace										
5	of Health item 27 other tr		20e. Method of Disposition		20b.		-	ct.10,	20c. Locati								
Baltimore,	age ant of		1 X Buriel 2 Cremetion 3 4 Donetion 5 Other (Spe	cify)	JORGE	Cemet	ery	1996	Uppe	rco,	MD						
Bal	permit. Pa Departmen Important: eny Injury		22. Name and Address of Facility J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 17349 23e. Pert1. Enter the disease, or complications transfers used the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between the shock, or heart feliure. List only one cause on each line.														
	_		J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 17 23e. Pert. Enter the disease, or complications transpared the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only do cause on and line.														
	Physician /Medical Examiner	J.	Immediate Cause (Final disease or condition resulting in death)			t and Death											
Box 68760,	eath certificate be executed attending physician and for use as the burial-transit	an/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undertying Cause (Disease or Injury that initiated events resulting in death) Last	b	Due to	(or as a consequence of the cons	Juence off:	1	race - 1 1+71	ner n	Iral	Hen	wish	J.	~		
	0 0	sicis	Pert II. Other significant conditions	contributing to	death but not re	sulting in the u	nderlying cause	e give	en in Part i.		23b. Did	tobacco use	contribute	to the c	suse of death?		
, P.O	res that the deligned by the a	by Physician										Yes 2 N			4 Onknown		
Records,	aw requi	Completed b										an eutopsy rmed?	e	veileble	n of cause		
=		ပ္ပို									10	Yes 2	1	Yes	2 No		
Vital	ilcian: The certificate rector, pag	Be	25. Wes case referred to medicat examiner?						28. Place	of Deetl	(Check only	one)					
of	5 00	2	1 ☐ Yes 2 No	Hospitel: 1	Inpatient 2	☐ ER/Outpatien	t 3DOA	Othe	4 28 Nu	rsing Ho	me 5 Resi	dence 6 🗆	Othar (Spec	eify)			
ion o	5 5 5		27. Menner of Death 1 Neturel 5 Pending investigat		oi injury nth, Day Year)	28b. Time of Injury	28c. i		et (? Yes 2 1		28d. Describe	how Injury oc	curred				
Division	al or Attandir s after death. I Director: At od in by the fu	Certification:	3 Suicide 8 Could not determine	288. Plec	e of Injury - At ling, etc. (Spec	home, ferm, str	eet, fectory, off	ice			28f. Location (City or To		imber or Ru	ral Route	Number,		
	To the Hospital or J within 24 hours after To the Funeral Dire completely filled in the	edical C	29a. Certifier (Check only one) 1 Certifying I 2 Medical Ex	Physician: To the aminar: On the b end mer	e best oi my kr pasis oi examin nner steted.	nowledge, deeth netion end/or inv	occurred et th	e tim	e, dete end pinion, deet	d pieca,	and due to the ed et the time,	cause(s) and date and pla	manner as ce, and due	stated. to the ca	use(s)		
	To the within 2 To the comple	X										29d. Date sig	ned (Month	, Day, Y	Bar)		
			1/1/2/	1	L	-	16	73	3-3	2/5		10	108	0/9	76		
			Charles and the Control of the Contr	o completed cau				-						, ,			
	Sta	te	Shirley Thomp 31. Dete filed (Month, Day, Year)	son-Ri		M.D.		W	lest	Rd.	, Tows	son, l	MD 21	204			

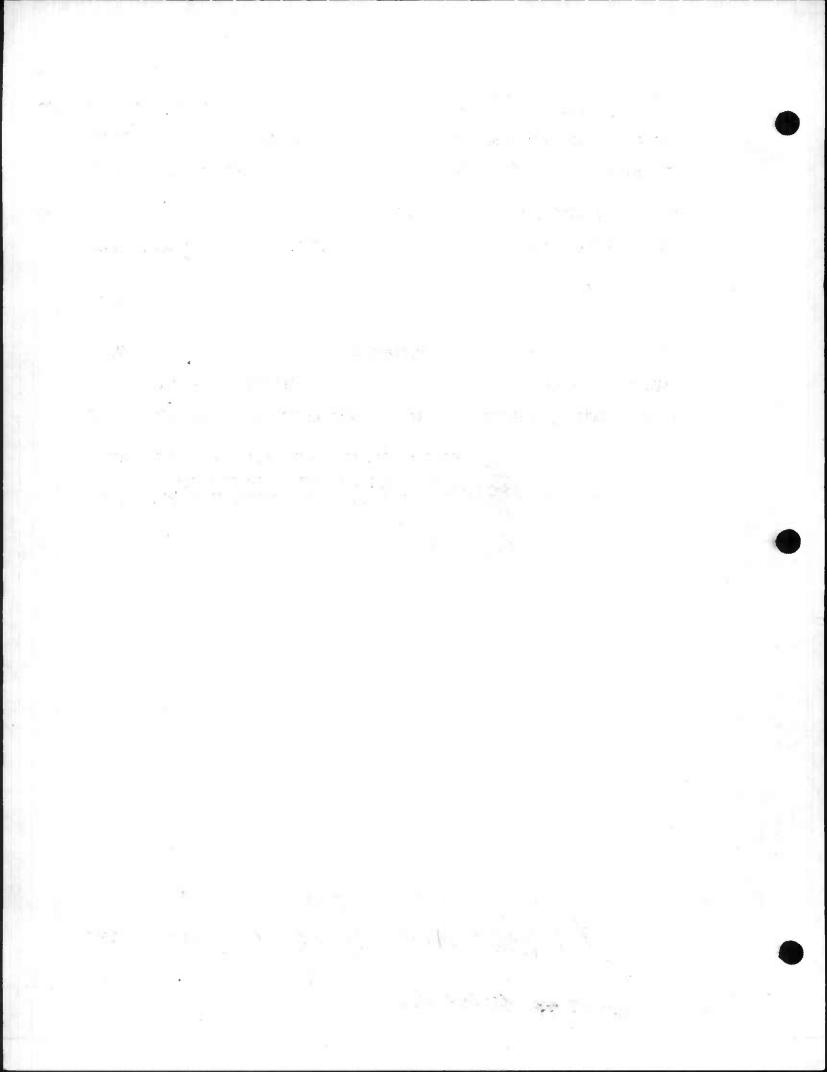


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth ,1996 Yeer **Physician** OCTOBER tarke De 9 War 4:45 AM /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Death MONTGOMERY OLNEY MONTGOMERY GENERAL HOSPITAL If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) OCT. 4, 1941 9. Birthplece (State or Foreign **Funeral** Days 1□M 2**X**F Hours Min. OHIO Yrs Director 277-38-4775 55 Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside City Limits MARYLAND MONTGOMERY OLNEY Director 1 Yes 20 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20832 4413 RENDALE COURT UNITED STATES death Funeral Wes Decedent Ever in U,S. Armed Forces? 11. Marital Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American indien. Black, White, etc. 72 hours efter 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced Specify: WHITE Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Haalth and Mental Hygiena. Important: if Item 27 is marked other than 's any injury or other traumatic event, than Magnitus or other traumatic event, than Magnitus. Elementary/Secondary (0-12) College (1-4or 5+) PHARMACIST MEDICAL 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) CHARLES MUMMA ALOYSIA **ERBAUGH** 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City & Town, Stete, Zip Code) 4413 RENDALE COURT, OLNEY, MARYLAND J. DAVID WARTHEN, HUSBAND 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State Buriai 2 Cremetion 3 Removal from Stete NORBECK MEMORIAL PARK 10/12/96 4 ☐ Donetion 5 ☐ Other (Specify) OLNEY, MARYLAND 21. Signeture of Funeral Service Licenses MURIEL H. BARBER FUNERAL HOME P.O. BOX 5038, LAYTONSVILLE, MD. 20882 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feiture. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Finei diseese or condition resulting in death) **Examiner** Due to (or as e consequence of): Examiner physician end s the buriel-transit The lew requires that the death certificate be axecuted Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of) of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobecco use contributs to the causs of death? signed by t 2 8 No 1 Yes 3 Probably 4 Unknown þ 24 hours after death.

• Funeral Director: After this certificata hes been signately filled in by the funeral director, page 2 should t Completed 24b. Were eutopsy findings avelleble prior to completion of cause of deeth? 24a. Wes en autopsy performed? 1 Yes 1 Tyes 2/2 No or Attending Physician: Be 25. Wes cese referred to medical 26. Plece of Death (Check only one) exeminer 1 Yes 2 No 1 Dispatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) Medical Certification: To 2 ☐ ER/Outpatient 3 ☐ DOA 27 Manner of Deeth Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 ☐ Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office bullding, etc. (Specify) 4 ☐ Homleide Hospital 29e. Certifie Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piace, end due to the ceusé(s) and menner as steted. To the Hosp within 24 ho To the Fune complately fi defining in various: 10 the best of my knowledge, deem occurred at the time, date and place, and due to the cause(s) and menter as stellar.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menter stated. 29b. Signature end title of contrib 29c. License number 29d. Dete signed (Month, Dey, Yeer) OCTPBER 9, 1996 30. Name and eddress of person who completed /N. 31. Dete filed (Month, Dey, Year)
OCT 1 5 State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month 9 **Physician** 1811 pm 30 Billy Wroten /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Cambridge Dorchester 1322 Hudson Road If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foreign Country) **Funeral** 1**∭**M 2□ F Months Yrs. Director 212-40-9135 March 14,1942 Maryland Usual Rasidance of Decedant Pages 1 and 2 should be filed within 72 hours after death with the Manyland neat of Health and Mental hyglene, unent of Health and Mental hyglene, mitt. If filem 27 is marked other than "natural", or hems 23a or 23a-f show any or other traumatic event, has Medical Experiment has notified at any other traumatic event, has Medical Experiment has notified at 10a Stata 10b County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Director Maryland Dorchester Cambridge 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? US 21613 1322 Hudson Road by Funeral 12. Was Decedant Evar In U,S. Armed Forces? 1 ☐ Yas ঐ (i) No if Yas, Giva Yaar or Datas: 11 Maritai Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amarican Indisn, Black, Whita, atc. 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elemantary/Secondary (0-12) Coilege (1-4or 5+) Machinist Manufacturing Co. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Be Iva Marie Insley Wroten Leon 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 1322 Hudson Road Cambridge, Maryland 21613 Ellen Wroten 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) permit. Page Department of Important: If any Injury or once. Dorchester Memorial Park 10/4/96 Cambridge, Maryland 21. Signature of Funeral Service Licensh 22. Nama and Addrass of Facility
Thomas Funeral Home, P.A. 700 Locust Street Cambridge, Maryland 21613 23a. Party Enter the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, shock or heart failure. List only one cause on each line. Approximata interval Between Onset and Death **Physician** /Medical immediata Causa (Final diseasa or condition rasulting in death) Examiner Examiner The law requires that the death certificate be executed physician and s the burial-transit Sequentially list conditions, if sny, laading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequance of) USB BS ò Part II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Part i, 23b. Did tobacco use contributs to the cause of death? been signed by the s should be detached 1 Y 90 2 □ No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 After this certificate has director, Be 25. Was case referred to medical 28. Placa of Death (Check only ona) axaminar? Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 2 ER/Outpatient 3□ DOA 2 Yas 2□ No 1 Inpatiant the funeral 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury st Work? 28d. Describe how injury occurred Certification: Naturai 2 Accident 5 Panding invastigation death. 1 ☐ Yas 2 ☐ No or Attend after death Director: 6 ☐ Could not be datarmined 3 Sulcida 28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Ststa) filled in by 4 Homicide To the Hospital o within 24 hours at To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the csuse(s) and msnner ss stated.

Medical Examiner: On the basis of examination snd/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifian Medical (Check only one) 29b. Signature and title of 29c. Licensa number 29d. Data signed (Month, Day, Year) daath (ttam 23a) (Type, Print) 31. Data filad (Month, Day, Year) 32. Registrar's Signatura

Valua division Randal State

DHMH 16 Rev 6/95

Registrar

1996

OCT

96-5737-031

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

06	0	J	0	m	0
96	Ü	I	U	0	Ö

LM G-740		10/23/96 t.t Decedent's Neme (First, Mid	dle, Last)			Certific	ate o	T D	eath		2. Dete of De	Reg. No.		3 068
Physician	ı	DDTMMANIA	F.								Month	Dey	Year	
/Medical Examiner		BRITTANY e. Facility Neme (If not institute		m <i>ber)</i>			WZ		City, To	wn, or L	OCTOBI ocation of Deet		, 1996 County of Dea	7:27P.M.
	ľ	SHADY GROVE	ADVENTIS	ST HO	OSPITA	L		F	ROCK	VII	LE	Mo	ONTGON	MERY
eral ctor	1	214-47-4649	6. Sex 1 □ M 2 🗷 F	7. Age (I	In yrs. lest birth Y	rs. 5	s Day		If Under Hours	24 Hrs. Min.	8. Dete of Bir (Month, De MAY 2	y Year)	9. Bin	thplece (State or Foreign puntry) RYLAND
	-	Jsuel Residence of Decedent												
val Director	1	Oe. Stete 10b. Coun MARYLAND MONT	RYLAND MONTGOMERY MONTG											10d. Inside City Limits 1 ☐ Yes 2 No
al Direc	1	0e. Street end Number 19530 BRASSIE	PLACE		•	10f.	Zip Code		2087	9		10g. Citiz UNI	en of Whet Co	ountry? ATES
alt, or items cominer m by Funer	1	1. Maritel Stetus 1 Never Merried 2 Ma 3 Widowed 4 Divorce	edent Eve orces? 22 No ive Detes:	er in U,S.	13. Wes De If Yes, s			penic Original Mexican Specify:	gin? (Sp , Puerto	pecify Yes or No Rican, etc.)	9 9 1	4. Rece - Ame Black, Whit		
edica		15. Decede (Specify only high	18a. [Decedent's U Give kind of life. DO NO	uei Occ	cupatione dur	on ring most	of work	ding		d ot Business			
is marked other than "neturi eumatic event, tre Medical To Be Completed		Elementery/Secondary (0-12)	College (1-4or 5+)		NO		irea)					NONE	
event Be (1	7. Father's Neme (First, Middle	e, Last)				18. Mother's Neme (First, Middle, Malden Su							
To		LeBON WALK	ER,	4	•				JE.	ANET	TE F	PLEW		
other treumatic event, tra.M. To Be Comp		19e. Informent's Name/Reletion LeBON WALKE		R							ral Route Numb			Zip Code) D. 20879
any injury or other tr	2	0e. Method of Disposition 1 Buriel 2 Cremetion 4 Donetion 5 Other (21010	20b. Plece of I cemetery					TERY	Dete 10/10		LPHI,	Town, State
Important: If any injury or 2000.	2	21. Signeture of Funerel Service	Elicensee H. Ba	rhe	W	MURIE	and Add	dress d	ot Facilit	k FL	JNERAL I	HOME	D. 20	882
sician edical	1	23a. Part1. Enter the disease, shock, or heert tailure. List mmediate Ceuse (Final disease or condition			e deeth. Do no	t enter the m	ode of d	lying,	such as					Approximate Intervel Between Onset end Death

Division of Vital Records, P.O. Box 68760.

Physician/Medical Examiner To the Hospital or Attending Physician: The lew requires that the deeth certificate be associated within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deached for use as the burlet-transit completely filled in by the funeral director, page 2 should be deached for use as the burlet-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest

Completed by

Be

Medical Certification: To

Due to (or es a consequença ot): Due to (or as a consequence of): Due to (or as a consequence ot):

Pert II. Other significant conditions of	ontributing to death but not res	sulting in the underlyin	ng cause given in Pert I.	23b. Did tobecco usa co 1 □ Yes 2海 No	ontribute to the cause of death? 3 Probably 4 Unknown
				24e. Wes an autopsy performed?	24b. Were eutopsy findings available prior to completion of cause of deeth?
25. Was case reterred to medical exeminer?			26. Place of	Death (Check only one)	
1 X Yes 2 No	Hospitei: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3	DOA Other: 4 Nursi	ng Home 5 ☐ Residence 6 ☐Oth	ner (Specify)
27. Menner of Death 1 Naturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey Yeer)	28b. Time of Injury	28c. Injury at Work? 1 Yes 2 No	28d. Describe how Injury occur	
3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - At h building, etc. (Specia	ome, tarm, street, fed by)	etory, offica	28t. Location (Street and Numb City or Town, State)	ber or Rural Route Number,
20a Certifler 1 Continue Dh	valates. To the base of section	and the state of t			

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, and due to the cause(s) and menner steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated.

29b. Signeture end title of certitier

29c. License number 29d. Date signed (Month, Dey, Year)

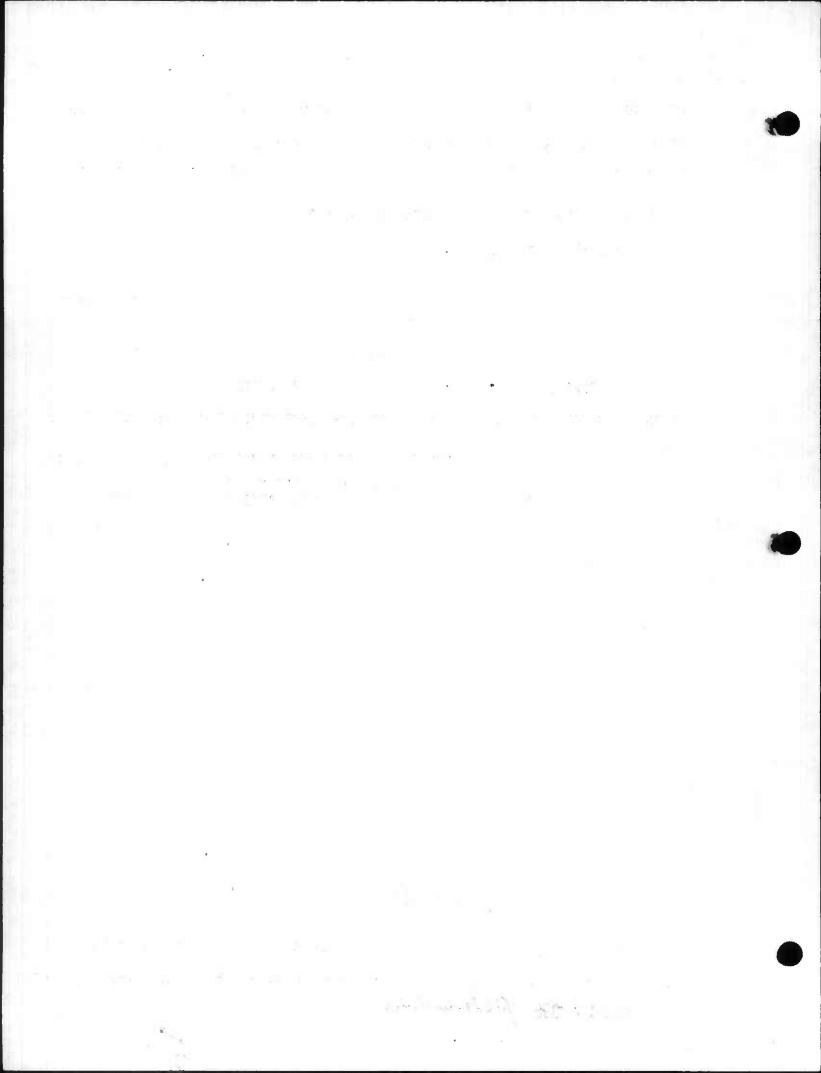
O.C.M.E. OCTOBER 8,1996

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

Radentz, 111 Penn Street, Baltimore, Maryland 21201 5,

State Registrar

32 hogistrar's Signature Radell



State of Maryland / Department of Health and Mental Hygiene 96 31069

				Cei	rtificate of	Death	F	leg. No.		011		
Dharatal		1. Decedent's Name (First, Middla, Last)					2. Date of Dee	th	Veer	3. Time	of Death	
Physici /Medic		Vinnie	Io1	а	Wr	ight	Octobe:	r 81, 1	1996	5:48	PM	
Examin		4e. Facility Name (If not institution, give s Physicians Memori				4b. City, Town, or L La Plata		4c. Count	ty of Death			
Funeral Director		5. Social Security Number 6. Sep 215-38-6388 Usuel Residence of Decedent	7. Age (In yrs. I	last birthday) Yrs.	If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day Novemb	nplace (Statuntry) Md.	te or Foreign			
how		10a. Stata 10b. County	10c. City	, Town or Lo	cation					10d. Inside	City Limits	
18	Director	Md. Charle	es Na	anjemo	ру					1 🗆 Y	es 21 No	
or 28	Sire	10e. Straet and Number			10f. Zip Code			0g. Citizen of	What Co	untry?		
23a		4405 Port Tobac	co Rd.		20663	2		USA				
Health and Mental hygiene. The arts are stated other than "naturel", or items 23s or 28s-f show there traumatic event, If a Medical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in U, Armed Forces? 1 ☐ Yes 2 TNO If Yes, Give Year or Dates:		Was Decedent of H f Yes, spacify Cube I ☐ Yes 2 ☑ No	lispenic Origin? (Sp an, Maxican, Puerto Specify:	ecify Yes or No- Rican, etc.)	rican Indien,				
Mental Hygiene. arked other than "naturel", or he atic event, the Medical Examine	Completed	15. Decedent's Educ (Spacify only highest grade Elementary/Secondary (0-12)	cation	(Give lifa. L		during most of work d)						
A property	Co	7th		Н	ousewife	9		Her	Home			
Mental In arked oth atic even	To Be	17. Fether's Name (First, Middla, Last) William Nathar				18. Mother's Nam Carrie				Mur Dod		
ls ma		19a. Informant's Name/Relationship (Ty)	oe, Print)	19b. Mailin	g Address (Straat	and Number or Rur	al Routa Numbe	. City or Town	, Stata, Z	ip Code)		
Department of Health important: If Itam 27 Is any Injury or other tra		Carlton Keith V 20a. Method of Disposition 1 Surial 2 Cremation 3 R 4 Donation 5 Other (Specify)	emovel from State	laca of Dispo ametary, cran	sition (Nama of natory or other place	obacco F obacco F obacco F obacco F obacco F	er4, 199	20c. Location	- City or 1	Town, State		
importar any inju		21. Signature of Funeral Servica Licent	•	W. 22	Name end Addre	ss of Facility Funeral t Glymor	Home					
ysician		23a. Part1. Enter by saase, or complice shock, or he mailure. List only on							II ne	Approxim Interval E Onset an	nate Between	
Aedical aminer		Immediata Cause (Final disease or condition resulting in death) a	SEPS	as a conseq	uance of):					FEW	DAY.	
ansit	Examiner	Sequentially list conditions	PNEW		11A					FEL	v DA	
ding physicia se es the bu	Medical	Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initiated events resulting in death) Last		as e consequ								
ed fo	sicia	Pert II. Other significant conditions conf	ributing to death but not resu	iting In the ur	derlying cause giv	en in Part f.	23b. Dld to	bacco use co	ontribute	to the caus	e of death	
been signed by the s should be deteched	by Physician	Congestive of	last fall	u			1 🗆 Y	98 2□ No	3□ Pr	obably 4	Unknow	
ge 2 should I	Completed	Interstition	& Nephr	抗与			24a. Was a perform		a	Vere autops vailable pric completion of daath?	or to	
page .	S	MAZNUTKITO	7				1 🗆 Y	2 2000	1	☐ Yes 2	□ No	
	<u> </u>	25. Was case referred to medical exeminer?	a emited.		100	26. Place of Deet	h (Check only or	(8)				
P is	2	10 103 219110		ER/Outpatient		4 U Nursing Ho	me 5 Reside		-	ify)		
ctor: After	Certification:	27. Manger of Death 1	(Month, Day Year)	28b. Time of Injury		y at k? Yes 2 □ No	28d. Describe he	ow injury occu	rred			
al Director: al Director: ed in by the		4 Homicida determined	28a. Placa of Injury - At hor building, atc. (Specify))			28f. Location (Si City or Town	n, Stata)			umber,	
124		29a. Cartifier Cartifying Physi	clan: To the best of my know	dedoe death	annuered at the tim	ne data and place	and due to the c	use/s) and m	anner as	stated		
he Funer pletely fill	Medical	(Check only one) 2 Medical Examin	er: On the basis of examination and manner stated.	on and/or inv	estigation, in my of	plnion, death occurr	ed at tha time, d	ate and place,	and due	to the cause	9(s)	

32. Ragistrer's Signature

State

Registrar

31. Data filed (Month, Day, Yaar)

OCT 0 3 1996

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** Yaar ALVIN WEBB OCT 6 1996 7:40 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner ALLEGIS OF SOUTHERN MARYLAND CLINTON PRINCE GEORGE'S If Undar 24 Hrs. If Undar 1 Yaar 5. Social Security Number 8. Data of Birth (Month, Day, Yaa MAY 10 19 Birthplaca (Stata or Foraign Country) 7. Aga (In yrs. last birthday) **Funeral** Days 1 X M 2 □ F 86 Yrs 1910 104-12-7256 **Director** Panama Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location ehow 10d. Insida City Limits item 27 is marked other than "natural", or items 23a or 28a-f shor other traumatic event, the Madical Examiner must be notified all Maryland Prince George's TY Yas 2 No Director Clinton 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 9211 Steuart Lane 20735 death TISA Funeral 12. Was Dacedant Evar In U,S Armed Forcas? Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puento Ricen, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filled within 72 hours after c. Department of Heelin and Mental Hygiene. Important: If flem 27 is marked other than "natural", or hearthy injury or other transmits. 1 Navar Married 2 Married 1 ☐ Yas 2 ☐ No If Yas, Give Baltimore, Maryland 21215-0020 1 Yas 2 XNo Specify: Specify: Black þ 3 ☑ Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Journalist Newspaper 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumema) Be 2 Ernest Webb Anne Moore Webb 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Janice A. Rawlings (PRD) 1912 Brewton Street District Hgts., MD 20747 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 🎇 Cramation 3 ☐ Ramoval from State 4 Donation 5 ☐ Othar (Spacify) Metropolitan Crematory10+7-96 Alexandria, VA 22. Nama and Addrass of Facility J.H. Eberwein Mortuary 4433 White Pls La 21. Signatu M00173 White Pls., MD 20695 luca sa, or complications that caused the death. Do not antar tha mode of dylng, such as cerdiac or respiratory arrest List only one cause on each line. Approximata Intarval Between Onsat and Death **Physician** /Medical Immediata Cause (Finel disaasa or condition rasulting in daeth) Examiner Examiner attending physician end for use es the bunel-transit Sequantially list conditions, if any, leading to Immadiata ceusa. Enter Underlying Cause (Disease or Injury that initiated exacts) Division of Vital Records, P.O. Box 68760, The law requires that the death certificete be Physician/Medical that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown by as been signal 24e. Was en autopsy performed? 24b. Were autopsy findings available prior to Completed completion of ceusa of death? hes page 1 ☐ Yas 212 No certificata 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; completely filled in by the funeral director; Be 25. Wes casa rafarred to medical axaminer? 26. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menger of Death 28a. Dete of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Netural 5 Panding Invastigation Injury 1 ☐ Yas 2 ☐ No 2 Accidant 3 Sulcida 6 Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homleida **Dertifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. Medical 29a. Cartifian 29b. Signature and title of certif 29d. Data signed (Month, Day, Year)

Laxmi N. Berwa M.D. 7700 Old Branch Ave Suite C-101 Clinton, MD 20735

Registrar

State

30. Name and eddrass of person who complated ceusa of daath.(Itam 23a) (Type, Print)

OCT 0 8 1996

32. Registrar's Signatura

Julia Davidson Rardall

31. Data filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

		Certificate of Death										Reg. No.						
Ob office		I. Decedent's Name (First, Middle, Last)											2. Date of D	eeth		V		ne of Death
Physician /Medical	-	Daniel						Whi	tener				Septer	nber 2	28,	1996	14:	15 pm
Examiner		4a. Facility Neme (Of not institution	o, give	street and num	SPI	TAL						ocation of Dea			of Death	Г	7
Funeral Director		5. Social Security I 247 32	Number 9795	6. Se	ex MM 2□F	7. Age ((In yrs. last	birthday) Yrs.	If Under Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Date of B July	irth 4, 192	6	9. Birthp	iace (State)	ate or Foreign
	-	Usual Residence o	_															
and show		MD.	Calve	rt			10c. City, To CHAI		cation TE HA	LI					1		le City Limits Yes 2 No	
items 23a or 28a-f showner must be notified at		10e. Street and Nu CHARLOTT		VE	TERANS	HOM	E		10f. Zip	Code			10g. Citizen of V U.S.A				try?	
by P		11. Maritel Status 1 ⊠Never Man 3 □ Widowed			12. Was Dece Armed For 1 2 Yes If Yes, Give Year or Da	ces? 2 No e			Ves Deced Yes, spec	_	ispanic Or n, Mexical Specify:		eclfy Yes or N Rican, etc.)			Rece - American Indian, Black, White, etc. ecity: WHITE		n,
or the Medical It.			15. Decedent	's Edi	de completed)			(Give	ient's Usua kind of wor OO NOT us	k done d	durina mos	t of work	ing .	16b. Kind	d of Bu	usiness/inc	lustry	
arked other than stic event, the To Be Comi		Eiementary/Seco	ondary (0-12)		College (1-	401 5+)		J.S.	GOVE	RNME	NT			RETT	RED			
arked other		17. Fathar's Name WALTER J			R								e (First, Middle SARDNER		umam	10)		
27 is mer or traume		19a. Informant's N			ype, Print) TER				-				al Routa Num CK HILL				Coda)	
	1				Removal from S	State		tery, crem	sition (Name of the CEM)	ther plac	,	19	Date 9/30/96			City or To	wn, State	8
Department of Important: If any Injury or once.		22. Name end Address of Facility TAKOMA FUNERAL HOME INC 254 CA WASHINGTON, D.C. 20012													ST N	. W.		
ysician		23a. Pert1. Enter the disease, or complications that ceused the daath. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line.												Approxi Interval Onset a	mate Batween and Death			
edical Iminer	- 1	Immediate Causa diseese or condition resulting In death)	n		a				SPIRATORY ARREST								5 N	rinute eek
sit sit			l.		b				sequence of): / PWEUMONTA						eek			
physician and s the burial-transit		Sequentially list co if any, laading to In ceuse. Entar Unde Cause (Disease or that Initiated events	enditions, nmadiate erlying			Du	ue to (or as	e consequ	uence of):									
anding physician and use as the burial-transit		that initiated event resulting in death)	Last		d	Du	e to (or as	a consequ	uence of):									
a o o	F	Part II. Other signif	icant condition	ns co	ntributing to dea	ath but r	not resulting	In the un	derlying ca	use give	en in Pert I		23b. Did	I tobacco u	se cor	tribute to	the cau	se of death?
00					MELL								1□	Yes 2	No	3 Prob	ably	¶ Unknowi
		CONTRESTIVE HEART FAILURE, CEREBROVASCULAR ACCIDENT, RIGHT HEMIPARE							24a. Was	s an eutops ormed?	у	eva	Illabie pri					
rifficate hes been signed by the atter ctor, page 2 should be deteched for 3e Completed by Physicia		pe)	U/600 P	VA	SCULA, STATIC	RHY	ACCI,	COPI	-, RIC.	147	HEMM	PARE	75 1 🗆	Yes 20	No	complation of ceuse of death?		
ector,	2	25. Was case refer examiner?	red to medicel								26. Plece	of Deat	h (Check only	one)				

To the Hospital or Attending Physician within 24 hours after death.

To the Funeral Director: After this carifficompletely filled in by the funeral director Division of Vit

2

Certification:

Medicai

3

Registrar

Dr. Fulton Lukban 31. Date filed (Month, Day, Year) State

29b. Signatura end title of cartifier

1 Yes 2 No

5 Pending Invastigation

6 Could not be determined

27. Manner of Death

1 Natural

2 Accidant

3 Suicide

29a. Cartifiar (Check only one)

4 Homicide

12 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner steted. 29c. License number

1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Dey, Yeer)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Othar: 4 Nursing Home 5 Residenca 6 Other (Specify)

28d. Describe how injury occurred

30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

Prince Frederick, MD. 20678

32. Registrar's Signature

1 Inpatient 2 □ ER/Outpatient 3 □ DOA

28e. Piace of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

28b. Time of

State of Maryland / Department of Health and Mental Hygiene

31072 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month Year Josephine M. Wilson September 22, 1996 /Medical 12:55 PM 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Frederick Memorial Hospital Frederick
If Under 24 Hrs. Frederick 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year 6. Sex 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) Funeral 1 □ M 2 🛛 F Days Hours Yrs. Director 579-18-7539 78 April 19,1918 Washington, D.C. Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow The Medical Examiner must be notified Director 1 ☑ Yes 2 ☐ No Maryland Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 Items 23a 6902 Balsam Court 21703 death Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 점 No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Marital Status filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 ☒ No Specity: þ 3 Widowed 4 Divorced Specify: "natural", White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Cashier Education Pages 1 and 2 should be filed venent of Heelth and Mental Hygie int: If item 27 is marked other it 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Filippo Ferrara Rose Sciacca 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Heelth and If item 27 is n or other traun Theodore M. Wilson 6902 Balsam Court Frederick, Maryland 21703 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) 9/25/96 Brentwood, Maryland Fort Lincoln Cemetery 21. Signature of Funeral Service Licenses 22. Name and Address of Facility
Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil. Spr., Maryland 20901 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician /Medical tmmediete Ceuse (Final disease or condition resulting in death) a Brain Death 1 Day **Examiner** Due to (or as e consequence of): Examiner 14 Days siclan and buriel-transit Subarachnoid Hemorrhage The lew requires that the death certificete be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Ruptured Intracranial Aneurysm 14 Days Physician/Medical the Due to (or as a consequence of): 98 980 signed by the at d be deteched for Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2X No 3 Probably 4 Unknown Records, 2 pege 2 should 24b. Were autopsy findings available prior to Completed 24e. Wes en eutopsy performed? completion of ceuse of death? 1 Yes 2 No 1□Yes 2□No certificata of Vital or Attanding Physician: director. Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Certification: To To the Hospital or Attanding Physi within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral dir this 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Division 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and pleca, and due to the cause(s) and menner as stated.

| Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) ONZ NZHON M-D D 18414 September 30, 1996 20 30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print) 198 Thomas Johnson Drive Frederick, Maryland 21702 Swami Nathan, M.D. 32. Registrar's Signature 31. Date filed (Month, Day, Year) State OCT 0.1 1996 Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 3 1 0 7 3

						Cert	ificate of	f Death		Re	g. No.			
	Disconi		1. Decedent's Nama (First, Middla, La	st)						2. Data of Deat	1	Vaca	3. Tim	e el Ceeth
M	Physic /Medi		ROBERT	L.	,		WILSO	N ,	SR.	SEPTEMBE	ER 30,	1996	14:0	10. PM
	Exami		4a. Facility Nama (If not institution, giv	a street and riumber)						ocation of Death	4c. County			
			THE JOHNS HOPKI					BALTIM		CITY		N/A	4	
100	Funeral Director		5. Social Security Number 6. S 212-24-2843 Usual Rasidence of Decedant	ax 7. Aga CXM 2□F	a (In yrs. last b		If Undar 1 Yaa Months Day:		Min.	6. Data of Birth (Month, Day, OCT. 24	Year) 1, 192	9. Birthp Coun MAR	laca (Sta try) YLAN	nta or Foreign
	yland		10e. Stata 10b. County		10c. City, To	wn or Loca	ation					1	0d. Insid	a City Limits
	Mar offind	ctor	MARYLAND CARROLL		TANE	MOOT							10	Yas 27 No
	th with the 23a or 28	ral Director	10e. Street and Number 1511 TREVANION RO	AD.			10f. Zip Code	2178	7	10g. Citizen of What Country? USA				
020	172 hours after deeth with the Maryland "natural", or items 23s or 28s-f show odical Examinet must be notified at	by Funeral	11. Marital Status 1 Nevar Married XX Married 3 Widowed 4 Divorced	12. Was Decedant I Armed Forcas? 1 XYas 2 N If Yes, Giva Yaar or Datas:		If Y	as Decedent of Yas, specify Cu	ban, Maxican	n? (Sp , Puarto	pecify Yas or No- Rican, atc.)				
21215-0020	within ene. then	Completed	15. Decedant's Et (Specify only highast gra Elamantary/Secondary (0-12) 6th	6th TRUCK sthar's Nama (First, Middla, Last)						sing	TRANSE	ualnass/inc	lustry	Park Maria
	o filed offher vent, p	Be C	17. Fathar'a Nama (First, Middla, Last)	Treat District City										
/lai	should be ind Mental i marked o umetic evi	To	WALTER ELWOOD	WILSO	N			BERT	HA	IREN	E V	VETZEI		
Maryland	and and and and and and		19a. Informant's Name/Ralationship (ral Route Number,	City or Town	State, Zip	Code)	
	is 1 and 3 of Heeith itsm 27 i		RUTH LORRAINE WILL	SON WIF	1		TREVANI	ON ROA	D 7	PANEYTOWN				787
Baitimore,			20a. Mathod of Disposition 1 □ Burial 2 □ Cramation 3 □		cemat	ary, crema	tion (Nama of story or othar pi	*	i		Oc. Location			8
	교원관광 .		4 ☐ Donation 5 ☐ Othar (Specification 21. Signature of Funaral Sarvice Licer		TRINI	TY L	UTHERAN	CEMET	ERY	10/3/96	TANEYI	NWO.	MD	21787
Ba	Depa impo any i		21. Signature of Politara Salvice Elcer	i dia	1.					EAST BA				
	Physician /Medical		23a. Part1. Entar tha disease, or com ahock, or haart failura. List only	ona causa on aach lin	a.	not entar	tha moda of dy	ring, such as	cardiac		OWN , MARYLAND 21787 est, Approximata Interval Batween Onset and Deeth			
	Examiner		disaasa or condition resulting In daath)	a.			1R (C	LLAP	SE			-	18 H	ours
	10,000	Jer			Dua to (or as a		ance of):						50	INC
	cuted	Examiner	Sequentially list conditions Dua to (or es a consequence of):									WD		
Ö,	e exe		Sequentially list conditions, if any, laading to immadiate cause. Enter Undarlying Causa (Disaasa or Injury	LEV	KEMIA	4	-						6 m	IEEKS
x 68760,	death certificate be executed a strending physician end of for use as the buriel-transit	/Medical	resulting in death) Last	d	Dua to (or aa a	consequa	ince of):							
Bo	death e atten	cian										i		
s, P.O.	ed by the	by Physician	Part II. Other significant conditions of	ontributing to death bu	it not rasulting	in tha und	artying causa g	givan in Part I.			e 2 No			se of death?
Records,	aw requir ts been s 2 should	Completed b								24a. Was ar periorn		ava	allable pr	esy findings for to of cause
	The law ate has b page 2 s	Con								1 □ Ya	s 20No	10] Yas	2□ No
Vital	ysician: The s certificate director, pag	Be	25. Was casa rafarred to medical examinar?						of Deat	th (Check only one	1)			
o	this aidi	To	1 Yas 2 No	Hospital:			3E DOA		rsing Ho	oma 5 Rasida			1)	
Division	After After	Certification:	27. Mannar of Death 1 DNatural 5 Pending 2 Accidant invastigation 3 Suicida 6 Could not be		Year) 28b.	Tima of Injury	28c. Inj W M 1 [uryat ork? □Yaa 2□↑	No	28d. Dascribe ho	w Injury occur	red		
Σ	ital or Attenurs after deat rai Director: iled in by the		4 Homicida datamined	building, etc	. (Specify)					28f. Location (Str City or Town	, Stata)			Vumber,
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	fedicai	one) 2 Medical Exam	ysician: To the best of liner: On the basis of and mannar sta	axamination a	e, death o nd/or inva	stigation, in my	opinion, daat	d place, h occuri	end due to tha ca red at tha tima, da	use(s) and ma ta and place,	annar as st and dua to	ated. tha cau	sa(s)
	S T V T V	Σ	29b. Signatura and titla of cartifiar	110				nsa number	1-2		d. Data signe			
			· Elmsteth	What HO	PELLO!	J		0 507	2 0	5	EPT6M	DER	30,	1496
			30. Nama and addrass of person who ELISABETH ILT				*	TRECT	BA	ALTIMO	RE, M	021	28	7

Registrar

IMPORTANT: It item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CENTIF	ICALE	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Shell'A Jean 4. SOCIAL SECURITY NUMBER S. SEX	Wit	cher	F INDER A VEAS	IF UNDER 24 HRS.	2. DATE OF DEATH DATE OF BIRTH	ber 2	3. TIME OF DEATH 9774 9:504 M B. BIRTHPLACE (State or Foreign		
	220-86-7012 1 M	2 DF 3	yrs. last birthday) YRS.	MONTHS DAYS	T T	(Morith, Day, Year) Feb. 4, 19		Country) Maryland		
_	9e. FACILITY NAME (If not institution, give street end n	umber)		9b. CITY, TOW	OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATN		
5	Bay View Medical Cen	ter		Balt	imore		Balt	imore City		
DIRECTOR	10e. STATE 10b. COUNTY Maryland Baltimore	e City		y, TOWN OR LO	10d, INSIDE CITY LIMITS? 1 X YES 2 NO					
	10e. STREET AND NUMBER				10f. ZIP CODE	10g. CITIZI	EN OF WHAT COUNTRY?			
EB/	1912 East Baltimore	Street			21201		U.S	.A.		
COMPLETED BY FUNERAL	157 Navar Marriad 2 Marriad FOR	DECEDENT EVER IN CES? 1 YES ES, GIVE WAR OR DA	2 XNO	If yes,		NIC ORIGIN? (Specify Yes en, Puerto Rican, etc.) fy:	or No-	H. RACE — American Indian, Black, While, etc. Specify: White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed	n	16a. DECEDENT'S	USUAL OCCUPA		16b. KIND OF BUS	SINESS/INDU			
		(1-4 or 5+)	Food Se	se retired.)		Restaur	ant	100		
OM	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Meiden	E (First, Middle, Melden Surname)			
BEC	Gerry W. Witche	r				Opal Juan	ite P	laster		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street	et and Number or Rural	Route Number, City or Tow	n, State, Zip (Code)		
임	Opal J. Witcher - Mo	ther	403	West Cl	iff Stree	et - Wallac				
	20e. METHOD OF DISPOSITION 1	State 20b.	PLACE AND DATE stery, cremetory or contact A. Ferri	of DISPOSITION other place)	(Name of mpany	10-3 1996 Wes	cation — c	ster. PA		
	4 Donation 6 Other (Specify) R.A. Ferris & Company 1996 West Chester, PA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE PA 22. NAME AND ADDRESS OF FACILITY Hicks Home for Funerals, P.A.									
	Donue S.	Hicks	0	103 V	. Stockto	on St., Elk	ton,	MD 21921-5521		
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final									
	due to (or as a consequence be):									
×	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):									
Ĕ	cause. Enter UNDERLYING CAUSE (Disease or Injury c. He partitis C									
CERTIFICATION	thet initiated events resulting in death) LAST d.									
	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS									
EDICAL	Retroviral Syr	nd roms	2			PERFO	AVAILABLE PRIOR TO COMPLETION DF CAUSE			
	7						i (gritto	OF DEATH?		
Σ.	DID TOBACCO USE CONTRIBUTE	TO CAUSE O	F DEATH Y	ES NO	UNCERTA	N 🗆				
IA	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA	TN (Check only o	ne)					
SIC		PITAL: lettlent 2 - ER/Outp	atlent 3 🗆 DOA	4 Nursing I	lome 5 🗆 Residence	6 Other (Specify)				
PHYSICIAN:		e. DATE OF INJURY (Month, Day, Year)	28b, TIR	ME OF 28c.	INJURY AT WORK?	28d. DEŞCRIBE NOW	NJURY OCC	URED		
ВУ	1 Netural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO					
		PLACE OF INJURY building, etc. (Special)		street, factory, o	ffice	281. LOCATION (Street City or Town, Stelle	OCATION (Street and Number or Rural Route Number, Zity or Town, Stete)			
COMPLET	29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To (Check only one) 2 MEDICAL EXAMINER: On the							A contract to the second secon		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NI			SIGNED (Month, Day, Year)		
BE	B Kulmatul MP				0-065		DATE	10/2/9/		
2	30, NAME AND ADDRESS OF PERSON WHO COMPL	ETEO CAUSE OF DE	ATH (ITEM 27) (1/p)	e, Print)				1770		
	BKIRKPATRICK 5200 EX	KITERN AVE	BHUT	INURC	MD 212	24				
	31. DATE FILED (Month, Day, Year) 0CT 0 4 1996	REGISTRAR'S SIGN	widson-Add	ndelle						
		0			*			DNMN-16 Rev 1/89		

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland 7 Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death Month **Physician** RANCES /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, giva street end number) 4c. County of Death **Examiner** Bel Air Nursing and Rehabilitation Center Bel Air Harford 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Year If Undar 24 Hrs. 6. Sex Birthplace (Stete or Foreign Country) 8. Deta of Birth (Month, Day, Year) **Funeral** 1**⊋**M 2□F Days Yrs. Director 280-01-6085 82 Ohio May 27, 1914 Usuel Rasidance of Decedent with the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1X Yas 2 □ No Director Maryland Harford Bel Air 10a. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 950-A Redfield Court 21014 USA death 12. Wes Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2♥ No Was Decedent of Hispanic Origin? (Specify Yaa or No If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, Whita, atc. pemit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or item any Injury or other traumatic event, the Medical Examines one. 1 ☐ Nevar Married 2 ☑ Merried altimore, Maryland 21215-0020 if Yas, Giva Yaar or Datas: 1 ☐ Yas 2 ☑ No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Buainess/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 12 Homemaker Home 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Neme (First, Middla, Maldan Surname) Be Joseph Herbert Smith Kate (nmn) Jones 19e. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Charles Wellington, grandson 2412 Laurel Bush Road, Abingdon, Maryland 20b. Place of Disposition (Name of cematary, crematory or other plece) 20c. Location - City or Town, State 20e. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Bel Air Memorial Gardens 10/1/96 Bel Air, Maryland 22. Neme and Addrass of Facility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Maryland 21009 s, or complications thet caused tha death. Do not enter tha moda of dying, such as cardiec or raspiratory arrest, List only one causa on eech lina. Approximata Intarval Batween Onset and Deeth **Physician** Immediete Causa (Final diseese or condition rasulting in daath) /Medical Examiner Due to (or as a consequence of): Examiner physician and s the burial-transit certificate be executed Sequentially list conditions, if eny, laading to immadiata cause. Entar Underlying Causa (Disaase or injury that initiated evants resulting in death) Last Dua to (or as e consequence of): Box 68760, Physician/Medical Dua to (or as a consequence of) use as attending P.O. ate has been signed by the a page 2 should be deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 2 Unknown Division of Vital Records, à Completed 24b. Wara autopsy findings evailable prior to 24a. Wes an autopsy performed? completion of causa of death? 1 Yas 2 No 1 ☐ Yaa 2 ☐ No 25. Was casa refarred to medice! axaminer? Be 28. Place of Deeth (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No 2 this 27. Manner of Death 28c. injury at Work? 28e. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: After or Attending 5 Pending invastigetion 1 Natural death. 1 ☐ Yas 2 ☐ No To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A 2 Accident 6 Could not be 3 ☐ Sulcide Piaca of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) filled in by 4 Homicida 29a. Cartifian Certifying Physician: To tha best of my knowledga, daath occurred et tha tima, date end piece, and dua to the cause(s) and manner as stated. Medical Examiner: On tha basis of axamination and/or investigation, in my opinion, daath occurred at the time, deta and place, and due to the cause(s) and manner stated. Medical (Check only 29b. Signature and titla of certifier 29d. Data signed (Month, Day, Year) 29c. Licensa number September 30, 159(

DHMH 16 Rev 6/95

State Registrar

Avid

31. Data filed (Month, Day, Year)

5

. 1)

OCT 01 1996

30. Neine and address of person who completed causa ot daath (Itam 23a) (Type, Print)

615 W. MAC Phai

Taba Shudson Rarball

32 Registrar's Signatura

The state of the s And the second s

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Margaret ANNA September 29, 1996
4b. City, Town, or Location of Daath
4c. County of Daath /Medical 4a. Facility Nama of not institution, giva street and number, Examiner Harford Memorial Hospital Havre de Grace Harford 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Dey, 7. Age (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** (Month, Dey, Yaar)
January 8, Days 1 □ M 2 1 F 218-32-7140 Yrs 1908 Pennsylvania Director 88 Usual Rasidanca of Decadant with the Maryland 10a Stata 10b. County 10c. City, Town or Location al', or items 23a or 28a-f show Examiner must be notified at 10d. Insida City Limits 1 Yas 2000 Director Maryland Harford Whitehall 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2936 Bradenbaugh Road 21161 U.S.A Funeral death 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mentel Hygiene. 1 Nevar Married 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 21215-0020 þ 1 ☐ Yas 2 No Specify: 3 Widowad 4 □ Divorced White natural', Completed the Medical 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Hygiene. Elamantary/Sacondary (0-12) Collega (1-4or 5+) Homemaker In home traumatic event. Baltimore, Maryland 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Fred Cooper Martha A. Guyton 19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) . nt of Health a if item 27 is or other train Mr. Paul V. Warner 2936 Bradenbaugh Road, Whitehall, Maryland 21161 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata Data 1 ☐ Buriai 2 ☐ Crametion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Spacify) Depertment of important: If any injury or once. FAirplains Cemetery 10/96 Sparta, Michigan 21. Signatura of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Tarring_Cargo Funeral Home 3399A. 23a. Part. Enter the disaasa, or complicatione that ceused the death. Do not enter tha mode of dying, such as cardiac or raspiratory arrest, shock, or haart feilura. List only one cause on each line. nglesbe Approximata Intarval Batwas Onset and Dee **Physician** /Medical tmmediate Ceusa (Final disaasa or condition rasulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, leeding to immediata ceusa. Entar Undarlying Cause (Disaasa or Injury that initieled evants rasulting in daath) Last and tovascular dozease P.O. Box 68760. physiclan use es the Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be detech 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Wera eutopsy findings available prior to completion of cause of death? 24a. Wes an autopsy performed? After this certificate has 1 ☐ Yas 2 ☐ No or Attending Physician: Be 25. Was cese rafarred to medical 28. Placa of Daath (Check only ona) ို 1 Yas 200 1 patient Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) 2 ER/Outpatient 3 DOA nours after death.

neral Director: After this y filled in by the funeral di 27. Manner of Death 1 Natural 28a. Deta of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28d. Dascribe how injury occurred 28b. Tima of 5 Panding invastigation 1 Yas 2 No 2 Accident 3 Sulcida 6 Could not be 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital o within 24 hours aff To the Funeral Di completely filled in Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. Medical 29e, Certifian 29b. Signatura and titla of certifiar 29c. Licansa numbe 30. Name and address di person who completed causa of death

ali Studen Reveall

DHMH 16 Rev 6/95

State

Registrar

0	10	0	1	0	-	-
J	6	3	1	U	1	1

Physician
/Medica
Examine

3. Time of Death Year 10:45 pm

10d. Inside City Limits

BLACK

Approximate Interval Between Onset end Deeth

1 Yes 2K No

5. Social Security Number

Funeral Director

death with the Manyland

r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at filed within 72 hours after Hygiene. than

21215-0020

Baitimore, Maryland

Box 68760.

P.O.

Division of Vitai Records,

marked other

Pages 1 and 2 should be fill ment of Health end Mentel Hy ant II frem 27 is marked oth lary or other traumatic even Department of Department of Important: If any Injury or pance.

Physician /Medical Examiner

The law requires that the death certificate be executed physician s the burial signed t hes certificate or Attending Physician: this Certification: Affer death. after death Director: 24 hours af Funeral Dietely filled in Medicai pletely within 2 To the

Director DC Funerai by Completed Be Examine Physician/Medicai by Completed Be ၉

1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Q** 25 96 Delont'e Emanuel Wright 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death PRINCE GEORGES 735 MENTOR AVENUE CAPT. HEIGHTS 8. Dete of Birth (Month, Dey 7. Age (In yrs. last birthday) If Under 1 Year | if Under 24 Hrs. Birthplace (State or Foreign Country)
 MD Deys 1⊠M 2□ F Months Hours Yrs. 10-23-77 579-83-2533 18 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location WASHINGTON 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1609 G. STREET SE 20003 USA Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 11. Maritai Status 12. Wes Decedent Ever in U.S. Armed Forces?

1 Yes 2 No
If Yes, Give
Year or Dates: 1₺ Never Merried 2 Married 1 Yes 2 No Specify: Specify: 3 Widowed 4 Divorced 15. Decedent's Education 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) STUDENT 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) SANDERS WRIGHT CYNTHIA COTTON WRIGHT 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) SANDERS WRIGHT/FATHER 1609 G ST. SE, WASH. DC 20003 20a. Method of Disposition 20b. Piaca of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Buriai 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 5 Other (Specify) GLENWOOD 10/5/96 WASHINGTON, DC uneral Service Licens 22. Name and Address of Fecility
ROBERT G. MASON FUNERAL HOME, INC. 1661 GOODHOPE RD, WASH. DC 20020 not enter the mode of dying, such as cardiac or raspiratory arrest, used the death. immediate Cause (Final CONTACT GUNSHOT WOUND OF CHEST Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

1 ☐ Yes 2 ☐ No

25. Was case referred to medical exeminer? 1 Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28a. Dete of Injury (Month, Dey Year) 5 Pending investigation FOUND 9/25/96 6 Could not be determined

28b. Time of 28c. Injury at Work? FOUND 1 Yes 2 No 10:37 P

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end mannar as stated.

O.C.M.E.

28d. Describe how injury occurred SUBJECT SHOT SELF'

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

RESIDENCE

28f. Location (Street and Number or Rural Route Number, City or Town, State) 725 MENTOR AVE. CAPITOL HEIGHTS, MD. 20743

10-1-96

2 No

(Check only one) 29b. Signature and title of certifie

27. Menner of Death

1 Naturai

2 Accident

4 Homicide

XX Suicide

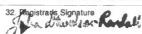
29e. Certifler

25 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. 29c. License number 29d. Dete signed (Month, Day, Year)

sonle 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MARGARITA KORELL M.D. 111 PENN STREET, BALTIMORE, MARYLAND 21201

State Registrar 31. Date filed (Month, Day, Year) OCT 04 1996



ex 5. .cm

0	6	()	1	0	00-9	6
4	23	4	1	1.1	- /	- 2
4	V	3	1	U	- /	Ą

2	0/12			Certificate of Death	Reg. No.	31078
	Physic /Medi Exami	cal	1. Decedent's Neme (First, Middle, Last) A. Facility Name (If not institution, give street and number)	WAIKING 4b. City, Town, or Le	SEPT. 23. 199	3. Time of Death Year 4-10 Am
	Funeral Director		5. Social Security Number 6. Sex 235–38–7848 1 M 249 F 74 Usuel Residence of Decedent	of birthday) Under 1 Year If Under 24 Hrs. Hours Min.	(Month, Day, Year)	9. Birthplace (State or Foreign Country) Vest Virginia
	death with the Maryland ms 23a or 28a-f show must be notified at			Town or Location		10d. inside City Limits
	the Mar 28a-f st	ecto		n HI11		1 ☐ Yes 2 ☐ No
	with the	Dir	10e. Street end Number 5819 Ottawa Street	10f. Zlp Code 20745	10g. Citizen of Wh	
020	or he	by Funeral Directo	11. Maritel Stetus 1 Never Merried 2 Married 3 🖫 Widowed 4 Divorced 1. Wes Decedent Ever in U,S. Armed Forces? 1. Yes 2 🖫 No If Yee, Give Yeer or Detes:	13. Wes Decedent of Hispanic Origin? (Sp If Yes, specify Cuben, Mexican, Puerto 1 ☐ Yes 2 ☒ No Specify:	Spacific	- American Indian, White, etc. Black
21215-0020	within ane.	Completed	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)	16a. Decedent's Usuel Occupation (Give kind of work done during most of work life. DO NOT use retired) NURSING ASSISTANT	16h Kind of Bust	Ineas/Induatry
	be filed tal Hygid d other	BeC	17. Fether's Neme (First, Middle, Last)		ne (First, Middle, Maiden Sumame)	
ylaı	should by and Menta	To	WILL LEE	WOODY		
Maryland	2 8 8			19b. Melling Address (Street and Number or Run		
Baltimore,	ages 1 an ant of Heal at: If Item 2 y or other		20a. Method of Disposition 20b. Plec	505 MILL WHEEL ST., CAP ce of Disposition (Name of netery, cremetory or other place) MONY MEMORIAL PARK 9		ity or Town, State
	pemit. Par Departmen Important: any Injury once.		21. Signature of Funeral Service Lifernsee	22. Neme end Address of Facility ALEXANDER S. POPE 5538 Marlboro PIk	E FUNERAL HOMES	
	Physician /Medical Examiner		23a. Pert1. Enter the diseese, or complications thet caused the deeth. shock, or heart feilure. List only one cause on each line. immediate Cause (Finei diseese or condition resulting in deeth)	Do not enter the mode of dying, such as cardiec of the control of	or respiretory errest,	Approximate interval Between Onset and Deeth
₹ 68760,	death certificata be executed a attending physician and of for use as the burial-transit	Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated eventa resulting in deeth) Lest b. Sep 5 5 Due to (or expected to the conditions) Due to (or as	idel-	years Junh	
P.O. Box	the ache	Physician/M	Pert II. Other significant conditions contributing to death but not resulting to death but not resulti		23b. Did tobacco use contr	ribute to the cause of death?
Records,	requires been sign should be	Completed by	occavifus green.		24e. Wes en eutopay performed?	24b. Were eutopsy findings evallable prior to completion of cause of deeth?
= R	The late he page	Com			1 🗆 Yes 2 🗓 🕽 🕽 No	1 Yea 2 No
Vital	Physician: this certific ral director,	Be	25. Was case referred to medical examiner?		th (Check only one)	
of	D 0	ation: To	1 Dunpatient 2 EF	4U Nursing Ho	c. Injury et Work? 28d. Describe how injury occurred	
Division	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: Atter	Certification:	3 ☐ Sulcide 4 ☐ Homlcide 3 ☐ Could not be determined 4 ☐ Homlcide 4 ☐ Could not be determined 28e. Pleca of injury - At hom building, etc. (Specify)		28f. Location (Street and Number City or Town, State)	
	Hosp 24 ho Fune ataly f	edicai	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowle conditions on the basis of examination and menner steled.	rdge, deeth occurred at the time, dete end plece, n end/or investigation, in my opinion, deeth occurr	end due to the cause(s) end menr red et the time, dete end placa, an	ner es stated. id due to the ceuse(s)
	To the within	Me	29b. Signetury and fille of certifler	29c. License number D19609	29d. Dete signed (- 4
	(12)		30. Name and address of person who completed cause of death (item 2: Dr. Roman Tuli, MD 7600 Carroll 31. Dete filed (Month, Day, Year) 31 Pegistrer's Signetur	Avenue, Takoma Park,	Maryland 20912	
	Sta	ite	SEP 2 0 1000	10 3 40		

,

Certificate of Death

State of Maryland / Department of Health and Mental Hygiene

0	10	0	-	Drug.
u	(m)	31		11
1	U	U		1

Physician	
/Medical	
English to	

CMK

Examiner

Funerai Director

the Maryland 28a-f show ò items 23a filed within 72 hours after "natural", or nd Mental Hygiene. marked other than traumatic event,

Pages 1 and 2 should be f nent of Health and Mental I nt: If item 27 is marked or permit. Pages 1 and Depertment of Health Important: If Item 27 any injury or other troons. **Physician**

Baltimore, Maryland 21215-0020

/Medical **Examiner**

the burial-transit 88 s certificate has been signed by the a director, page 2 should be detached f certificate hes

The law requires that the death certificate be executed

P.O. Box 68760.

Records,

of Vital or Attending Physician: this filled in by the funeral After Division s after death Hospital 24 hours within 2 To the State Registrar

1. Decedent's Name (First Middle Last) 2. Date of Deeth 3. Time of Death Month Year CHARLES SEPT. WALKER 26, 1944PM 1996 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) 11 M 2□ F 69 Yrs 579-28-2376 July 29, 1927 Washington, D.C. Usual Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d, inside City Limits 1X Yes 2 No Director District of Columbia Washington 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 4401 Quarles Street, N. E. #13 20019 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. X Yes 2 No 3-1-43 to 1 ☐ Never Married 2 ☐ Married If Yes, Give Year or Dates: 1-26-45 1 ☐ Yes 2€ No Specify: by 3℃Widowed 4 □ Divorced Black Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 Laborer Private 17, Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Charles E. Walker Virginia Banks 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) # 1 3 Lucille Hawkins - Sister 4401 Quarles Street, N.E., Washington, D.C. 20019 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State Date 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removei from State 4 ☐ Donation 5 ☐ Other (Specify) Quantico National Cemetery 10/4/96 Triangle, VA 21. Signature of Funeral Service Licansee 22. Name end Address of Facility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, D.C. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cerdiec or respiratory arrest, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Deeth immediate Cause (Finet disease or condition resulting in death) Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of) Due to (or es e consequence of): Pert it. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably Unknown à 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? INSPECTION
1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medical 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 2 1⊠ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Death 28a. Date of tnjury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Accident 5 Pending Investigation 1 Yes 2 No 3 Suicide 6 Could not be determined 28e. Ptace of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 T Homicide 29a. Certifier Medicai 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the ceuse(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner stated. Signatu e and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. SEPTEMBER 27, 1996 and address of person who completed cause of death (ttem 23e) (Type, Print) Laron Locke M.D. 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dey, Yeer) 32 Registrar's Signature

OCT 02 1996

.... 13. 13.

Level from the second s

State of Maryland / Department of Health and Mental Hygiene 95

						Cei	rtificate c	of Deat	h	Re	g. No.		0.000
			1. Decedent's Nama (First, Middla, L	ast)	· · · · · · · · · · · · · · · · · · ·					2. Data of Death	1	Vo	3. Time of Death
	Physici /Medi		Elmira M. W	ENDLAND						Septemb	er 27,	1996	3:09AM
	Examir		4a. Facility Nama (If not institution, gr	va street and nur	n <i>ber</i>)			4b. City,	Town, or Lo	cation of Death	4c. County	of Death	
			Doctors Com	munitu H	ospital				Lanha	m	Princ	0 G00	Track
	Funeral		Social Security Number 6.	Sex	7. Aga (In yrs. la	st birthday)	If Undar 1 Ya Montha Da		ar 24 Hrs.	8. Data of Birth (Month, Day,	Vaari		placa (State or Foreign
	Director		215 38 3742	1□ M 2CXF	86	Yrs.	Montha Da	lys Hours	Min.	June 29,			DASIN
Т	p .		Usual Rasidance of Dacedant										
	anylar show	1											Od. Insida City Limits
	e Me	cto	Maryland Prince	George's	Box	wie							1√√Yas 2□No
	in the	Director	10e. Street and Number				10f. Zip Cod	la		10	g. Citizan of V	What Coun	ntry?
	23a	<u>e</u>	12319 Stonehaven	Lane			207	15			Unite	d Sta	ates
	ems erm	Funeral	11. Marital Status	12. Was Dace Armed Fo	dant Evar in U,S	. 13.	Was Decedant	of Hispanic Cuban, Maxic	Origin? (Spa	acity Yas or No- Rican, atc.)		ce - Amaric	
20	or h		1 ☐ Nevar Married 2 ☐ Married	rar Married 2 Married 1 Yas XXNo							410.		
21215-0020	n 72 hours after death with the Maryland "natural", or items 23s or 28e-f show solical Examiner must be notified at	d by	3 ¼ Widowed 4 □ Divorced				30.					Whi	
5	72	Completed	15. Decedent's E (Specify only highast gi			16e. Deced (Giva	dant's Usual Oc kind of work do DO NOT usa re	cupation na during m	ost of worki	ng 1	6b. Kind of Bublis	hinass/Ind	dustry & Educatio
12	within iene. then	du	Elamentary/Secondary (0-12)	Coilega (1	-4or 5+)	life. i					Science		
	Hygie ther t		17 Fether's Name (First Middle Lee	1			Secre		4 - 4- M				
and	S la b S	Be	17. Fathar's Name (First, Middla, Las	*						(First, Middla, M		18)	
Ž	should b nd Mente marked umetic e	10	Ferdinand Kebbek				- 101 101			Hessler			
Maryland	2 2 2 2		19a. Informant's Name/Ralationship	(Type, Print)						il Route Number,			
	other tra		Joyce C. Roe	Daughte	r 20h Pla	11556	Souther Solution (Name of	east Fu	ller				on 97222
10	Peges nent of h int: if its iry or of		20a. Method of Disposition 1 □ Burial 2 by Cramation 3 [Removal from :	Stata	natary, crer	natory or othar	place)		1000	Oc. Location -	The same of	
tim	Baltimore, bemit. Peges 1 ar Department of Hea moortant: if item: iny injury or other bose.		4 □ Donation 5 □ Other (Special	ify)	Met	ropol:	itan Cr	emator	у 10	/1/96	Alexan	idria	Virginia
3al	Baitimo permit. Pege: Department of Important: If it any injury or once.		21. Signatura of Funaral Sarvice Lice	nsee			2. Nama and Ad		-	1 77			
	□□ = 0		holost C. C	- Clen-	1 Hles	1				neral Ho			
			23e. Pert1. Entar tha disaase, or cor shock, or haart failura. List only	npiications that co	used the death.	Do not ant	ar tha moda of	dying, such a	as cardiac o	or raspiratory arra	st,	1713	Approximata Interval Between
Ŧ	Physician								. ,			1	Onset and Death
d	/Medical		Immedieta Causa (Final disaasa or condition	l	entra	ular	- Fil	mlla	ation	1			1 hm
п	Examiner		rasulting in daath)	Θ.	Dua to (or		····						1 hr
	D =	ne			thero	scle	10515	5					10 years
	acute and trans	Examiner	Sequentially list conditions, if any, leading to immediata	D	Dua to (or a	as a consec	uanca of):					F	
50,	se ax cian puriel		causa. Entar Undarlying Causa (Disaase or injury		Tryper	tens	104					ŧ	
68760,	icate be axecuted physician and s the buriel-transit	edicai	that initiated avents resulting in death) Last Substitute Substitu										
9 ×	Jeath certificate be axecut e attending physician and d for use as the buriel-trar	Me	de ventucular tachy cardia'										
Bo		lan	a.										
o.	thet the death ed by the atter detached for	Physician	Part II. Other eignificant conditions	contributing to da	ath but not rasuit	ing in tha u	ndarlying causa	given in Par	1 f.	23b. Did tol	bacco uee co	ntribute to	the cause of death?
Ω,	d by detac	Ph								1 □ Ye	2 DONO	3 Prot	bably 4 Unknown
S,	50 60	by											
orc	v require been si shouid I	ted								24a. Was an perform	autopsy ed?	ava	ara autopsy findings ailable prior to
ec	as b	ple		-			_						mpletion of cause daath?
<u> </u>	The lew ate has t page 2 s	Completed								1 □ Ya	s 20840	1 🗆	Yas 25 No
Vital Record	ysician: The lew s certificate has b director, page 2 s	Be (25. Was case rafarrad to medical axaminar?					28. Pia	ca of Death	(Check only one	a)		
>	> 0	ဂ္	1 □ Yas 2 No	Hospital:	npatiant 250E	R/Outpatien	nt 3□ DOA	Other: 4 🗆 I	Nursing Ho	ma 5 Rasidar	nce 6 □Oth	ar (Specify	y)
Division of	tending Pheath.		27. Mennar of Death 1 Mentural 5 ☐ Pending	28a. Data o	of Injury 2 h, Day Year) 2	8b. Tima of Injury	28c. li	njury at Work?		28d. Dascribe ho	w injury occur	red	
000	or Attending after death. Director: After i in by the fune	Certification:	2 Accidant invastigation			,,		∏Yas 2[□No				
ž	200>	Ě	3 ☐ Suicida 6 ☐ Could not le datarmined	28a. Place	of Injury - At homing, etc. (Specify)	e, farm, str	eat, factory, offi	Ce	:	28f. Location (Str. City or Town,	aat and Numb Stata)	er or Rura	Il Routa Number,
	rs aft	Ce			, , , , , , , , , , , , , , , , , , , ,								
	To the Hospital or I	edicai	29a. Cartifiar 1 Certifying Pl	hysician: To tha	best of my knowl	adga, death	occurred at the	a tima, data a	and place, a	and dua to tha ca	usa(s) and ma	annar as st	lated.
	the Final Pole Final P		Orie)	and mann	ar staţad.	_				ou at tria tima, ua	te and place,	and dua to	tila cause(s)
	0 M 000	Σ	29b. Signatura and titla of certifiar	Hend	and block	15/014	29c. Llo	ensa numba	7	29	d. Data signe	d (Month, I	Day, Year)
	to		Khurd a.	Brito	tin ,	m.D.	. 6	160	63		Sept	, 2.7	1, 1996
	(9)		David A. B. David A. B.	complated cause	a of daath (Itam 2	(Type,	Print)	_		/ - /	ND	207	15-
								Gal	lant	For	lui, 1	1118	5, Bowie
	Sta		31. Date filed (Month, Dey, Yeer)	32. Re	egistrar's Signatu								
	Registr	ar	OCT 02 199	b sach	AND THE PROPERTY OF	nadall							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Deeth **Physician** WASHINGTON MABEL 1.45 PM 1991 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CEMER 113 ERT BOLTMORECH M EDIC BL none 7. Age (In yrs. last birthdey) If Under 1 Yeer Months Deys If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Day, Year) 5. Social Security Number 8. Sex Birthplace (State or Foreign Country) **Funeral** Deys 228-42-0924 1□ M 2 F Yrs Director June 17, 1931 Virginia Usual Residence of Decedent 10a. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits r than "natural", or items 23e or 28e-f show the Medical Examiner must be notified at Maryland none Baltimore 1 No 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2904 Hilldale Avenue 21215 II.S.A. Funeral permit. Pages 1 and 2 should be filed within 72 hours after dea Department of Health and Mental Hygiena. Important: if them 27 is marked other teams any Injury or other trauments. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Meritel Stetus 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Never Married 2 Merried 1 ☐ Yes 2 ☑ No Specify: Specify. Black à 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) licensed practical nurse private 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Harold Christian unknown 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Darlene Sewell/Caretaker 2904 Hilldale Avenue-Baltimore, Maryland 21215 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 Nouriel 2 Cremetion 3 Removel from State HARMONY MEMORIAL PARK 4 ☐ Donetlon 5 ☐ Other (Specify) 10/2/96 LANDOVER, MARYLAND 21. Signeture of Fune of Service Lice 22. Name and Address of Facility
State Anatomy Board-655 W. Baltimore Street B VanSan Baltimore, Maryland 21201—
Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dyling, such as cardiac or respiratory arrest, shock, or heart tallure. List only one cause on each line. 21201-1559 Approximate Interval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical Sebsin Examiner Due to (or as a consequence of) Examiner that the deeth certificate be executed ettending physician and for use as the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Intera barala coapulata eminated Physician/Medical Due to (or es e consequence ot): deficiency Syndram the th Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yas 2 No 3 Probably 4 Unknown ģ ed binous 24b. Were autopsy tindings available prior to completion of cause of death? 24e. Wes en autopsy performed? Completed page 2 1 ☐ Yes 2 No Yes 25 No 25. Was case reterred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitel: 1 Impatient 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 ☐ ER/Outpetient 3 ☐ DOA

After this certificate hes Attending death.

Division of Vital Records, P.O. Box 68760, director, unerai after death filled in by Hospital 24 hours a 24 hours

To the To the F State

Certification:

Medical

31. Date filed (Month, Dey, Year) OCT 02 1996 Registrar

29b. Signeture and title of certifie

27. Menner of Death

1 Netural 2 Accident

3 ☐ Suicide

29e. Certifier

4 Homicide

(Check only one)

5 Pending Investigation

6 Could not be

ua

K. NOUR M.D

29c. License number

1 Yes 2 No

28c. Injury et Work?

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end mannar as stated.
2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and piece, and due to the cause(s) end manner stated. 29d. Dete signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) NAR MID

600 4 liests 32. Registrar's Signeture

28b. Time of

Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

beign are. RATTIMORE, MD 2128

28d. Describe how injury occurred

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth **Physiclan** T. Wright Dorsev October 1, 1996 /Medical 11:30AM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 10505 Cedarville Rd. Lot 52 Brandywine Pr If Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Dey, Year) Prince George's

9. Birthplece (Stete or Foreign
Tr. Country), If Under 1 Yeer 7. Age (In yrs. last birthdey) 5. Sociel Security Number **Funeral** 100 M 2□F 86 Months Deys 578-10-7003 Yrs. Virginia Director 3/18/10 Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show 10d. Inside City Limits Maryland Prince George's Director Brandywine 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 10505 Cedarville Rd. Lot 52 20613 deeth Funeral USA 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Reca - American Indien. Bleck, White, etc. filed within 72 hours after 1 Never Merried 2 Merried 1 ☐ Yes 2 📉 No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 ☑ No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced Pages 1 and 2 should be filed within 72 honent of Health and Mantal Hygiene.
Int: If Item 27 Is marked other than "natur 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Landscaping Self-employed 6th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Dorsey Lee Wright Gertrude Bailey 19a. fnforment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Oleta D. Wright same as item 10 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) permit. Page Department of Important: If any injury or Resurrection Cemetery 10/4/96 Clinton, Md. 21. Signature of Funerel Service Licensee George P. Kalas Funeral Home also 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 23. Party Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, on heart feiture. List only one ceus on each line. Approximate Interval Betw Onset end Deeth Physiclan Immediate Ceuse (Final disease or condition resulting in deeth) /Medicai 6 sun antes Examiner un Due to (or as a consequence of): Physician/Medical Examiner Attending Physicien: The law requires thet the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest pue the burial-tran Due to (or es e consequence of): P.O. Box 68760, Due to (or es e consequence of) USB 85 Pert If. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? yd bengis 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24a. Was en eutopsy performed? 24b. Were autopsy findings evallable prior to completion of cause of deeth? certificate hes 1 Yes 20 No 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medicel exeminer? 26. Place of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) ို 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 1 A Naturel 2 ☐ Accident 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of : After ! 5 Pending Investigation To the Hospital or Attendir within 24 hours after death. To the Funeral Director: Af completely filled in by the fu death. 1 Yes 2 No 8 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Freldon ma 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Crand Highway Wordows ND 20613 2068 32 Registrar's Signeture State Registrar

getton C o TT

4.41

137.5

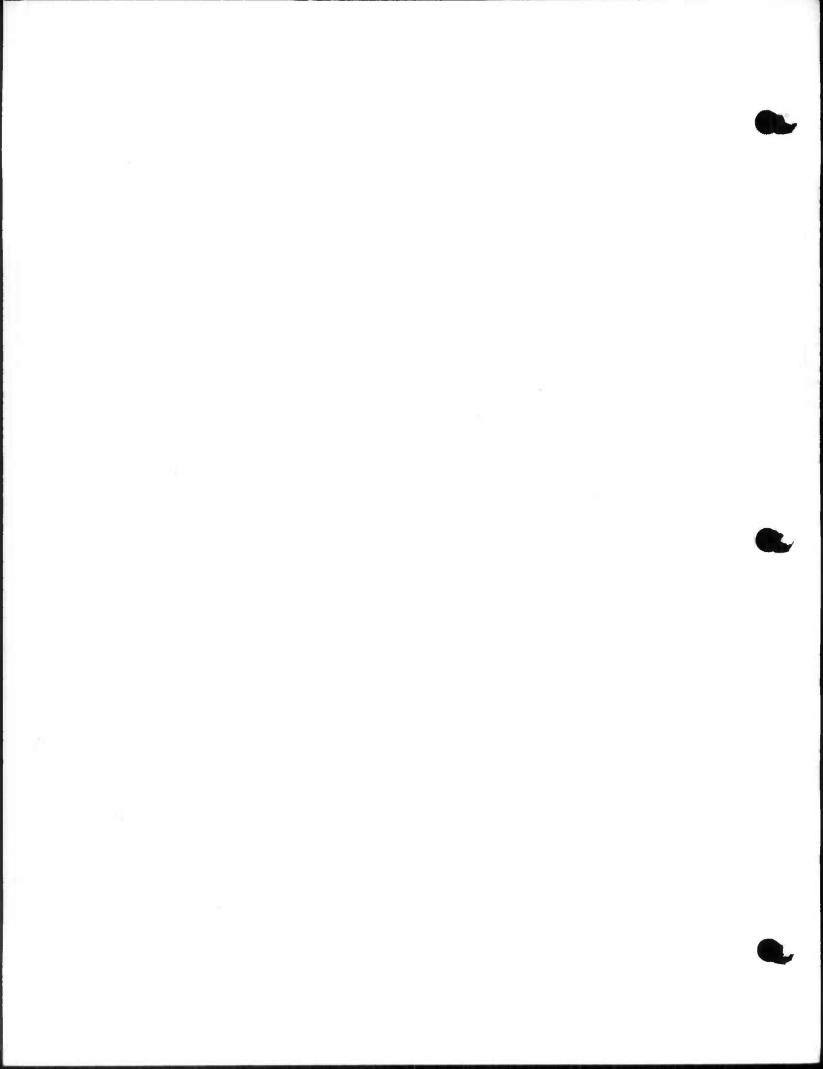
ay be retained by the hospital or attending physician. Pages 1, 2, 3 should page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.5 hours after death. Page 6 may be retained by the hosp

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI			MENTAL HYGIEN		01000					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH					
	THOMAS	F.	WEEDON			Sentember		AR .					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0, B	IRTHPLACE (State or Foreign					
	219-05-2934	1 X M 2 - F	93 YRS. MONT	HS DAYS	HOURS MIN.	Oct. 14,							
	9e. FACILITY NAME (If not institution, give street	et end number)		CITY, TOWN O	R LOCATION OF DE								
DIRECTOR	College View Nursi	ing Home		Frede	rick		Frederick						
H	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON			10d. INSIDE CITY					
	Maryland Fr	rederick	Ad	amstow	m			1 TYES 2 NO					
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
Ä	3202 C - Flinthil	ll Rd.			21710		Unite	d States					
Ş		12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DECI	NDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14. F	ACE — American Indian					
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, OIVE WAR OR D	ATES		2 NO Specifi	n, Puerto Rican, atc.)		S. BIRTHPLACE (State or Foreign Country) O. BIRTHPLACE (State or Foreign Country) Maryland COUNTY OF DEATH Frederick 10d. Inside City LIMITS? 1 VES 2 NO G. CITIZEN OF WHAT COUNTRY? United States 10d. Inside City LIMITS? 1 VES 2 NO G. CITIZEN OF WHAT COUNTRY? United States 10d. Inside City LIMITS? 1 VES 2 NO G. CITIZEN OF WHAT COUNTRY? United States 10d. Inside City LIMITS? 1 VES 2 NO 14. RACE - American Indian, Black SS/INDUSTRY DISC. Black SS/INDUSTRY ON ON - City or Town, State derick, Maryland Fuenral Home ederick, Md. 21710 ON - City or Town, State Interval Between Onset and Death SYEAR OPSY AMPRIABLE PRIOR TO CAUSE OF DEATH? 1 VES 2 NO ON OCCURED					
	^				/			AR A					
	15. DECEOENT'S EDUCA' (Specify only highest grade co	TION empleted)	16a. DECEDENT'S USUA (Give kind of work d	one durina mos	N t of working	16b. KIND OF BUS	SINESS/INDUSTR	Y					
Ä		College (1-4 or 5+)	life. Do NOT use retin	,	1-10-11								
COMPLETED	7th		Constru	ction		Hous							
	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Melden	Sumame)						
BE	Alfred S. Weedor	1				7 Lee							
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow							
	Gloria Gibson / da	aughter	3202-C	- Fli	nthill E	Rd./ Adamst	own, M	d. 21710					
	20e, METHOD OF DISPOSITION 1) Burlel 2 Cremetion 3 Remove	al from State 20b	. PLACE AND DATE OF DIS	POSITION (Nar	ne of	OATE 20c. LO	CATION — City o	r Town, State					
	4 Donation 6 Other (Specify)		petery, crematory or other pla pehill Cem	etery		10/2/96 F1	ederic.	k, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AN	AODRESS OF FA	Stauffer	Fuenr	al Home					
	20 mondo	Polenia											
	23. PART i. Enjer the diseases, or cor	mplications that caused	the death Do not as	iter tha mod	le of dying, suc	h se cardiec or respi	ratory arrest.						
	Mock, or heert fallura. Lis	at only one cause on a	ach line.					Interval Between					
- 1	disease or condition												
	resulting in death) s.		CONSEQUENCE OF:					- gears					
_	DOE TO NOT AS A CONSEQUENCE OF):												
임	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):										
RTIFICATION	cause. Enter UNDERLYING												
<u> </u>	that initiated events												
	resulting in death) LAST	resulting in death) LAST											
<u> </u>	PART if Other significent conditions	contribution to death b											
₹	PART II. Other significent conditions	contributing to death D	ut not reaulting in the	underlying	ceuse given in	Part I. 24s. WAS AN PERFOR		AVAILABLE PRIOR TO					
MEDIC						1 YES 2	XNO						
					/		``	1 - YES 2 - NO					
انج	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN												
	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
CIA	25. WAS CASE REFERRED TO MEDICAL												
YSICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1		OTI	JER:	5 - Residence	6 Other (Specify)							
È∣	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. NANNER OF DEATN	HOSPITAL:	OTI	Nursing Nome	RY AT	6 Other (Specify) 28d. DESCRIBE NOW II	JURY OCCURED						
Y PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	HOSPITAL: Inpetient 2 ER/Outp	atient 3 DOA 4 DOA 28b, TIME OF	Nursing Nome 26c. INJU WOF	RY AT		JURY OCCURED						
D BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. Netural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: Inpetient 2 ER/Outp 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Versing Nome 26c. INJU WOF 1	RY AT	28d. DESCRIBE NOW II							
TED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1. MANNER OF DEATN 1 Netural 5 Pending Investigation	HOSPITAL: Inpetient 2 ER/Outp 25a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY	28b. TIME OF INJURY	Versing Nome 26c. INJU WOF 1	RY AT	28d. DESCRIBE NOW I							
TED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: Inpetient 2 ER/Outp 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Speci	28b. TIME OF NJURY A	Nursing Nome 26c. INJU WOF 1 YI factory, office	RY AT IC? ES 2 NO	28d. DESCRIBE NOW II 28f. LOCATION (Street e City or Town, State)	nd Number or Ru						
TED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Specials)	28b. TIME OF INJURY A	Nursing Nome 26c. INJU WOF 1	RY AT IK? ES 2 NO	28d. DESCRIBE NOW II 28f. LOCATION (Street e City or Yourn, State)	nd Number or Ru	ral Route Number,					
COMPLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Specials)	28b. TIME OF INJURY A	Nursing Nome 26c. INJU WOF 1	RY AT IK? ES 2 NO and pleca, end due with occured at the	28d. DESCRIBE NOW II 28f. LOCATION (Street e City or Town, State) to the cause(e) and man time, data end placa, end	nd Number or Ru ner se stated. If due to the cour	ral Route Number,					
BE COMPLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpetient 2 = ER/Outp 25a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Special Properties) Ann: To the best of my knowledge of the best of axamination	28b. TIME OF INJURY A	Nursing Nome 26c. INJU WOF 1	RY AT K? ES 2 NO and place, and due with occured at the 29c. LICENSE NUM	28d. DESCRIBE NOW II 28f. LOCATION (Street e City or Town, State) to the cause(e) and man time, data end placa, end	nd Number or Ru ner as stated. I due to the cau	rel Route Number, se(e) and manner ee stated. HED (Month, Day, Year)					
TED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL: Inpetient 2 ER/Outp 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Special Special	At home, farm, street, stry)	Nursing Nome 26c. INJU WOF 1	RY AT IK? ES 2 NO and pleca, end due with occured at the	28d. DESCRIBE NOW II 28f. LOCATION (Street e City or Town, State) to the cause(e) and man time, data end placa, end	nd Number or Ru ner as stated. I due to the cau	ral Route Number,					
BE COMPLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 NANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	HOSPITAL: Inpetient 2 = ER/Outp 26a. DATE OF INJURY (Month, Dey, Year) 26a. PLACE OF INJURY building, etc. (Special Place of Ingetien (Special Place) Place of Ingetien (Month) Place of Ing	attent 3 DOA 4 2 28b. TIME OF INJURY A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ER: Nursing Nome 26c. INJU WOF 1	RY AT K? ES 2 NO and pleca, end due with occured at the 29c. LICENSE NUM D 26516	28d. DESCRIBE NOW B 28f. LOCATION (Street e City or Yourn, State) to the cause(e) and man tilme, data end placa, end BER	nd Number or Ru ner se stated. d due to the cau 29d. DATE SIGE	rel Route Number, se(e) and manner ee stated. HED (Month, Day, Year)					
BE COMPLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpetient 2 ER/Outp 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Special Special	aney Ave.	ER: Nursing Nome 26c. INJU WOF 1	RY AT K? ES 2 NO and pleca, end due with occured at the 29c. LICENSE NUM D 26516	28d. DESCRIBE NOW B 28f. LOCATION (Street e City or Yourn, State) to the cause(e) and man tilme, data end placa, end BER	nd Number or Ru ner as stated. I due to the cau	rel Route Number, se(e) and manner ee stated. HED (Month, Day, Year)					
BE COMPLETED BY PHY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Inpetient 2 ER/Outp 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Special Special	28b. TIME OF INJURY At home, farm, street, ledge, death occurred at the nend/or investigation, in a ATN (ITEM 27) (Type, Print) ATN QUE AVE.	ER: Nursing Nome 26c. INJU WOF 1	RY AT K? ES 2 NO and pleca, end due with occured at the 29c. LICENSE NUM D 26516	28d. DESCRIBE NOW B 28f. LOCATION (Street e City or Yourn, State) to the cause(e) and man tilme, data end placa, end BER	nd Number or Ru ner se stated. d due to the cau 29d. DATE SIGE	rel Route Number, se(e) and manner ee stated. HED (Month, Day, Year)					





B.K.S ITEMS: 23 PART 1, 27, 28a-f, PER ME'D FILM G-741 11/22/96 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

0	100	17	1	0	0	
49	D	3			K	١
-	0		-	0	V	

Physician
/Medical
Examiner

the Meryland

with

filed within 72 hours efter deeth

than

other t

permit. Peges 1 and 2 should be file.
Department of Health and Mental Hy, important: If flem 27 is merked other any injury or other these

Physician /Medical

Examiner

physician

ettending for use as

signed by the e

been si

page 2 :

certificate

this funeral

After

after death Director: A d in by the f

within 24 ho To the Fune completely fi

filled

death.

ò

Hospital 24 hours the

Physician/Medical

by

Completed

Be

P

Certification:

edical

The law requires that the deeth certificate be executed

Box 68760.

P.O.

Records,

Division of Vital Attending Physician:

Saltimore, Maryland 21215-0020

28a-f show

Directo

by

Completed

Be

2

rithan "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

1. Decedent's Name (First, Middla, Last) HAROLD EUGENE WHITAKER JR.

2. Date of Death Month

3. Time of Death 0855 AM

5. Social Security Number Funeral Director

6 Sex 7. Aga (In yrs. last birthday) 1 XM 2 □ F 22

JOPPATOWN If Under 24 Hrs. 8. Date of Birth Hours Min. 8. Date of Birth (Month, Dey, Year if Under 1 Yaar Days

4c. County of Death HARFORD

213-80-8195 Usual Residence of Decedent

10b. County

10c. City, Town or Location

Oct. 8, 1974

Birthplaca (Steta or Foreign Country)

10a. State

Maryland Harford

Joppa

Yes

1 ☐ Yas 2 X No

10e. Street and Number

4a. Facility Name (If not institution, giva street and number)

804 CHATFIELD DRIVE

21085

10f. Zip Code

10g. Citizan of What Country?

804 Chatfield Road 11. Marital Status

Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes ② ☐ No If Yes, Give Yaar or Datas:

 Was Dacedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 1 ☐ Yes 2 ☐XNo Specify:

Black, White, etc.

15. Decedent's Education (Spacify only highast grada completed) Elementary/Secondery (0-12)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired)

16b. Kind of Business/Industry

17. Father's Name (First, Middla, Last)

12

Harold Eugene Whitaker, Sr.

19e. Informant's Neme/Relationship (Type, Print)

19b. Malling Address (Streat and Number or Rural Route Number, City or Town, Steta, Zip Code) 804 Chatfield Rd., Joppa, Maryland 21085

Harold E. Whitaker, Sr./Father

20b. Place of Disposition (Nama of cematary, cremetory or other place)

Cook

20a, Method of Disposition 1 Burial 2 □ Cramation 3 □ Removal from State

Bel Air Memorial Grdns. 10/16/96 Bel Air, Maryland

4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Eunaral Service Licensee

22. Nama and Address of Facility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md.

23a. Part. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disaase or condition resulting in death)

HANGING

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

Due to (or as a consequence of): Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contributs to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Wera autopsy findings available prior to completion of cause of death?

LE Yas 2 \ No

26. Plece of Death (Check only ona)

25. Was cese rafarred to medicel examiner? X1X Yes 2 No

5 Pending

investigation

6 Could not be

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year)

28b. Time of FOUNDYAT FOUND ON 10/11/96 7:06 A

28c. Injury et Work? 1 TYes 2000 No

28d. Describe how Injury occurred SUBJECT HANGED SELF

28e. Plece of Injury - At home, farm, streat, fectory, office building, etc. (Spacify)

RESIDENCE

28f. Location (Street and Number or Rural Route Number, City or Town, State) 804 CHATFIELD DRIVE JOPPA, MARYLAND

(Check only one)

27. Manner of Death

1 Netural

2 Accident

3XXSuicide

4 ☐ Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and mannar stated.

29b. Signature and titla of certifier

29c. License number O.C.M.E

OCT. 12, 1996

30. Name and address of person who completed causa of death (Item 23e) (Type, Print)

MANCHONAN D. Wokel 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Yaer)

State Registrar 32. Registrar's Signature

OCT 11. 4b. City, Town, or Location of Death

1996

Von

Maryland

10d. Inside City Limits

USA

14. Race - Amarican Indian,

Specify: White

Restaurant

18. Mother's Name (First, Middla, Maldan Sumama)

Paula Lynn Scarborough

20c. Location - City or Town, State

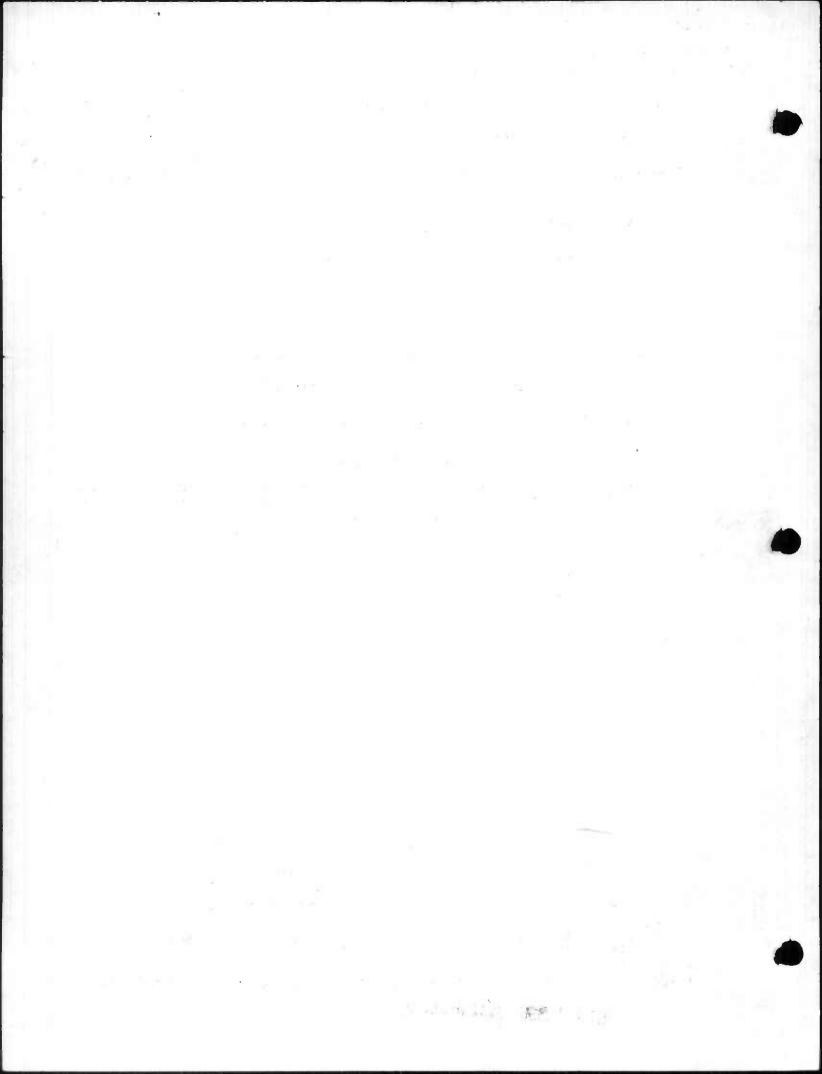
21009

Approximata Interval Between Onsat and Death

1 Yes 2 No

Other: 4 Nursing Homa 5 Nasidence 6 Other (Specify)

29d. Data signed (Month, Day, Year)



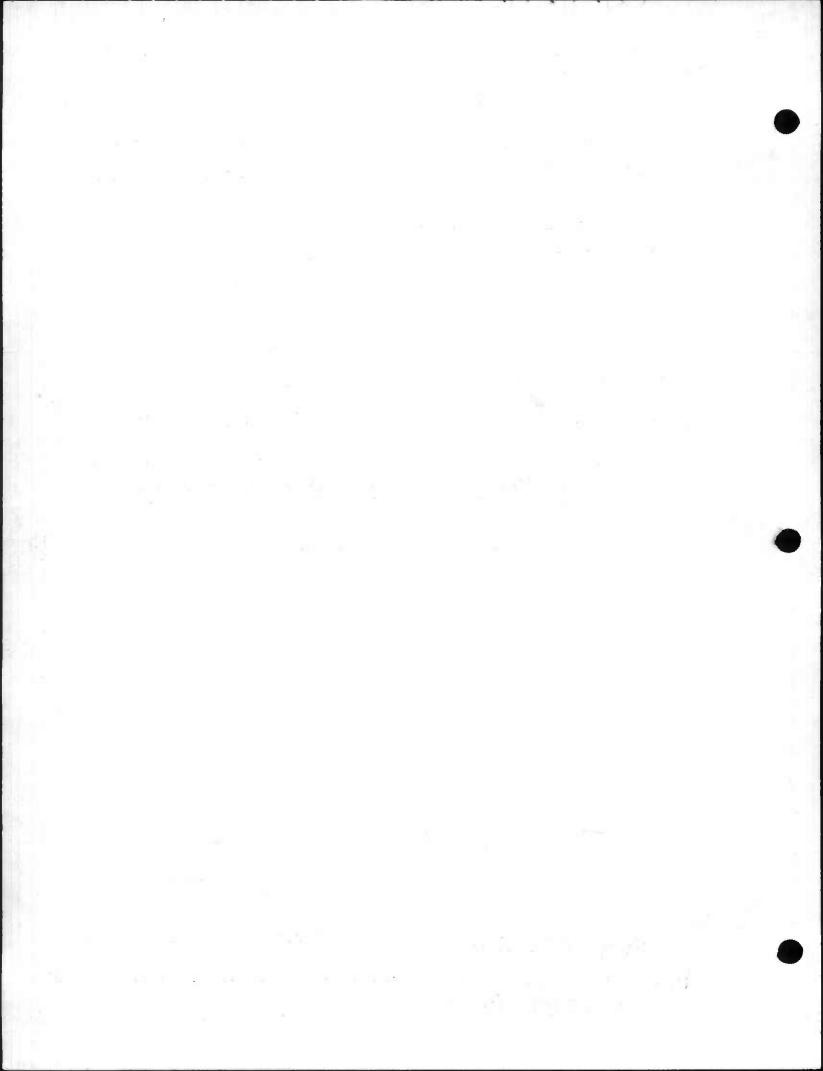
96-5811-025

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, 28a-f, State of Maryland / Department of Health and Mental Hygiene 96 31085

	PER ME	O F	ILM G-740 10/23/96 t.t			Certif	ficate of	Death		Re	eg. No.	0	31000		
	Dhysia	ion	1. Decedant's Nama (First, Middla, L.							2. Data of Deat	h	Voor	3. Tima of Death		
	Physic /Medi		WIDDIAN			WEBER				OCT. 0	09 ^{Day} 199 ^{6ar}		8:56 PM		
	Exami	ner	4a. Facility Nama (If not institution, gi	va street and number)						cation of Death	4c. County	of Death			
_			1909 ANGLES				Ulader 4 Manua	and the second second second	LLST			FORD			
	Funeral Director				(In yrs. last		Under 1 Year lonths Days			8. Data of Birth (Month, Day, July 4,			placa (Stata or Foreign http) Land		
	/land		10a. Stata 10b. County	T	10c. City, To	own or Locati	ion					1	0d. Insida City Limits		
	e Mar	ctor	Maryland Harfo	rd	Bel	Air							Yas 2 No		
	\$ 6 E	Director	10e. Street and Numbar				10f. Zip Coda			10	0g. Citizan of	What Coun	itry?		
	ath w	ral	721 Linwood Avenu				Bel.				USA				
	ltem Item	Funeral	11. Marital Status	12. Was Decedant E Armed Forcas?		13. Was	Decedant of las, specify Cub	Hispanic Ori ean, Maxicar	igin? (Spe n, Puarto l	cify Yas or No- Rican, atc.)		ck, Whita,			
020	should be filed within 72 hours after death with the Manyland und Mentel Hygiene. merked other than "natural", or items 23s or 28s-f show marke overt, the Mentel Examiner man be notified at	by F	1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 N If Yas, Giva Yaar or Datas:	0	1 ☐ Yas 2 No Specify.					Specify: White		ite		
21215-0020	72 ho	Completed	15. Decedant's E (Specify only highast gr	ducation	16	Ba. Decedant	t's Usual Occu	pation	d of working		16b. Kind of B				
7	ighin	npie	Elamantary/Secondary (0-12)	Collaga (1-4or 5-	+)		d of work dona NOT usa ratire								
7	iled w tygler ther th	S	17. Fathar's Name (First, Middla, Lasi		OW	ner/Op	erator					truct	ion		
Maryland	antel h	Be C	William Joseph						ers Nama	(First, Middla, M		na)			
2	SPEE	2	19a. Informant's Name/Ralationship		1:	9b. Mailing A	ddrass /Straa			l Routa Number,		Stata Zin	Code)		
	27 le		Loraine M. Weber							Air, Md			0000)		
ore,	other		20a. Mathod of Disposition		20b. Piaca	of Disposition					20c. Location	City or To	wn, Stata		
altimore,	permit. Peges Department of I Important: If its any injury or o		1 ABurial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Speci						10/1	2/96	Bel A	ir, Maryland			
gall	permit. Peg Department Important: I any injury o		21. Signature of Furtheral Service Log	rsee MAA			ama and Addre			TT D					
4	205 2 3		* Offiller I	111909	nal					II Fune Abingd					
			23a. Part1. Whiter the disease, or com shock, or heart failure. List only	plications thet caused to ona cause on aach line	tha death. D	o not antar th	ne moda of dyl	ng, such as	cardiac o	r raspiratory arra	ıst,		Approximata Intarval Batween		
	Physician /Medical		Immediate Cause /Final										Onset and Death		
	Examiner		Immediete Causa (Final disaasa or condition rasulting in daath)	a. NARCOTIC	AND NORT	RIPTYLI	(NEI INTO	CICATIO	N						
	1	ē			Dua to (or as	a consequan	nce of):								
	dansit	edical Examiner	Conventie the list sanditions	b. —	oua to (or as		200,000					i			
o o	certificate be associted adding physician and use as the buriel-transit	Exa	Sequantially list conditions, if any, leading to immediate cause. Entar Undertying Causa (Disease or Injury that Initiated avents rasulting in death) Last Due to (or as a consequence of):												
00/00	hysici he bu	lical													
Ď į	seeth certifice ettending pl d for use as t	Mec	L									1			
0	deetin ca le ettend le for us			6.											
5		Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								23b. Did tobacco use contribute to the cause of death?				
,	requires mat ma	by Ph								1 🗆 Ye	1 Yes 2 No 3 Probably 4 Unknown				
3	an sign									24a. Was an		24b. We	ere autopsy tindings		
	N D	Completed								perform	ned?	cor	allabla prior to mplation of cause death?		
5	certificate hes	шо								1 2 Ya	s 2 No		Yas 2 No		
	rtifica otor. p	Be C	25. Was case rafarred to medical					26. Placa	of Death	(Check only one			7,40 22110		
5	0 0	To	axaminar? 1 🛱 Yas 2 🗆 No	Hospital: 1 Inpatian	t 2□ ER/0	Outpatient 3	3 DOA Ott	201		na 5 □ Rasida	**	ar (Specify	SCENE		
= !	2 T T		27. Mannar of Death 1 □ Naturel 5 □ Pending	28a. Data of Injury (Month, Day	Year) 28b	. Tima of Injury	28c. Inju Wo	ry at rk?		8d. Dascribe ho	w injury occur	red			
DIVISION	ector: After by the fune	cati	2 Accident investigation 3 Suicida OLI Could not b	FUUMU: 107	9/96 7	:36 P	M 1 🗆	Yas XX		UNKNOWN					
	vibin 24 hours after death. To the Funeral Director: A completely filled in by the fu	Certification:	4 ☐ Homicida detarmined	28a. Placa of Injury - At homa, farm, streat, factory, office building, atc_(Specify)						8f. Location (Str. City or Town,	Stata)		l Routa Number,		
	ours ours filled		29e. Cartifier 1 ☐ Certifying Ph	ysician: To the best of				ma data an		909 ANGLE			and a		
2	Fun Fun letely	edical		niner: On the basis of e	xemination a	ind/or Invasti	gation, In my	plnion, daat	th occurre	d at tha tima, da	ita and placa,	end dua to	the cause(s)		
4	withir Comp	X	29b. Signatura and titla of certifiar	A			29c. Licans				d. Data signe				
			Maunte	Melhel	l		0.	C.M.	Ε.	0	CT. 1	0, 1	996		
,			30. Name and addrass of person who	completed causa of dea											
			HARYSONTO D.	CORELL MY				eet,	Balt	imore,	Mary	land	21201		
	Sta	222	31. Data filed (Month, Day, Year) OCT 1 2 1	196 Julia d	Signature	Rochall									
	Registr	al	OCITAI	000											

Registrar



State of Maryland / Department of Health and Mental Hygiene Q 6 2 1 0 8 6

						Cer	tificate o	f Death		Reg. No.	0	31000	
Physic /Medi			1. Decedent's Name (First, Middle, L				yot:	sukura	2. Date of De Month	Day Der Ol	Yeer 1996	3. Time of Death	
j	Examir Funerai	ner	4a. Fecility Name (If not institution, g SHADY GROVE A 5. Social Security Number 6.	DVENTIST		PITAL	If Under 1 Yes	4b. City, Town, or L ROCKVII or if Under 24 Hrs.	LE 8. Date of Bird	MONT	GOME		
	Director		371-38-3543 Usual Residence of Decedent	1⊠M 2□F	71	Yrs.	Months Day	s Hours Min.	Oct. 1	v. Year)	Japa	lece (State or Foreig try) N	
	Marylano f show	tor	10a. State 10b. County VA Arlingt	an.		Town or Loc	eation				1	0d. Inside City Limits	
	28a	Director	10e. Street end Number	JII	ALT.	ington	10f. Zip Code			10g. Citizen of	What Coun	try?	
	3a ou		3711 North Vern	on Street			22207			U.S.A.		.,	
2	within 72 hours after death with the Maryland jiene. Than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 ☐ Yes 2 ☒ If Yes, Give Year or Dates:				Hispanic Origin? (Siben, Mexican, Puerto o Specify:	pecify Yes or No Rican, etc.)	14. Rac Ble	ce - Americ ck, White,	etc.	
7	within see.	Completed	15. Decedent's E (Specify only highest g Elementary/Secondary (0-12)	ducetion and completed) College (1-4or 5+)		(Give life. D	ent's Usual Occ ind of work don O NOT use retii ulic En	e during most of work red)		16b. Kind of B		lustry .cal Surve	
	事長者	Bec	17. Father's Neme (First, Middle, Las	<u>_</u>			0110 201	18. Mother's Nam				car barve	
mar y rail o	0 - 0	To B	Nobuo Yotsukura					Fumiko	0ya				
	2 should end Men is marked aumatic		19a. Intorment's Name/Relationship	(Type, Print)		19b. Mailing	Address (Street	et and Number or Ru	ral Route Numbe	er, City or Town,	Stete, Zip	Code)	
5	Health Health tem 27		Hiroki Yotsukur 20a. Method of Disposition 1 Burial 2 M Cremation 3	Removel from State		nce of Dispos metery, crem	Ition (Neme of etory or other p	1	Date	20c. Location	City or To	wn, State	
			4 ☐ Donetion 5 ☐ Other (Spec 21. Signature of Funeral Solvice Lice		Met			matory 10,	/04/96	Alexan	dria,	Virginia	
	Departr Departr Imports any Inj		Francis Gasch's Sons Funeral Home, P.A.										
F	Physician		23a. Part Enter the disease or cor shock, or heart failure. East only	nplications that caused rone cause on each is	the death.	Do not ente	739 Bal r the mode of d	timore Ave ying, such as cardiac	enue, Hy or respiratory ar	attsvil rest,	le, M	D 20781 Approximate Interval Between Onset and Death	
1	/Medical Examiner	h-	immediete Cause (Final disease or condition resulting in death)	e bila		es a consequ	ence of):	ma		-		1 week	
	cata be axecuted physician and s the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying	U		es a consequ		carcinomo	- of hear	d and n	ech	10 month	
	D all	n/Medicai											
	d for	icia	Pert II. Other eignificant conditions	contribution to death by	it not recult	ing in the up	deduing cause o	ikan in Dart I	22h Did	3b. Did tobacco use contribute to the cause of death			
	requires thet the death cer sen signed by the attendin hould be detached for use	by Physician/	pneumothorax							1 Probably 4 Unkno			
	2 s E	Completed	aspiration							en autopsy med?	600	ore autopsy findings bileble prior to appletion of cause death?	
ı		Con	nentropema						101	res al No	1 🗆	Yes 2□ No	
	certificate rector, pag	Be	25. Was cese reterred to medicel examiner?		/			28. Plece of Deal	th (Check only o	ne)			
	this certific	2	1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatie		R/Outpatient	3LI DOA		ome 5 Resid)	
	eeth. or: After the funer	Certification:	27. Manner of Death 1 Natural 5 Pending 2 Accident investigation 3 Sulcide 6 Could not in	n (Month, De)	28e. Date of Injury (Month, Dey Year) 28b. Time of Injury M 28c. Injury at Work? 1 ☐ Yes 2 ☐ No				28d. Describe how injury occurred				
4	within 24 hours after death. To the Funeral Director: After completely filled in by the fune		4 Homicide determined	286. Piece of Inju						ocation (Street and Number or Rurel Route Number, ity or Town, Stete)			
	within 24 hours a To the Funeral E	edical	29a. Certifler (Check only one) 1 Certifying Place Certifying Place	nyaician: To the best of miner: On the basis of end menner sta	examination	edge, deeth on and/or inve	occurred at the estigation, in my	time, date and place, opinion, death occur	and due to the cred at the time,	cause(s) and ma dete end plece,	anner es st end due to	ated. the ceuse(s)	
	To to the most	Σ	29b. Signeture end title of certifier	a. S	3260	2 MC		13083		29d. Date signe			
(15)		30. Name and address of person who		_	3a) (Type, P	rint)	Le 300	Rochin	lle m	D 2	0850	

State

Registrar

OCT 04 1996

A STATE OF THE STA

and the second of the second o

State of Maryland / Department of Health and Mental Hygiene 96 31087

					(Certificate of	Death		А	leg. No.	U	01001		
	Dharaia		1. Decedant's Name (First, Middle, Last		2. Date of Death Month Day Sept 28		Vaar	3. Tima of Death						
J	Physic /Medi		Maude REBECCA	Yewel	.1					28 1996		11:15 PM		
ij	Exami		4a. Facility Name (If not institution, giva		4b. City, Town	n, or Loc	ation of Death	4c. County	of Death					
		-	The Pines				Eas			Та	lbot			
	Funeral Director		5. Social Security Number 6. Sa 212-05-7189 Usual Residence of Decedent	7. Aga 7. Aga 91	(In yrs. last birth	nday) If Undar 1 Yaa Months Days			8. Data of Birth (Month, Day JAN • 5 ,	1905	9. Birthp Cour MAR	placa (State or Foreign ntry) YLAND		
	Mand Mand		10a. State 10b. County		10c. City, Town	or Location					1	10d. Inside City Limits		
	r 28a-f show	ţ	MD TALBO	r	EAS	STON						1 X) Yes 2 □ No		
	h the	Director	10e. Street and Number			10f. Zip Code			1	10g. Citizen of What Country?				
	th with		201 FEDERAL ST	, APT. 2	27	2	1601			USA				
	fier death with t r items 23s or 3	Funeral	11. Marital Status	12. Was Decedant Ev Armed Forces?	er In U,S.	13. Was Decedent of If Yes, specify Cul	Hispanic Orlgin	n? (Spec	city Yas or No-			can Indian,		
21215-0020	0 0 5	by	1 Nevar Married 2 Married 1 Yes Gi 3 Vidowed 4 Divorced Year or D			1 ☐ Yes 2 【XNo				Specify: WHITE				
5-	"natural",	Completed		15. Decedent's Education (Specify only highest grade completed)			upation e during most o	of workin	g	16b. Kind of B	usinass/In	dustry		
121	d within giene. r then	I du	Elementary/Secondary (0-12) Coilege (1-4or 5+)			life. DO NOT use retir	ed)					100		
9	DOLL	ပိ	8 17. Father's Name (First, Middla, Last)		SI	SECRETARY 18. Mothar's Nam			(First Middle I			EARCH		
an	0 0 0 a	o Be	JOHN P. MI	T.T.ER						NORFOLK				
Maryland	s 1 and 2 should f Heelth and Men tam 27 is marke other traumatic	To	19e. Informant's Name/Raletionship (Ty		19b.	Mailing Address (Stree					State Zir	Code)		
	d d d d d d d d d d d d d d d d d d d								VE, ANNAPOLIS, I			MD 21401		
altimore,	permit. Pages 1 and: Department of Heelth Important: If item 27 i any injury or other tr. 9008.		20a. Method of Disposition			Disposition (Name of	ace)		Date	20c. Location	- City or To	own, State		
Ē	Pages nent of int: If its iry or o		1 ☐ Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)		CHESAI	EAKE CRE	MATIO	N 1	0-1	CHEST	ED I	MD		
alt	Departing Importa any Inju		21. Signature of Funeral Service License	99	CENTE	22. Nama and Addr	ess of Facility							
m	28 = 3		M 1/2 1/Rumi	am I C	FS.P.	PELLOWS,						NERAL HOM		
			23a. Part1. Enter the disease, or compleshock, or heart failure. List only or	cations that caused th	e death. Do no	ot enter the mode of dy	ing, such as ca	ardiac or	respiratory arr	est,	MID	Approximata interval Between		
	Physician											Onset and Death		
7	/Medical		Immediate Cause (Final disease or condition resulting in death) a. Nasuphwnself Cancinum A							1 nem				
	Examiner		resulting In death) Due to (or es a consequence of):											
	pa is	- Ine). ————							i			
	and and	Examiner	Sequentially list conditions, if any, leeding to immediate	Du	ue to (or as a co	nsequence of):								
9	be e sician burle													
x 68760,	that the death certificete be executed of by the ettending physician and detached for use as the burlei-transit	Medical												
Вох	eath c	Physician/												
P.O.	the d	hysi	Pert II. Other significant conditions con	4	not resulting In 1	the underlying cause g	iven In Part I.			M		o the cause of death?		
υ, σ	es that igned b	by P	Seizhre di.	Jorder					1 U Y	•• 3 No	3 Pro	bably 4 Unknown		
ords	The law requires that the death ate has been signed by the etter page 2 should be detached for t	ted b							24e. Was a perform		24b. W	ere autopsy findings valiable prior to		
900	has be	ble							, ,		co	ompletion of cause death?		
r	ysicien: The last certificate he director, page	Completed							1 D Y	es DENO	10	☐Yes 2☐No		
IIa	certificate rector, pag	Be (25. Was case referred to medical examinar?				26. Place o	f Death	(Check only on	18)				
7		2	1 □ Yes (2 ○ No	lospital: 1 🗆 Inpatient	2 ER/Outp	patient 3 DOA	thar: 4 Nurs	ing Hom	e 5 Rasida	ance 8 Oth	ar (Specif	y)		
lo	nding Path. r: After ti e funera	Certification:	27. Manner of Death 1 Natural 2 Accident S Pending Investigation	28a. Date of Injury (Month, Day Y	(ear) 28b. Tir	ury Wo	uryat ork?]Yes 2 ☐ No		28d. Describe how Injury occurred					
Division of Vital Records,	or Atte after de Directo I in by th	ertific	3 ☐ Sulcide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)						28f. Location (Street and Number or Rural Route Number, City or Town, State)					
	To the Hospital or Attanding Ph Within 24 hours after death. To the Furbroit Director: After th completely filled in by the funeral	edical C	29a. Certifier (Check only one) 2 Medical Examir	ner: On the basis of ex	cemination and/	death occurred at the to or investigation, in my	ime, dete end j opinion, death	place, ar	nd due to the co	ause(s) and meete and place,	anner as s	tated. the cause(s)		
	ithin of the complex	Me	29b. Signatura and titla of cartifiar	R.A. But		29c. Lican	sa number		2	9d. Data signe	d (Month.	Dav. Year)		
	F 3 F 8		RoRumans		77		2816			9/30/9		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			30. Name and address of person who co	moleted source of dead	th /itam 22-1 /T		-010			130-11				
			107 011	mpleted cause of deal	Enstun	ype, Print)	21407							
	Sta	te	31. Dete filed (Month, Day, Year)											
	Registr		SEP 3 0 19	196 Julia	Signature Davidson	- Randelle								

Physician

/Medicai

Examiner

10a State

Md.

Funeral

Director

rei', or items 23a or 28a-f show Examiner must be notified at

"naturel", or

th and Mentel Hygiene.

7 is marked other than treumatic event, the Me

Peges 1 end 2 should be fill ment of Heelth and Mentel Hant: If item 27 is marked oth lury or other treumstic even

permit. Pege Department of Important: If any injury or once.

the Medical

Director

þ

Completed

Be

ပ

Examiner

the Marylend

filed within 72 hours efter deeth with

Baltimore, Maryland 21215-0020

physician end the buriel-transit ettending ph signed by the e page 2 hes certificate sina

Division of Vital Records, P.O. Box 68760,

or Attending Physician:

Hospital

within 2 ş

Physician/Medical funeral director, Certification: To 24 hours after deeth. edicai

by

Be

Sequentially list conditiona, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was casa referred to medical axaminer? Hospital: 1 Linpatient 2 ☐ ER/Outpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes No 3□ DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 - Homicide 16 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier (Check only one) VPMA 29b. Signature and title of

29c. License number

FREDERICA MEM

VPBA

10587

17081

29d. Date signed (Month, Dey, Year)

FREDERICA

OR St

10. 2170

State Registrar

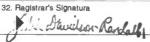
1-

(51 PRE

31. Data filed (Month, Day, Year)

30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print)

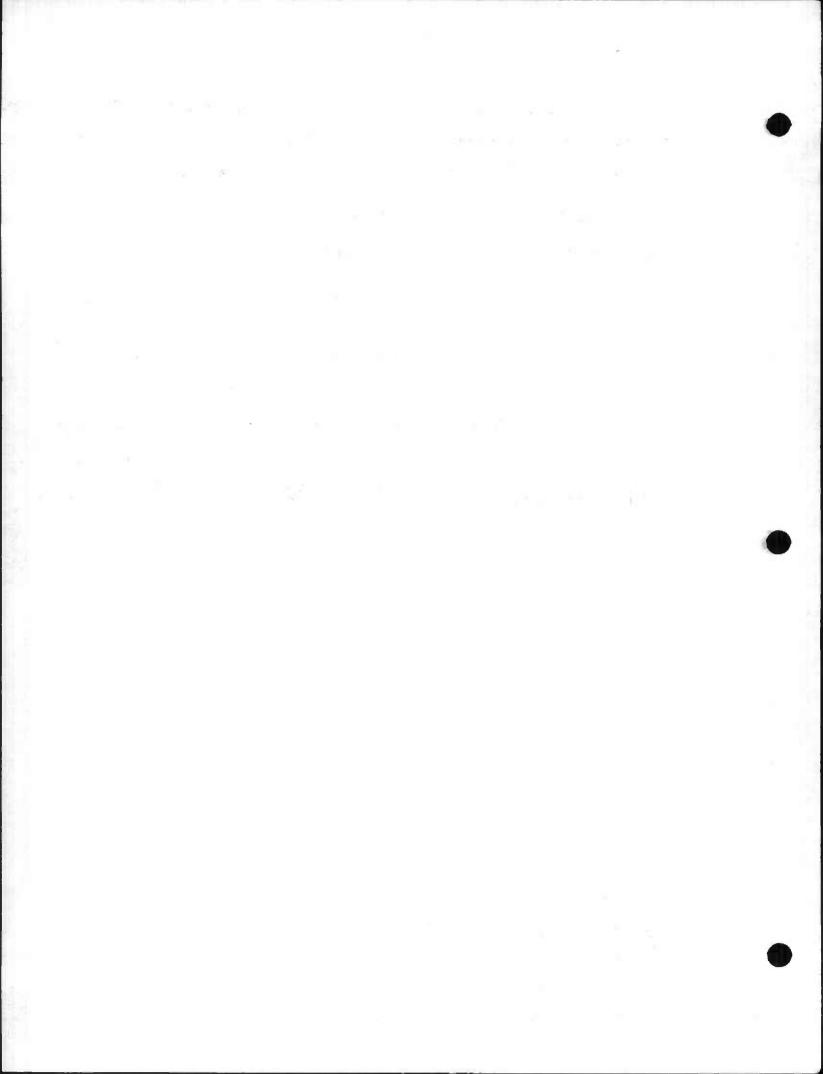
ShiTII



M.D-

FRED MAM

1tosp



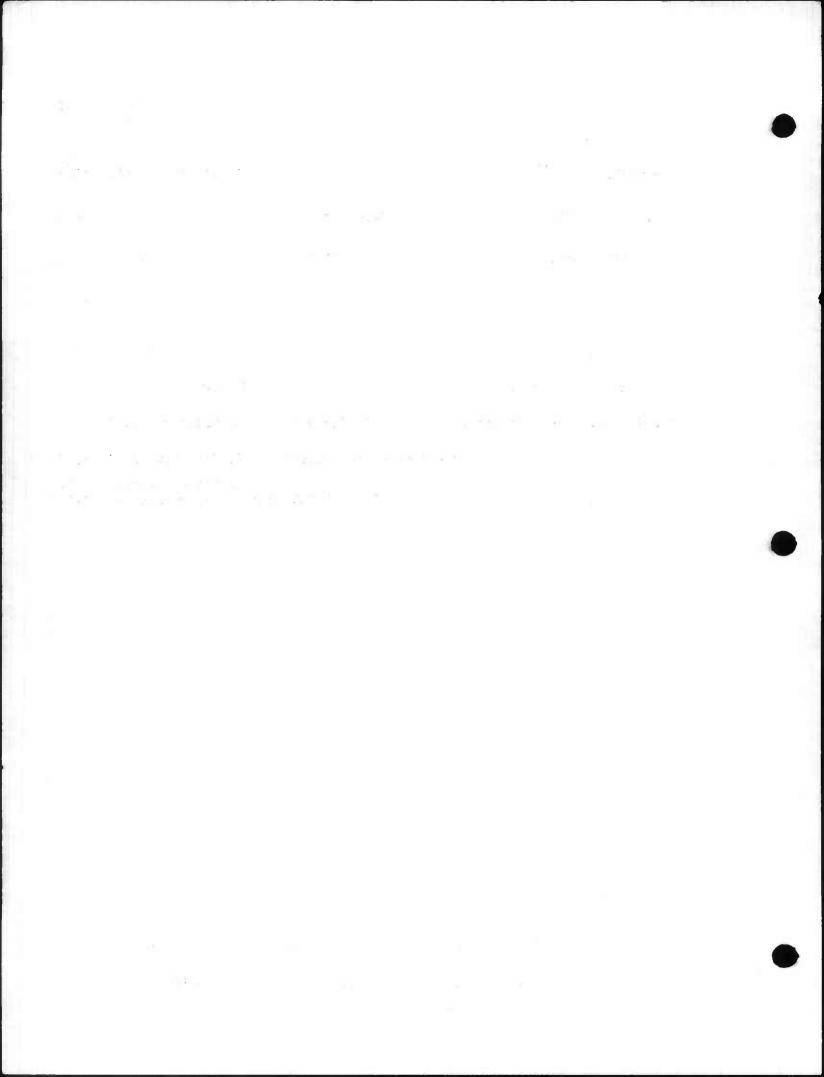
State of Maryland / Department of Health and Mental Hygiene

Neme (If not institution, general Number 2–5966 Jence of Decedant	give street end number) ND HOSPITAL			281		SEPTEN.	Day	Year	2 22		
HERN MARYLAN ecurity Number 6. 2–5966	ND HOSPITAL					12000		176 1	3.33.		
2-5966					4b. City, Town, or	Location ot Death					
2-5966		CENTE	R		CLINTON		PRINCE	GEORGI	E'S		
		e (In yrs. last		Under 1 Yeer lonths Deys	Hours Min.	8. Dete of Birt (Month, De MARCH	th ly, Year) 17, 1924	9. Birthplece Country) GEORG	(Stete or Foreig		
10b. County CHARLES	S	10c. City, To	own or Locati	ion					nside City Limit		
MARYLAND CHARLES WALDURF 10e. Street and Number 10f. Zip Code							10g. Citizen of Whet Co.				
SANDWICH CIF	RCLE			20601-	3252		U.S.A.				
Status rer Merried 2 💢 Merried dowed 4 🗆 Divorced	12. Wes Decedant Armed Forcas? 1 Yas 2 If Yes, Give Yaar or Dates	No	10	Decedant of I es, specify Cub Yes 2/1/No	Hispanic Origin? (S an, Maxican, Puert Specify:	pecify Yas or No o Rican, etc.)	14. Rece Bleck Specify:	- Amarican In k, White, etc.	dian,		
15. Decedent's (Specify only highest gary/Secondery (0-12)	Education grada completed) Coilege (1-4or 5	5+)	(Give kind	NOT use retire	during most of wor	16b. Kind of Business/Industry U. S. GOVERNMENT DEFENSE DEPARTMEN			NT		
Name (First, Middle, Las ES ROBERT ZI					2.0	ne (First, Middle, OSTEEN	Meiden Surname	е)			
ient's Neme/Reletionship E R. ZELL/SI	(Type, Print)				and Number or Ru	ıral Route Numbe					
d of Disposition riel 2 Cremetion 3 netion 5 Other (Spec	☐Removel trom Steta	ceme		on (Neme of ory or other ple		Date 0/5/1996	BRENTWOO MARYLAND	City or Town, S	Stete		
ARK G. BROH	Syptom	HOME, IN									
Enter the disaese, or co, or haert failure. List on Ceuse (Finel condition deeth)	e. ACUY		o not enter the	ne mode of dyi	ng, such as cardiad	or raspiratory a	rrest,	App	roximeta rval Between et and Death		
y list conditions, ing to immediate er Undarfying ease or Injury d events death) Last	b. ANTE	Due to (or es Due to (or es	a consequen	PTCC nce of):	CANDO	OUNSCI	22A 32i	- 7	EARS		
er algnificant conditions	contributing to death b	ut not resulting	in the under	riving cause of	ven in Pert I.	23b. Did tobacco use contribute to the cause of deat					
									4 □ Unkno		
			- op				an autopsy med?	available complet of death	utopsy tindings e prior to tion of cause 1?		
se rafarred to medical					26. Place of Dec	ath (Check only o	one)				
2 No	Hospital: 1 Inpatie		Outpatient :	3LI DUA		lome 5 Resid	dence 6 □Othe	r (Specify)			
27. Mennar of Death 1 Netural 5 Pending (Month, Dey Year) 2 Accident 5 Could not be determined 28e. Piaca of Injury - At home, term, street, fectory, offica								28d. Dascribe how injury occurred 28f. Location (Street and Number or Rural Route Number,			
micide determine	building, etc	c. (Specify)			me dete and siess	City or Tov	vn, State)				
	amtnar: On the basis of	examinetion	end/or invest	igetion, in my	ppinion, death occu	rred et the time,	dete and place, e	nd due to the	cause(s)		
		AIA		29c. Licens	sa number	15	29d. Data signed	(Month, Day,	Year) (996		
ure end titla of certifier	-	W			100	10					
	nly 2 Madicat Ex	nly 2 Madicat Examtnar: On the basis of and menner sta	nly 2 Madicat Examtner: On the basis of examinetion and menner stated.	and a Madicat Examinar: On the basis of examinetion end/or invest and menner stated.	nh/ 2 ■ Madicat Examtnar: On the basis of examinetion end/or investigetion, in my cand menner stated.	nh/ 2 ■ Madicat Examtnar: On the basis of examinetion end/or investigetion, in my opinion, death occurrence and menner stated.	and menner stated. 2 ■ Madicat Examtner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, and menner stated.	and manual states. On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, dete and place, e and menner stated.	2 Madicat Examinar: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the and menner stated.		

And the second of the second o

State of Maryland / Department of Health and Mental Hygiene Q 6 2 1 0 0 0

					Ce	rtificate of	f Death		Reg. No.	0	01030		
	Dharata	ł	1. Decedent's Name (First, Middle, La.	st)				2. Date of De Month		Vans	3. Time of Death		
	Physic /Medi		Honesto A. A	riona				OCHEL	Day	Year 176	7:15 pm		
	Exami		4a. Facility Name (If not Institution, give	street end number)			4b. City, Town, or	Location of Deet					
			Jina: Hospin	rd.			Baltin	rorc	Baltin	MORE	CITY		
	Funeral		5. Sociel Security Number 6. S		n yrs. last birthday)		or If Under 24 Hrs	s. 8. Date of Bi					
	Director		349-10-3059	XXM 2□ F 89	Yrs.	Months Dey	s Hours Min	Oct. 12	1906	Phili	plece (State or Foreign htty) ppines		
-	Q		Usual Residence of Decedent										
	anylar ahow		10a. State 10b. County	10	oc. City, Town or Lo					1	0d. Inside City Limits		
	W P	to	Md. City			Baltimo	re				1 No 2 No		
	with the Marylar a or 28a-f show	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of \	What Coun	ilry?		
	ath will	Je C	9308 Belle Ave.			2	1215		US	A			
		Funeral	11. Maritel Stetus	12. Was Decedent Eve Armed Forces?	r in U,S. 13.		Hispenic Origin? (Specify Yes or No		a - Americ			
0	ours efter decreations at a contraction of the cont	3	1 ☐ Never Married 2 ☐ Married	1X Yes 2 No		II Tes, specily Cu	Dan, Mexican, Pue	no mican, etc.)		ck, White,			
00	Surs	by	3 ☐ Widowed 4 € Divorced	If Yes, Give Year or Dates:		Tes 2 N	o Specify. Phi	lippine	Specify	: As	ian		
21215-0020	72 hours "natural",	Be Completed	15. Decedent's Ed (Specify only highest gre	ucation	16a. Dece	dent's Usual Occi	upation		16b. Kind of B	usiness/inc	dustry		
21	C 1 4	nple	Elementery/Secondary (0-12)	College (1-4or 5+)			e during most of wo	экну					
21	M C E	50	High School	-0-	M€	chanic			Auto	Serv	rice		
P	of Hy	3e	17. Father's Name (First, Middle, Last)				18. Mother's Na	ime (First, Middle	, Maiden Sumen	ne)			
/a	uld b Ments Aents rked	To	Unknown	Arjona				Unknown	1				
Maryland	2 should be f and Mental I is marked of		19a. Informani's Name/Relationship (7	ype, Print)	19b. Maili	ng Address (Stree	et and Number or R	lural Route Numb	er, City or Town,	Stere, Zip	Code)		
	alth a 27 is		Mrs. June M. Mead	e (Daughte:	r) 1195	Nicoder	mus Road	- New Wir	dsor, M	d. 21	776		
re,	t He Hoth		20a. Method of Disposition	:	20b. Place of Dispo			Dele	20c. Location -	-			
E	Pages nent of nt: If it iry or o		Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donellon 5 ☐ Other (Specify				Veterans	10/15/96	Owing	s Mil	ls. Md.		
Baltimore,		13	21. Signtfille of Funeral Service Licen		× 1								
B	Departing Imports any Injury Concession		11824 Reisterstown										
	_		James .	Le						, Md.			
J			23a. Part1. Enter the disease, or comp shock, or heart failure. List only	one cause on each line.	death. Do not en	er the mode of dy	ying, such as cardia	ic or respiratory a	rrest,	i	Approximate Interval Between		
- 7	Physician /Medical	\ 	Onsei and Death Immediate Cause (Final disease or condition resulting In death) a. Masow Gashoinkshinal Hzmmorhas C										
1	Examiner		disease or condition resulting in death)	a. Masonk	- Gasm	sinkshina	u Hzm	morny)	1			
		<u>.</u>		Due	to (or as a consec	quence of):				1			
	De tis	듣		6. Tubera	Cuallive	Adel	oma c	of Col	>2	i			
	and I-trar	Examiner	Sequentially list conditions,	Due	to (or as a consec	quence of):							
60,	cian buria	al E	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C									
68760,	The lew requires that the death certificate be executed at hes been signed by the attending physician and page 2 should be detached for use as the burial-transit	Medical	that initiated events resulting in death) Lest	Due	to (or as a consec	uenca of):							
× 6	Jing I		L	d									
Box	then then or us	an								1			
	es that the death ce igned by the attendi be detached for use	Physician/	Part II. Other significant conditions co	ntributing to death but no	ot resulting in the u	nderlying cause g	given in Part i.	23b. Dld	tobacco use co	ntribute to	the cause of death?		
P.0	d by d by letac		Diahetza m	ell. bas			10	1 Yea 2 No 3 Probably 4 Unkn					
Ś	es the	by	711-5-1-0	211100	-					-			
of Vital Records,	v require been si should	Completed	Polynerspara Respirato	hey				24a. Was	an autopsy ormed?	ava	ere autopsy findings allable prior to		
O O	hes by	ple							,	of o	mpletion of cause death?		
R	The laste he page	, o	Respirato	y Acide	2.7			10	Yes 2 No	10	Yes 20 No		
ita	definer: The certificate	Be (25. Was case referred to medical				28. Place of De	ath (Check only	one)				
£ >	5 00	To T	examiner? 1 Yes 2 No	Hospitel:	2 ER/Outpatier	I 3 DOA	ther: 4 Nursing I	Home 5 ☐ Resi	dence 8 □Oth	er (Specifi	v)		
	는 무료		27. Manner of Death	28a. Dete of Injury (Month, Day Ye	28b. Time o			T	how injury occur				
0	o furth	at lo	1 ☑ Natural 5 ☐ Pending 2 ☐ Accident investigation	(MOIIII, Day 18	ar) Injury		Yes 2 No						
Division	Attending Physician: or death. ector: After this certific by the funeral director,	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	288. Place of Injury -	At home, farm, str	eet, fectory, office	9	28f. Location (Street and Numb	er or Rure	I Route Number,		
Ö	din Dir	èrt	□ Homicide	building, etc. (S	ipecity)			City or To	wn, State)				
	aplta nour nera y fille		29a. Certifier 1 Certifying Phy	sician: To the best of m	y knowledge, death	occurred et the	time, date and place	a, and due to the	cause(s) and ma	anner as st	rated.		
	To the Mospital or Attending Physibin 24 hours after death. To the Funeral Director: After this gompietely filled in by the funeral	edical	(Check only 2 Medical Exam	iner: On the basis of exa and manner steted.	mination and/or in	vestigetion, In my	opinion, deeth occ	urred at the time,	date and plece,	and due to	the cause(s)		
	omp	M	29b. Signeture and title of certifier			29c. Licer	nse number		29d. Date signe	d (Month, i	Day, Year)		
	(-)		1 and Tum	Jupplelle 1	かり	A524	1033210	T9036	10/10	3/96	>		
	V	1	30. Name and address of person who c	ompleted cause of death	(Itam 22a) (Time	/							
2			5. na: Itaspi	D 4	(Item 238) (Type,	1-1/2000	Baltin	MCVZ	mp				
		•0	31. Date filed (Month, Day, Year)	32 Renistrare	Signature	1 14100	Jainr						
	Sta Registr	-	OCT 1 7 1000	32. Registrer's	200								
Dh	MH 16 Rev 6/9		0617 (1330	4	A Landon								
2011		-											



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth SSIE **Physician** OCTOBER /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Lorien Nursing Home Baltimore 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Country)
N. Carolina **Funeral** 1 M 2 XF Months Deys Hours 212-26-6082 Director 86 apr.3,1910 Usual Residence of Decedent with the Maryland 10a. State 10b. County Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Magical Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits N/A MD Baltimore Director 1 XYes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 21202 1009 Webb Court USA death 12. Was Decedant Evar in U,S. Armed Forces? 11 Marital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indien, Bleck, White, atc. hours after 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Navar Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: þ Specify: 3 Widowad 4 □ Divorced Black Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) and Mental Hygiene. Is marked other than Elementery/Secondery (0-12) College (1-4or 5+) 4th N/A N/A permit. Peges 1 and 2 should be file Depertment of Health and Mental Hy Important: If Item 27 is marked oths any Injury or other treumetic event 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Surneme) Be Harrison Solomon Melissa Carr 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mildred Harris 5451 Moore's Run Drive, Balto., MD 21206 20e. Method of Disposition 20b. Pieca of Disposition (Neme of cometery, cremetory or other plece) 20c. Location - City or Town, Stala Dela 1 ☐ Buriel 2 Cremetion 3 ☐ Ramovei from Stele Metro Crematory 10/15 Baltimore, Maryland 4 Donation 5 Othar (Specify) of Funeral Service Licen 122. Nama and Address of Fecility
1. EROY O. DYETT & SON FUNERAL HOME, 4600 LIBERTY HEIGHTS AVE., BALTO. 21207 Do not enter the mode of dying, such as cardiec or respiretory errest, **Physician** /Medical Immediete Ceuse (Finel MONTH diseese or condition rasulting in deeth) Examiner Examiner certificate be executed bunal-tran Sequentielly list conditions, if eny, leading to Immediata ceuse. Enter Undarfying Ceuse (Diseese or Injury that Initiated events resulting In death) Last Due to (or es e consequenca of) physician Physician/Medical tha Due to (or es a consequence of): use as for u Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. the 23b. Did tobacco use contribute to the cause of death? signed by 3 Probably 4 Unknown 1 | Yee 2 | NA6 py Be Completed 24b. Were autopsy findings aveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? peed page 2 2 1 No this certificate 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Plece of Death (Check only one) Other: A Wursing Home 5 Residence 8 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Director: After this in by the funeral 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) Medical Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Neturel

Box 68760, P.O. Records, Division of Vital al or Attending F s efter death.

To the Hospital o within 24 hours eff To the Funeral DI completely filled in

State Registrar

2 Accident 3 ☐ Sulcide

4 Homicide

29b. Signature and title of certifie

29e. Certifier

nd address of person who iRKi

6 Could not ba

28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

29c. Licanse number

2 No

1 Yes

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s)

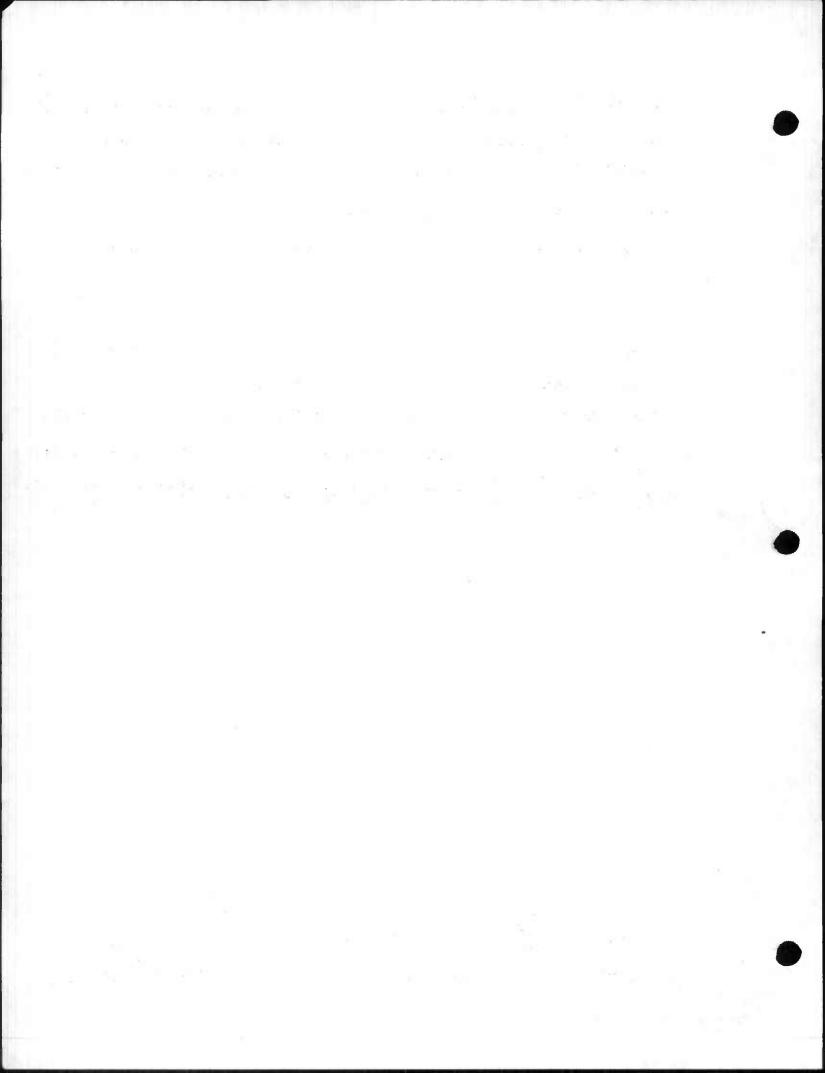
29d. Deta signed (Month, Dey, Yeer)

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

completed cause of deeth (Item 23a) (Type, Print) SMID.

BALTO, MD 7151 HOLABIRD AVE.

31. Dete filed (Month, Dey, Yaer) 32. Registrer's Signature Davison



1	-	FOR STATE REGISTRAR
		71201017111

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

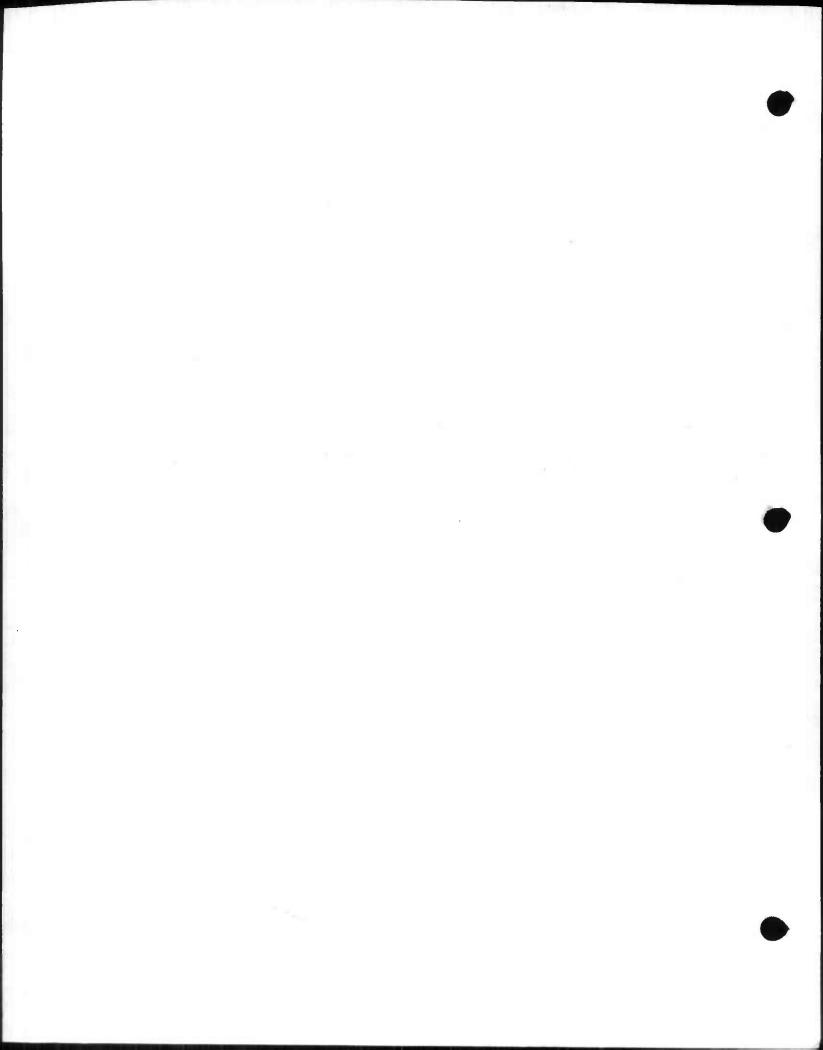
	REGISTRAR		CERTIF	ICALE	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Robert	В			-		per 1	5 190	YEAR 16	6:25 P M
	4. SOCIAL SECURITY NUMBER 219-52-6992	5. SEX 6. AGE	(In yrs. last birthday) 47 YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF	22, 1	949	Country)	yland
_	9a. FACILITY NAME (If not institution, give st				VN OR LOCATION OF				TY OF DEA	
DIRECTOR	Bayview Johns	Hopkins		Ва	ltimore				N/I	A
<u>입</u>	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	CATION	·			1	10d. INSIDE CITY
HG -	MD	N/A		Balt	imore					LIMITS?
FUNERAL	422 E. Biddle	Street			tor. ZIP CODE 2120)2		10g. CITIZ	US Z	AT COUNTRY?
2	1t. MARITAL STATUS t ★ Never Married 2 Married	t2. WAS DECEDENT EVER FORCES? 1 YES			DECENDENT OF HISP , specify Cuban, Maxi			or No-	14. RACE - Black,	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	10	YES 2 XNO Spe	offy:			Specify	Black
밀	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S (Give kind of v	work done durin	PATION g most of working	16b. F	IND OF BU	SINESS/INDL	JSTRY	
COMPLETED	Elementary/Secondary (0-12) 9th	College (1-4 or 5+)	Labo				Sani	tatio	n	14
8	17. FATHER'S NAME (First, Middle, Last)				ts. MOTHER'S	NAME (First, Mic	klle, Malden	Sumame)		
шl	Robert Bell				Mag	ggie T	ravi	S		
10 B	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Run					
	Maggie Bell				ddle Str		-			21202
	20a. METHOD OF DISPOSITION t X Burial 2 Cremation 3 Rem 4 Donation_5 Dother (Specify)	oval from State C6	ob. PLACEAND DATE (imetery, crematory or of OShell (ther place)		10/10		CATION - C		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		osnell (22. NAN	E AND ADDRESS OF	FACILITY				
	Leroy	O. Kly	II	46	ROY O. I OO LIBER	RTY HE	IGHT	'S AV	E.,	
	23. Part I ther the disease, or o	complications that canal List only one cause of	esch line.	not enter the	mode of dying, s	uch es cerdie	c or reep	iratory erre	pat,	Approximete interval Between
	IMMEDIATE CAUSE (Fins)	1 -	1							Onsst and Death
	resulting in desth)	·	A CONSEQUENCE OF							months
_		. Hen	estitis	6						years
0	Sequentially list conditions, if eny, leeding to immediate	DUE TO (OR WS	A CONSEQUENCE OF	F):						
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO COD AS	A CONSEQUENCE OF	D						
CERTIFICATION	that initiated events resulting in deeth) LAST	DOE TO (OR AS	A CONSEQUENCE OF	r).						
핑		0.								
NA	PART II. Other significent condition	is contributing to death	but not resulting	in the under	lying cause given	in Part I.	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Kenal ta Retroviral		~~~ <i>1</i>				YES 2	MO		OF DEATH?
Σ	DID TOBACCO USE CONTI			S D NO	UNCERTA	IN []				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	CIDOTE TO CACOSE O	26. PLACE OF DEAT				-			
SIC	t Tyes 2 No	HOSPITAL: 1 Inputient 2 ER/Ou	tpetlent 3 🗆 DOA	OTHER:	Home 5 Realdenc	e 6 🗆 Other	Specify)			
PHYSICIAN	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		IE OF 28	INJURY AT WORK?	28d. DE\$C	RIBE HOW I	NJURY OCC	URED	
ВУ	t Natural 5 Pending 2 Accident Investigation				YES 2 NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJUF building, atc. (Sp	RY — At home, farm, secify)	street, factory,	office		TON (Street Town, State)	and Number	or Rural Ro	oute Number,
P		ICIAN: To the best of my kno	wiedge, death occurr	ed at the time,	data and place, and d	lue to the caus	e(a) and ma	nner as state	ed.	11.0
Ş O	one) 2 MEDICAL EXAMINE	R: On the basis of examination	ion and/or investigation	on, in my opini	on, death occured at t	he time, data a	nd place, ar	nd due to the) cause(s)	and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	2 440			29c. LICENSE N	IUMBER		29d. DATE	. /	Month, Day, Year)
10	13 Kuhpath	3 M)			00-0	653		/	10/16	0/96
5	30. NAME AND ADDRESS OF PERSON WHE				ie Baz	Ilmor	CE	MD		
	31. DATE FILE OCT 1 7 1996	32 REGISTRAR'S SIG	MATURE MARCEL							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

		1 December News (Co.) Attack			Cei	rtificate	of l	Death		eg. No.			
Physi	cian	Decedent's Name (First, Middle	e, Last)						2. Date of Deet Month	h Day	Year	3. Time	of Death
/Med		CATHRYN			BEN	NEDICT			OCT	08	96	6:2	5 P.1
Exam	iner	4a. Facility Name (If not institution	n, give street and nu	m <i>ber)</i>			4	b. City, Town, or L	ocation of Death	4c. Count	y of Death		
		SAINT JOSEPH	MEDICAL	CENTER			T	OWSON, M	ID	BALT	MOR	E	
Funera		5. Social Security Number 220 - 24 - 7819	6. Sex 1 ☐ M 2 ☒ F	7. Age (In yrs. last	birthday) Yrs.	If Under 1 Y Months Do	ear ays	If Under 24 Hrs. Houra Min.	8. Date of Birth (Month, Dey,	Year)	9. Birth	place (State	e or Foreign
Directo		Usual Residence of Decedent		66	*****				Oct. 16	,1929	Mc	viyla	nd
and		10a. Stete 10b. County		10c. City, To	wn or Lo	cation					T	10d. Inside	Clty Limite
tar death with the Marylar flems 23a or 28a-f show	ğ	Md.	-		Balt	imore							es 2 No
the 188	5	10e. Street end Number		Ap		10f. Zip Co	de		11	0g. Citizen of	What Cou	ntn/2	
3a or	Funeral Director	116 West Univ	ersitu Pa			1011 111		1210		US		····y ·	
Jeath Tre 2	era	11. Marital Status	12 Was Dan	edent Ever in IIS		Was Decedent			ecify Yes or No-			can Indien,	
flar in the state of the state	Ē	1 Never Married 2 Marr	Armed Fo	orces?	1	f Yes, specify	Cuba	ispenic Origin? (Sp in, Mexican, Puerto	Rican, etc.)		ck, White,		
d within 72 hours af giena r than "natural", or	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes Gi	ve		1 □ Yes 2.X.)	No	Specify:		Specil	y: Wh	rite	
72 hours after death with the Maryland "natural", or items 23a or 28a-f show solical Examiner insist be portified at	Completed	15. Decedent	t's Education	16	a. Deced	dent's Usual O	ccupa	ation		16b. Kind of 8			
within 72 haliena.	pe	(Specify only highes Elementary/Secondary (0-12)	College (1-4or 5+)	life. L	on a or work de DO NOT use re	one d	ation duning most of work i)	ing			-	
	5	12	-0		S	ecreta	ry			Steel	Mor.		
be filed tal Hygid d other	Be	17. Father's Name (First, Middle, I	Last)					18. Mother's Name	e (First, Middle, N	Aaiden Sumar	ne)		
should be nd Mental marked o	70	Orville W. Be	nedict					Carmel	ite Full	um			
d 2 should be file th and Mental Hy 7 is marked other traumatic event		19e. Informant's Name/Relations	hlp (Type, Print)	15	9b. Mallin	g Address (St	reet a	and Number or Run	al Route Number,	City or Town	, State, Zip	Code)	
E = N F		Deborah B. Sh	epard - N	eice 5	07 W	oodbin	e A	Ave Ba	ltimore,	Md. 2	1204		
as 1 and of Haalt item 2		20e. Method of Disposition			of Dispo	sition (Name of	of	(a)	Date 2	20c. Location	- City or To	own, State	
permit. Pagas 1 a Department of Has Important: If Item any injury or othe		1 ☐ Burlel 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (Sc		State	-	rematio		10-19	-96	Hampst	oad	Md.	
mit.		21. Signature of Funeral Service I	Licensee			. Name end Ad			824 Reis	-			
de la se		P. C. Brian	Pour	ef	El	ine Fur	rer	ial Home	Reiste	rstown			36
		23a Part1. Enter the disease, or shock, or heart failure. List	complications that conly one cause on e	aused the death. Do ach line.	not ente	er the mode of	dylng	g, such as cardlac	or respiratory arre	est,		Approxim Interval B	etween
Physician Medical		Lance data Consess (Fig.)										Onset en	d Deeth
Examine		Immediete Cause (Final disease or condition resulting in death)	CHRC	NIC OBS	rruc	TIVE	LU	NG DISE	ASE			YEAR:	S
		resolding in deathy		Due to (or as	a conseq	uence of):							
ed sit	Ę		b. ———										
rificata be axecuted g physician and as the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events		Due to (or as	conseq	uence of):		-34					
ficata be ay physician is the buria	E E	cause. Enter Underlying Ceuse (Disease or Injury	c.										
ata ohysi tha t	i i	that initiated events resulting in deeth) Last		Due to (or as e	consequ	uence of):							
E 0 6	95		d										
at the death cer of by the attendin stached for use	ian		U .										
a da tha a	Physician/	Part II. Other significant condition	ns contributing to de	eath but not resulting	In the un	derlying cause	e give	en in Part f.	23b. Dfd tol	bacco use co	ntribute to	the cause	of death?
									¥ Ye	8 2□ No	3 Pro	bably 4[Unknow
w requires to been signed should be	ed by								24a. Was an		24b. W	era sutopsy ailable prio	y findings
S S S	plet								perform	1001	CO	mpletion of death?	cause
ysician: Tha li is cartificata ha director, page	Completed								1□Ye	s X No	10	Yes 2	No
hysician: The	Be	25. Was case referred to medical examiner?						26. Place of Deeth	(Check only one	9)			
hysic lis ca l dire	10	1 Yes 2 XNo	Hospital: 1 💢	npatient 2 ER/C	Outpatient	3□ DOA	Othe	er: 4 Nursing Ho	me 5 🗆 Resider	nce 6 Oth	er (Specif	y)	

Houpital or Attending Physic 24 hours after death. Funeral Director: After this ca alony filled in by the funeral dire Division of Certification: Medical

5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piace, and dua to the cause(s) and manner stated.

29b. Signature end title of certifier

27. Menner of Death 1 Matural

29c. License number

28c. fnjury et Work?

29d. Date signed (Month, Day, Year)

28d. Describe how injury occurred

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

7620 YORK ROAD, TOWSON, MARYLAND 21204 BEATRIZ P. DIZON, M.D.

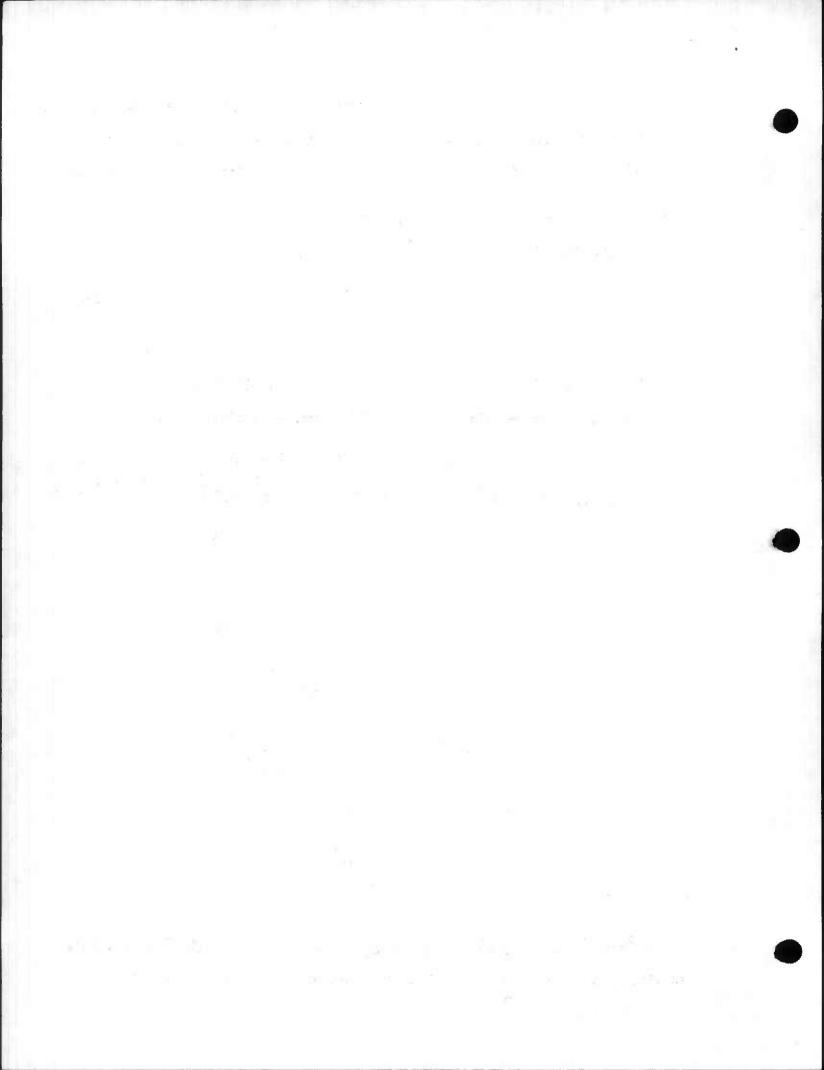
28b. Time of

State Registrar

31. Date filed (Month, Dey, Year)



28a. Date of fnjury (Month, Day Year)



State of Maryland / Department of Health and Mental Hygiene

31194 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Deta of Deeth 3. Time of Deeth **Physician** DOUG-LAS 3PM BOYCE October /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth BALTMORE 4c. County of Death **Examiner** BALTIMORE REHABILITATION EXTENDED CARE Hours Min. 8. Data of Birth (Month, Dey, Year) Sept. 1, 1931 If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. lest birthday) 9. Birthplace (State or Foreign Country)
N. Carolina **Funeral** Months 1X)M 2□ F 215-28-9343 Director Usuel Residence of Decedent death with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits ir than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Baltimore Reisterstown 1 Yas XNo Director Md. 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 21136 316 High Knob Lane USA 12. Wes Decedent Evar In U,S. Armed Forcas? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1951-71 11. Marital Status Wes Decedent of Hispenic Origin? (Specify Yas or No-It Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. Bleck, White, etc. 1 Nevar Married 2 Married o 1 ☐ Yes 2 ☑ No Specify: 2 Specify: 3 Widowed 4 Divorced White. 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) - 12 -Collega (1-4or 5+) Computer Programmer U.S. Govt. permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic avains 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Mack Shelton Bouce Madie Cullens 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Gillian D. Boyce / Wife 316 High Knob Lane - Reisterstown, Md. 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cramation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Carroll Cremation 10-14-96 Hampstead. Md. 21. Signeture ot Funeral Servica Licansee 22. Neme end Addrass of Facility 11824 Reisterstown Road Reisterstown, Md. 21136 Eline Funeral Home 23a. Pert1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart tellure. List only one cause on each line. Approximate Interval Between Onset and Death Physician Immediate Ceuse (Finel PARKINSON'S DISEASE 5 years diseese or condition resulting in deeth) Examiner Due to (or es e consequence ot): physician end the burial-trensit Sequentielly list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury that initieted events resulting in deeth) Last Due to (or es e consequence of): Box 68760. Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 DUnknown Foley catheter, Depression, Glioblastoma 24b. Were autopsy tindings aveilable prior to completion of cause of deeth? 24e. Wes en autopsy performed? multiforme, Non insulin Dependent Mellitus 1 ☐ Yes 2 ☐ No Diabetes Division of Vital or Attending Physician: after death. Director: After this certifica 25. Wes case reterred to medical examiner? Be 28. Plece of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 8 Othar (Specify) 28e. Dete of Injury (Month, Dey Year) 27. Menner of Death Certification: 28b. Time of 28d. Dascribe how injury occurred 28c. Injury et Work? 1 Neturel 5 Pending 1 ☐ Yas 2 ☐ No 2 Accident Investigation 3 ☐ Suicide 6 Could not ba 28t. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide Mospital of 24 hours a Funeral D 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the cause(s) end menner as stated. Medical 2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, date and place, and dua to the cause(s) and mennar stated. whin 2 29b. Signeture and title of cartifiar, 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause ot death (Item 23e) (Type, Print) BALTMORE VA MEDICAL CENTER L COLVIN 31. Dete tiled (Month, Dey, Year) 32. Registrer's Signeture Julia Midson Randelle

Registrar

0

de disc". Su sulfited allinococcidendels e se nations to a second second 200 and the second of the second of

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Month Beck 8:25 PM 1996 October 4e. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Baltimore Sinai Hospital of Baltimore N/A If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 8. Date of Birth (Month, Day, Year) 10-22-1916 Birthplaca (Stata or Foreign Country) 5. Social Security Number 7. Aga (In yrs. last birthdey) 1□M 2√F 79 Yrs 162-07-4890 Pennsylvania Usual Residence of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Maryland Baltimore Towson 10a, Street and Number 10f. Zip Coda 10g. Citizen of What Country? 327 Dixie Drive U.S.A. 21204 12. Wes Decedent Ever in U,S Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indien, Bieck, Whita, etc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Detas: 1 Yas 2 No Specify: White 3 □ Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker 8 Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Malden Surnama) W. Francis Craley Carrie Grimm 19a. Informant's Name/Ralationship (Type, Print) 19b. Maliing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) Donald D. Godfrey 397 Ironwood Court, Millersville, Maryland 21108 20b. Place of Disposition (Nama of commetary, cramatory or other place)

Shenberger's Chapel Cem. 10-17-96 Chanceford, Pennsylvan 20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Crametion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Nama end Address of Facility allace Ruck Towson Funeral Home, Inc. S. Brooke, 1050 York Road, Towson, Md. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batw Onset and Death Immediata Causa (Final disaasa or condition rasulting In daath) . Myocardial Infarction Dua to (or as a consequence of) Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that initiated events rasulting in death) Last Dua to (or as a consequanca of): Due to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Artery disease, Hypertension Severe Coronary 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yas 2) No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No 2 Accidant Invastigation 3 Suicida 6 Couid not ba 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide 15 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and piece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner stated. 29a. Certifier

29c. License number

AS 2402321 KC 9914

29d. Dete signed (Month, Day, Year)

October 12, 1996

physician and the burial-transit P.O. Box 68760, signed by t Records, certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, funeral

Physician

/Medical

Examiner

Directo

by

Completed

Funeral

Director

7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or theil any Injury or other traumatic event, the Medical Examinat

Physician /Medical

Examiner

Physician/Medical

þ

Completed

Certification:

edical

(Check only one)

29b. Signetura and titia of certifier

death with the Maryland

State Registrar

Sinai Hospital of Baltimore, Baltimore mary land Young Chung 31. Deta filed (Month, Day, Year) 22. Ragistrar's Signature het Mavidson-Andelle OCT 1 7 1996

30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print)

Chu

Mp

WITH THE THE THE STREET STREET STREET, AND THE STREET STREET

State of Maryland / Department of Health and Mental Hygiene 96 31096

						Ce	rtificate c	of Deati	h		Reg. No.		0,000
	Dharala		1. Decedent's Name (First, Middle	Last)						2. Data of De Month		Year	3. Time of Death
	Physic /Medi		HELENE F	rieda	BA	LL				OCTOBE	R 14, 1	996	13:10 PM
	Exami		4a. Facility Nama (If not Institution	giva street and no	umber)			4b. City, 7	Town, or L	ocation of Deat	h 4c. Count	y of Death	
			THE JOHNS HO	PKINS HO	SPITAL			BALT	IMOR	E CITY		N/Z	A
	Funeral		5. Social Security Number	6. Sex	7. Aga (In yrs.	last birthday)	If Under 1 Ya		ar 24 Hrs. Min.	8. Data of Bir (Month, Da	th V Year)		place (State or Foreign ntry)
	Director		215-14-4380	1□M 2□ X F	73	Yrs.	WICHEITS CA	75 110013	10,01.	Jan. 1	5,1923		imore, Md.
	9		Usuai Rasidanca of Dacedant 10a. Stata 10b. County		10c City	y. Town or Lo	ocetion					Т.	10d. Insida City Limits
	fary and and	5											1 SYas 2 □ No
	the h	ect	Maryland N 10e. Street and Number	/A		Balti	more Ci			1	10g. Citizen of	Mana Cour	
	with the Maryland a or 28a-f show 2 be notified at	Funeral Director		2									
	ns 23	era	10 Englewood Ro		cedent Ever in U.	S 13	Was Decedant	210	Origin? (Sp	ecify Ves or No	United	ce - Americ	
_	her o	F	1 Nevar Married 2 Marrie	Armed F	orces?		If Yes, specify C	uben, Mexic	an, Puerto	Rican, atc.)		ick, White,	
21215-0020	hours after death with the Maryia turef, or thems 23s or 28s-f show at Examiner must be notified at	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Yaar or I	2□No live Datas:W.W.]	гт	1□ Yas 21xt	No Specif	y:		Speci	y: W	hite
7	"natural", dical Exp		15. Decedant	s Education		16a. Dece	dant's Usuai Oc	cupation			16b. Kind of E	Jusiness/In	dustry
215	Mag 2	Completed	(Specify only highes Elemantary/Secondary (0-12)) (1-4or 5+)	(Give	kind of work do DO NOT usa re	na during mo tired)	ost of work	ring			
2	H then	TO.	12	3	(1 40/07)	Regi	stered 1	Vurse			Nu	rsing	
B	tial Hy d other	Be (17. Fathar's Name (First, Middle, L	ast)				18. Mot	her's Nem	a (First, Middle	, Ma <i>id</i> an Suma	na)	
ya.	Mant Mant arked arke	To	Max Paul Metzle	r				Fr	ieda	Selma I	Diersch		
Maryland	2 sho and and sim		19e. Informant's Name/Raiationsh				ing Addrass (Str						
	t Health fem 27 other tr		Wilmot C. Ball,	Jr.M.D.			nglewood		Bal	Ltimore	,Maryla	nd 21	210
ö	at of H		20a. Mathod of Disposition 1 ☐ Burial 2 ☑ Crametion	3 □Removal from		laca of Dispo ematery, cre	osition (Name of matory or other	place)		Dete	20c. Location	- City or To	own, Stata
timore,	mit. Pa partment cortant: injury		4 ☐ Donation 5 ☐ Other (Sp	ecify)	Hil		Service				Towson	, Mar	yland
Bal	Department Important: any Injury		21. Signature of Funeral Sarvice L	icensee Jeff	rey L. C	Gair 2	2. Nama end Ad Ruck Tov	dress of Fac	ility Unera	al Home	. Tnc.		
,	20160		Jeffry	fo fa	in		1050 You					2120	4
			23a. Part L Enfor the disease, or a shock, or haint failure. List of	omplications that	caused tha death	h. Do not an	tar tha moda of	dying, such a	s cardtac	or raspiratory a	rrest,	1	Approximata
	Physician								1				Onset and Deeth
18	/Medical Examiner		Immediata Causa (Final diseasa or condition	P	ogres:	SNE	Inters	ititia	1 PJ	monary	Fibre	315	Zyears
П	LAUTIME	_	rasulting in death)	-	Due to (o	r es a conse	quance of):	,					2 years 5 years
	pe #	Ę		B. Kh	reumate	old	Arthri	+15					Syears
	entificate be executed ding physician and se as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate		Due to (o	r as a conse	quanca of):						•
68760,	be e giolean burit		Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or injury that initiated avents	c									
89	ficate physis the	Medical	rasulting in death) Last		Dua to (or	r as a consec	quanca of):						
XO	0 2 3			d									
8	at at	Physician	Part II. Other algorificant condition	e contributing to d	fanth hut not ree	ulting in the u	andoch ing on use	sires in Bar	e 1	22h Did	tohanna usa a	natidbute 6	o the cause of death?
0	es that the de igned by the a be detached i	hys	at it. Outor aigninous condition	a contributing to c	JOSETT DUCTION TOUR	altary at the c	indenying causa	giverilirai	t I.		Yes 25 No		bably 4 Unknown
D .	s that	by P									102 2,23110	00,10	DEDITY 4 DIRECTOR
Records,	v requires that the been signed by th should be detache										an autopsy	24b. W	fera autopsy findings
8	2 23 (0)	Set				1				pend	ormed?	CO	vallabla prior to ompletion of cause death?
æ	0 - 0	Completed								187	Yas 2□No		□Yes 21 No
ta		0	25. Was casa rafarred to medical		V			28 Pla	ce of Deal	th (Check only			3100 43110
of Vital	0 0	0 8	axaminer? 1 ☐ Yas 2 💢 No	Hospital:	Inpatient 2	ER/Outpatie	nt 3 DOA	Other	1		dance 8 □Ot	har (Specil	(v)
		n:	27. Mennar of Death	28a. Date		28b. Tima o		njury et Work?			how injury occu		,,
Division	Attending or death. octor: After by the fune	atio	1 X Netural 5 ☐ Pending 2 ☐ Accidant invastig		mi, Day Tear)	Injury		Yas 2	□No				
V S	i or Attendir after death. Director: Af d in by the fu	tific	3 ☐ Sulcida 6 ☐ Couid no 4 ☐ Homicida determin	ed 288. Hac	e of Injury - At ho ling, atc. (Specify	ma, farm, st	reat, fectory, offi	CB		28f. Location (City or To		ber or Run	al Routa Number,
Ö	as after or and	Certification:			ing, atc. (Specif)	′′				Oily di 10	w, olulu)		
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edicai	29a. Certifiar fx Certifying	Physician: To the xaminer: On the	a best of my know	wiedga, daet	h occurred at the	time, dete a	and plece,	and dua to tha	cause(s) end m	anner as s	itated.
	the H the F the F	2	4	and mar	nnar tated.	non and or m				ioo at tila tilla,			
	5 × 5 × 6 × 6	Σ	29b. Signeture and title of cartifier	KI	MD			ense number			29d. Dete sign		
	(X)		> YV ween	~ M			K	ES - C	200		Octobe	2- /	1, 1996
	5		30. Name and address of person w		sa of death (item	23a) (Type,	Print) // 0, ^			1011		. 4 -	
	1.		William Bower				110, 1	J. Wo/	te 5	+ Balt	more	MD	21287
	Sta		31. Deta filad (Month, Day, Yaar)		Registrar's Signa								
	Registr	ar	OCT1	1330	- wante	son-ya	notelle						

- A C -The Market and the second seco

			ITEMS: 10b,10c,10d per 1. Decedant's Nama (First, Middla, Last)		740eolCer	tificate of		2. Data of Dea	leg. No.		Tima of Death
À	Physici /Medi Examir	cal	ALV// Wilf 4a. Facility Nama (If not institution, give s	street and number)	RGER		4b. City, Town, or		4c. County	of Death	7:55 PM
	Funeral Director		214-07-1678		HOSP s. last birthday) 8 Yrs.	If Under 1 Year Months Days		(Month, Day	Year)		(State or Foreign
	Menyland 4 show	tor	Usual Rasidance of Dacedant 10a. Stata 10b BALTYMORE Maryland N/7		City, Town or Loc	more Ci	Ly COC	KEYSVILLE			fnsida City Limits
	death with the Meryland ms 23s or 28s-f show	Funeral Director	10e. Street and Number 905 Bosley Road			10f. Zip Code 210.			Og. Citizen of V United		
020	in 72 hours after death with the Menylan I "netural", or items 23a or 28a-1 show lodical Examiner must be notified at	þ	11. Marital Status 1 ☐ Nevar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Evar in Armed Forcas? 1 ☐ Yas ②○No If Yas, Giva Yaar or Datas:		Vas Decedant of Nas, specify Cub	Hispanic Origin? (S ean, Maxican, Puar Specify:	Specify Yas or No- to Rican, atc.)	Blac	e - American I ck, Whita, atc. White	
21215-0020	filed within 72 hours after Hygiene. rther than "natural", or ite ent, I're Medical Examina	Completed	15. Decedent's Educ (Specify only highast grade Elemantary/Secondary (0-12)	cation a complated) Collega (1-4or 5+)	16a. Deced (Giva I lifa. D		pation during most of wo d) Chemist	rking	16b. Kind of Bu	usinass/indust	ry
Maryland	S a b	To Be C	17. Fathar's Nama (First, Middla, Last) Wilfred J. Bergeror	ı			18. Mother's Na Eva Huar	ma (First, Middla, . Cd	Maidan Sumam	na)	
, Man			19a. Intormant's Name/Ralationship (Ty) James W. Bergeron (S	Son)			t and Number or R Oad Cock	ural Routa Number CEYSV1116	, City or Town Mary	Stata, Zip Co. Land 21	030
Baltimore,	perfiit. Pages 1 and 2 Department of Heelth s Important: If item 27 is eny Injury or other tra		20a. Mathod of Disposition 1 🕃 Bunal 2 □ Cramation 3 □ Ri 4 □ Donation 5 □ Othar (Specify)	amoval from Stata D	Place of Dispose camatary, cramulaney	atory or other pla	em.Gard.		20c. Location -		
Bal	Depar Impor		21. Signatura of Funaral Sarvica Licensa	· Sair	Ruc 105	0 York	n Funeral Road Tows	son, Mary	land 21	L204	
	Physician /Medical Examiner		23a. Paur Atmer the disease. Y comple or hear failure. Li i only on Immediate Causa (Final disease or condition resulting in death)	PNE	ath. Do not enta	IA	ng, such as cardia	c or respiratory arr	est,	Inti On	proximate arval Between isef and Death 7-10 days
<u> </u>	icate be executed physicien end s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enfar Underlying Cause (Disaasa or Injury		(or as a consequ						
ox 68760,	certificate be nding physicle use es the bur	dlcai	Cause (Disaasa or Injury that initiated evants rasulting in daath) Last	Dua fo	(or as a consequ	ence of);					
Division of Vital Records, P.O. Box	The law requires that the death certificate be executed ate has been signed by the attending physicien end page 2 should be deteched for use as the burial-transit	y Physician/Me	Part II. Other significant conditions cont		asulting In tha un	darlying causa gi	ven in Part I.		obacco use col	ntribute to the	cause of death?
secords	law requires that has been signed t e 2 should be det	Completed by	DE	MENTI	4			24a. Was a perfor	med?	avallab	autopsy findings ola prior to ation of cause th?
Vital	ysicien: The lav s certificate has director, page 2	Be	25. Was casa rafarred to medical axaminar?			Lou		1 □ Y	1,4	1 🗌 Ya	as 2 No
ion of	5 00	ation: To	27. Manner of Death 1 Okatural 5 Panding 2 Accidant Invastigation	28a. Data of Injury (Month, Day Year)	28b. Time of Injury	28c. fnju Wo		doma 5 ☐ Rasida 28d. Dascribe h			
Divis	To the Hospital or Attanding Phywithin 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral	Certification:	3 Sulcida 6 Could not be 4 Homicida datamined	28a. Place of Injury - At building, atc. (Spec				28f. Location (S City or Town	n, Stata)		
	the Hosp hin 24 ho the Fune mpletaly f	Medical	one) 2 Medical Examin	clan: To the best of my kner: On the basis of examinand manner stated.	nowledga, daath nation and/or Invi	astigation, in my o	opinion, daath occu	urred at tha tima, d	ata snd placa,	and dua to tha	cause(s)
	£ \$ £ 8		29b. Signatura and titla of certifiar	anatsby	MB	P 29c. Licans	10578	2	9d. Data signer	R 14	, 1996
	10			ETSKY -	GOOK	rint)	1ARITA				
	Sta Registr		31. Data tiled (Month, Day, Year)	32. Registrar's Sign							

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 2 per DR. G-740 10-17-96 eoh 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Tima of Death Day13 **Physician** October 15 1996 FRANCES YOU MAN /Medical 4a. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 7861 CHEVERLY LAND GLEN BURNIE ANNE ARUNDEL 5. Social Security Number If Under 1 Year If Undar 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Funeral Birthpleca (State or Foreign Country) 10 M 20 F Months Days Yrs. Director 277-20-2511 3/5/1924 OHIO filed within 72 hours after death with the Maryland 10e State 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits the Medical Examiner must be notified at MARYLAND ANNE ARUNDEL Director 1 Yas 2 No GLEN BURNIE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 6 Herns 23e 7861 CHEVERLY LAND U.S.A. Funerai 21060 12. Was Decedent Ever in U,S. Armed Forcas? 1 X Yes 2 □ No 1944— If Yes, Giva Year or Detes: 1945 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Bieck, Whita, etc. 11. Marital Status 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yas 🗶 No Specify: A 3 Wildowed 4 □ Divorcad Specify: WHITE "natural". 1945 Completed 15. Decedent's Education
(Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry other than Elementery/Secondery (0-12) College (1-4or 5+) 12 N/A HOMEMAKER OWN HOME permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy Important: If Itam 27 is marked other any Injury or other traumatic avanta 17. Fethar's Name (First, Middle, Last) Be 18. Mother's Neme (First, Middle, Meiden Surneme) 2 KUBICEK FRANCES PAZDERNIK 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) PATRICIA F. BOWMAN (DAUGHTER-IN-LAW) 7819 SHELLYE RD., GLEN BURNIE, MARYLAND 21060 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) GLEN HAVEN MEMORIAL PARK 10/16/96 GLEN BURNIE, MARYLAND 21. Signature of Fundral Service Licensee 22. Name and Address of Facility SINGLETON FUNERAL HOME 1 SECOND AVE. S.W., GLEN BURNIE, MARYLAND 21061 se, of complications that caused tha daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onsat and Death **Physician** Immediata Cause in disease or condition resulting In deeth) /Medical **Examiner** Examiner The law requires that the death certificate be axecuted burial-tran Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Causa (Disease or Injury attending physician for use es the buria Box 68760, Physician/Medicai that initieted evants resulting in death) Last Due to (or es a cons P.0. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobecco use contribute to the cause of deeth? Emboliss 1 Yes 2 No 3 □ Probably 4 □ Unknown Division of Vital Records, py Completed 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? page 2 s 1 Yes 2 ONo 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was casa refarred to medical axaminer? Be 26. Placa of Deeth (Check only one) 70 Other: 4 Nursing Home 5 Phasidenca 6 Other (Specify) Hospital: 28000 1 ☐ Yes 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Data of Injury (Month, Dey Year) 27. Mennar of Death 28b. Time of Injury 28c. Injury at Work? Certification: 28d. Describe how Injury occurred After 11 Naturel 5 Pending after death. investigetion 1 🗌 Yas 2 🗆 No 2 Accident 6 Could not be determined 3 Sulcide 28a. Placa of Injury - At home, ferm, street, factory, offica building, atc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Steta) filled in by 4 Homicida within 24 hours a
To the Funeral D
completely filled Hospital 1 Certifying Physicien: To the best of my knowledge, death occurred at the tima, date and placa, end due to tha cause(s) and menner as statad.

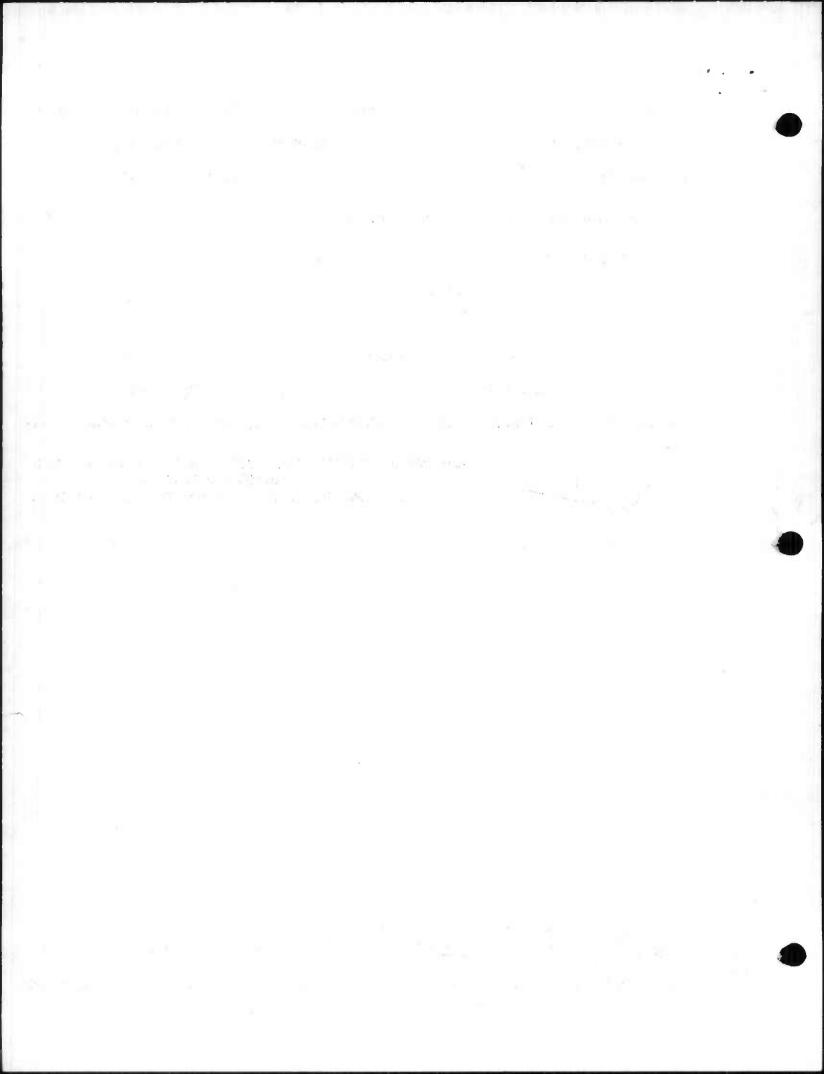
2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, daeth occurred at the tima, date and placa, and due to the cause(s) and manner stated. Medicai 29a. Certifler (Check only one) To the 29b. Signature and the of officer Attending Asi 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and address of parson who complated cause of daath (Itam 23a) (Type, Print) 325 HOSPITAL DRIVE, SUITE 202, CLEN BURNIEMP 21061 G-URMEET 5 SAWHNEY MD 32. Registrar's Signeture 31. Date filed (Month, Dey, Year)

DHMH 16 Rev 6/95

State

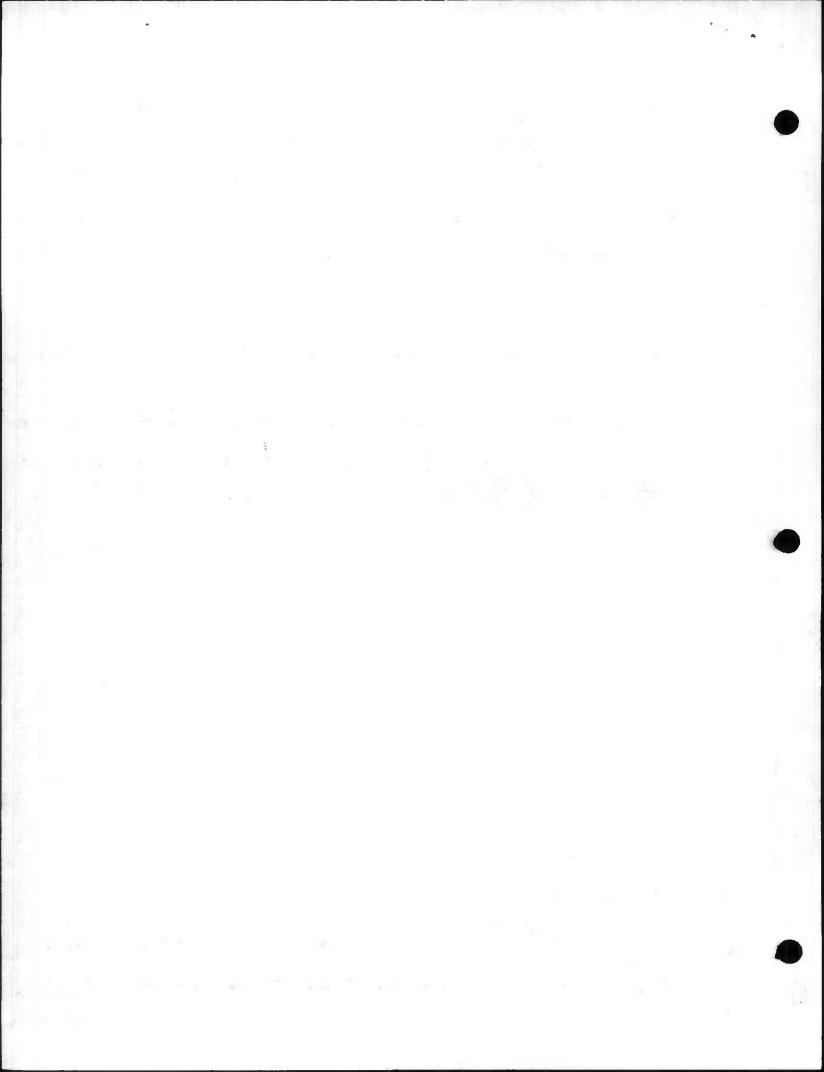
Registrar

7 1996



			ITEM: 10a,10c,10e,10f	·							Reg. No.	96	31099
п	Physic	ian	Decedent's Name (First, Middle, La.	st)						2. Date of Dea	Day	Year	3. Tima of Death
Я	/Medi	cai	MARK	W .		BUR	GES					196	09:06 AM
	Exami	ner	4a. Facility Name (If not Institution, giv 5009 FRANKFORT	a september 101000077				BALTI			N	y of Death A	
	Funeral Director		5. Social Security Number 6. S 060-50-9873	ax ☐ 7. Age (In	yrs. last birthday, Yrs.	Months	1 Yaar Days	If Under 2 Hours	Min.	8. Date of Birt (Month, Day 2-11-		9. Birthple Counti	ace (Stata or Foreign ry) NY
	the Maryland 28a-f show orified at	ector	10a. State 10b. County Na Na	Ŧ	City, Town or L	re R	00SEV	ETT					d. Inside City Limits 1 √ Yes 2 □ No
	23a or	Funeral Director	10e. Street and Number 5 NORTH	LONG BEACH AVE! ←	NUE	10f. Zip		7 11575	5		10g. Citizan of USA	What Count	ry?
020	72 hours after death with the Maryland natural, or items 23s or 28s-f show digst Examiner must be notified at	by	11. Marilal Status 1X Naver Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Dacedant Evar Armed Forcas? 1 ☐ Yes 22 No If Yes, Give Year or Dalas:		Was Deced If Yas, spec		ispanic Orig in, Maxican, Specify:	gin? (Spe , Puarto I	ecify Yes or No- Rican, etc.)	14. Ra Bla Speci	ce - Americe ack, White, e	tc.
21215-0020	9	Completed	15. Decedent's Ec (Specify only highast gra Elementary/Secondary (0-12)		16a. Dece (Give life.	dent's Usua kind of wo DO NOT us	al Occup rk done o se retireo	ation during most 1)	of worki	ng	16b. Kind of E	Business/Indu	ustry
	Hygi Hygi ent,	Be Con	12th Grade 17. Father's Name (First, Middle, Last)	Na	Va	riou	s Ti	cades	-	(First, Middla,			1 Salon
Maryland	should be ind Mental marked o	To	James Burges 19e. Informant's Name/Relationship (7)		19b. Maili	ing Addrass	(Street	Edi		l Routa Numbe	r City or Town	Ree	
	1 and 2 Health a am 27 is		Edith Burgess 20a. Method of Disposition	20		orth	Lor	ng Be				velt,	NY 1157
altimore,	it. Pag rtment rtant: H njury o		1 ☐ Surial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify 21. Signature of Funerel Service Licen	, ,	Pinela	wn Me	emor	•					gdale,NY
B	Depa Impo		23a. Part1. Enter the disease, or compshock, or heart failure. List only	145	W	M.C.	Mar	chFH	11	01 E.	timor		yland ue 21202
8760,	Physician /Medical Examiner prize pr	ai Examiner	Immediate Cause (Final disaase or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	b. —	o (or es a consec	quence of):	ю	head	l u	ill a	mplica		Onset and Death
Box 687	cartific ding p	an/Medical	that initiated events resulting in deeth) Last	Due to	o (or as a consec	quence of):							
Ö	y tha	Physician/M	Part II. Other eignificent conditions co	ntributing to death bul not	resulting in the u	inderlying co	ause give	en In Part I.			-		the cause of death?
ds, P	8 58	by							_	101	'88 2⊠No	3 Probe	ibly 4 ☐ Unknown
Division of Vital Records,	aw requ	Completed								24a. Was a perfor		avail	e autopsy findings lable prior to pletion of ceuse eath?
la	Page 1	e Co	25. Was cese refarred to medical								es 2 No	15	Yas 2□ No
<u>></u>	Physician: this certific	To B	examiner?	Hospital:	2 ☐ ER/Outpatier	nt 3 DO	Othe	ar.		(Check only or ne 5 ☐ Rasida		ner (Specify)	
o uo	ding Ph. h. Aftar thi funeral		27. Manner of Death 1 □ Netural 5 □ Pending 2 □ Accident investigation	28a. Date of Injury (Month, Day Year		f 2	8c. Injury Work		2	8d. Describe h	ow Injury occu	rred	
Divisi	To the Hospital or Attending within 24 hours after death. To the Funeral Director: Attencompletely filled in by the fune	Certification:	2 Accident investigation 3 Suicida 6 Could not be 4 Homicide determined	3-21-96 28a. Place of Injury - A building, etc. (Spo				165 2 1911	2	8f. Location (Sincity or Town	treet end Num n, Stete)	ber or Rural I	Poute Number,
	To the Hospital within 24 hours a To the Funeral I completely filled	edical C	29e. Certifier 1□ Certifying Phy (Check only one) 2☑ Medical Example	sician: To the best of my liner: On the basis of examend manner stated.	knowledge, death	occurred evestigation,	et the tim in my op	e, dete and binion, death	place, a	nd due to the c	euse(s) and m	enner as stat	ted
	To th To th Comp	ž	29b. Signature and title of certifier	2/1		290	. License	number		2	9d. Date signe	ed (Month, De	ay, Year)
	^-		, 8	1 27			OCI	ME		C	CTOBE	R 15,	1996
	19		30. Name and address of person who co	1			tre	et. F	3al+	imore	Mary	land	21201
	Sta Registr		31. Dale filed (Month, Day, Year)	32. Registrar's Si	gnature								

DHMH 16 Rav 6/95



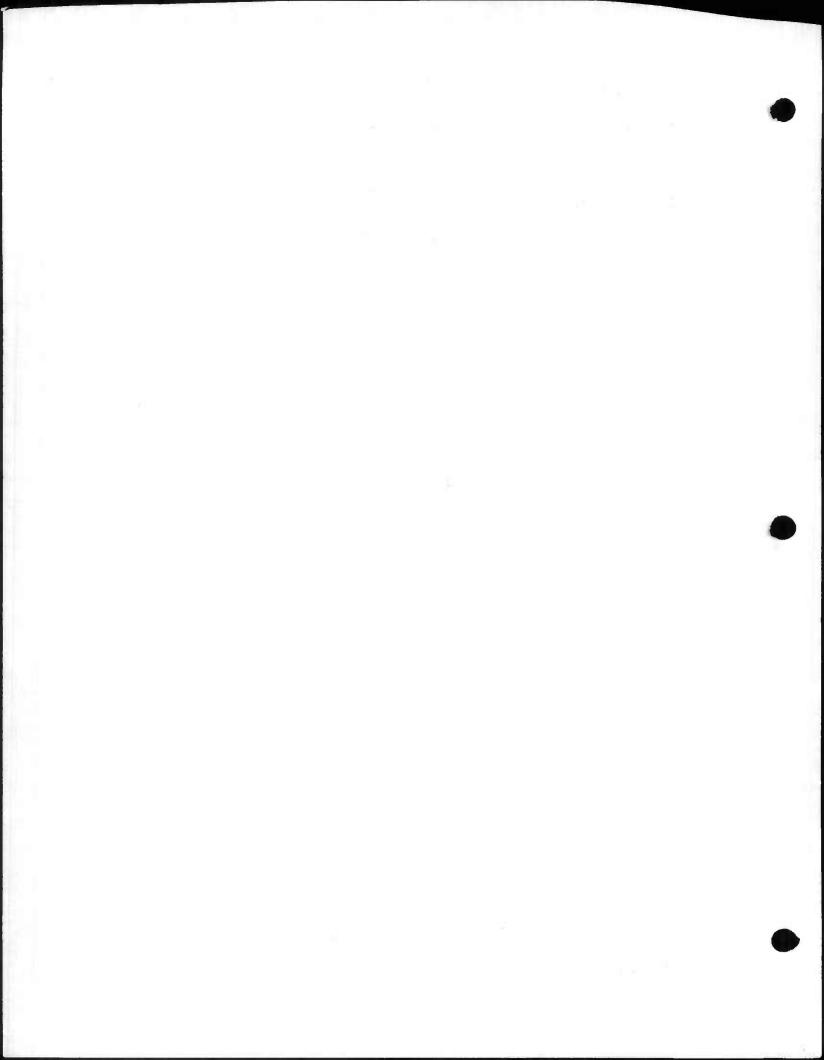
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM: 10c PER F.H G740 10-17-96 eoh Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death RAC **Physician** Month 02 OCTOBER 1996 /Medical 4b. City, Town, or Location of Death 4e. Facility Name (If not institution, giva street and number) **Examiner** BALTIMORE NORTHWEST HOSPITAL CENTER 7. Age (In yrs. last birthday) | If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) | 7, 1932 6. Sex 1 X M 2 ☐ F 9. Birthplace (Stata or Foreign 5. Social Security Number **Funeral** 251-42-7305 **Director** Usual Residence of Decedent 10a. State City, Town or Location item 27 is marked other than "natural", or items 23a or 28a-f ahow other traumatic event, the Medical Examinar maintitie notified at 10d. Inside City Limits 5 town 1 Yes 2 No Director RANDALLSTOWN 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 820 21208 Scotts evel S. Funeral 12. Was Decedent Ever In U.S. Armed Forces? 1 M Yes 2 M No WWIII If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: if Nem 27 is marked other than "natural", or ther any injury or other traumatic event. In Mental Industria 1 Never Married 2 Married 1 □ Yes 2 XNo Baltimore, Maryland 21215-0020 þ Specify. Specify: Black 3 Widowed 4 Divorced Completed 15. Decedent's Education 16a. Decedent's Usual Occupetion 16b. Kind of Business/Industry (Specify only highest grada completed) (Giva kind of work dona during most of working ita. DO NOT use retired) n.y. city Real College (1-4or 5+) Elementary/Secondary (0-12) Dept of arpenter Estate 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Be Bracy Inez 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Bracy-Rd Scott's Level Balto, md 21208 Son Date 10/19/14 20b. Place of Disposition (Nama of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Saw Mill Baptist church Bennettsville, S.C. 21. Signature of Funeral Service Licansee 22. Name and Address of Facility ark F. H- West 300 Wabash UU Ave 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear feilure. List only one ceuse on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Finel SMALL CELL CARCINOMA disease or condition resulting in death) **Examiner** To the Hospital or Attanding Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or as e consequenca of): Box 68760 Physician/Medical Due to (or as a consequence of): Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably Certification: To Be Completed by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 28. Place of Deeth (Check only ona) 1 ☐ Yes 2 ₺No Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 department 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Matural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 10 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. Medical 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) OCTOBER 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MD, NHC, BALT, MORE

State Registrar 31. Date filed (Month, Day, Year)
0CT1 7 1996

32. Registrer's Signature

DHMH 16 Rav 6/95



1924Pennsylvania

3. TIME OF DEATH

5:10am

Approximats Interval Between Onset and Death One weeks

DHMH-18 Rev 1/89

2. DATE OF DEATH MONTH

Oct.05,

7. DATE OF BIRTH (Month, Day, Year)

March 4,

1996

-	ъ
UZ.	-6
Mα	画
-	7
_	75
_	2
	22
	E
0	負
8	
~	H
36	- 6
_	a
2	3
BOX 6	83
ш	2
o	ē
Ų.	8
Δ.	€
10	de
FAL RECORDS, P.O. I	9
7	=
7	Tal.
Ö	82
0	il.
Ш	충
Œ	2
	60
4	9
-	-
5	A.
1.	SICIA
7	S
N OF	F
Z	9
DIVISION OF VITAL	3
=	X
97	E
>	×
$\overline{}$	9

1 - STATE REGISTRAR

pinous

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

79-14-1477

Joe1

9a. FACILITY NAME (If not institution, give street and number)

Cohen

5. SEX

1 🔀 M 2 🗆 F

Maryland Montgomery Rocky 106. STREET AND NUMBER 14409 Ash Court 11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL (Give kind of work de	one during most of working Director of	10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA y Yes or No- 14. RACE — American Indian, Black, White, atc. Specify: White
14409 Ash Court 11. Marital status 1 Never Married 2 Married 1 Never Married 2 Married 15. Decedent's Education (Specify only highest grade completed) 15. Decedent's Usual (Give kind of work decedent)	10f. ZIP CODE 20853 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Vesa, specify Cuban, Mexican, Puerto Rican, etc.) 1	1 □ YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY? USA y Yes or No— 14. RACE — American Indian, Black, White, atc. Specify: White
14409 Ash Court 11. Marital status 1 Never Married 2 Married 1 Never Married 2 Married 15. Decedent's Education (Specify only highest grade completed) 15. Decedent's Usual (Give kind of work decedent)	10f. ZIP CODE 20853 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Vesa, specify Cuban, Mexican, Puerto Rican, etc.) 1	USA y Yea or No- 14. RACE — American Indian, Black, White, atc. Specify: White
14409 Ash Court 11. Marital status 1 Never Married 2 Married 1 Never Married 2 Married 15. Decedent's Education (Specify only highest grade completed) 15. Decedent's Usual (Give kind of work decedent)	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifit yea, specify Cuban, Maxican, Puerto Rican, etc. 1 VES 2 NO Specify: LOCCUPATION 16b. KIND OF Original Director of II C	y Yea or No 14. RACE — American Indian, Black, White, atc. Specify: White
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES WW II 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Specify only highest grade completed)	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifit yea, specify Cuban, Maxican, Puerto Rican, etc. 1 VES 2 NO Specify: LOCCUPATION 16b. KIND OF Original Director of II C	y Yea or No 14. RACE — American Indian, Black, White, atc. Specify: White
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES WW II 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Specify only highest grade completed)	LOCCUPATION Specify: LOCCUPATION 16b. KIND OF OUT OF DIRECTOR OF THE CONTROL OF	Specify: White
(Glyth kind of work do	L OCCUPATION 16b. KIND OF the during most of working 15 Director of 11 S	White
(Glyth kind of work do	one during most of working Director of	BLICINESS/INDLISTOV
		BOSINESS/INDOSTRY
Elementary/Secondary (0-12) College (1-4 or 5+) ASSISTAN		Treasury
	III OI AUGIL	
17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Ma	iden Sumame)
	Gussie Frank	e1
* # # # F	ESS (Street and Number or Rural Route Number, City or Sh Ct. Rockville, M	7 Town, State, Zip Code) A 20853
- 7 * *		
20b. PLACE AND DATE OF DISPOSITION 1 Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION 1 Description of the Control	ice)	LOCATION — City or Town, Stata
S & S L L LINGE AN MENT	orial Garden 10/7	Olney MD
In may a QR	Ives-Pearson Fune	ral Homos
A VIISE	Falls Church Va	22046
23. PART I. Enter the diseases, or complications that caused the death. Do not an shock, or heart failure. List only one cause on each line.	ter the mode of dying, such as cardiec or n	eapiratory arrest, Approximats
IMMEDIATE CAUSE (Final		Interval Between
disease or condition resulting in death)	Sacteremia	One week
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):		
that initiated events pure to (or as a consequence of):		
PART II. Other significant conditions contributing to death but not resulting in the	underlying ceuse given in Part i. 24a. WAS	3 AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
O E DE E E E CONCESTIVE I CONTENTE		S 2 NO COMPLETION OF CAUSE
Coronary Artery Disease		OF DEATH?
	NO UNCERTAIN	
To 25, WAS CASE REFERRED TO MEDICAL 28, PLACE OF DEATH (CM		
EXAMINER? 1 YES 2 NO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28. PLACE OF DEATH (OR 26. PLACE OF DEATH (OR 27. MANNER OF DEATH 28. PLACE OF DEATH (OR 28. PLACE OF D	IER: Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)	
1 YES 2 NO Tingetient 2 ER/Outpetient 3 DOA 4 1 1 YES 2 NO Tingetient 2 ER/Outpetient 3 DOA 4 1 1 YES 2 NO TINGETIENT 2 Se. DATE OF INJURY (Month, Day, Veer) 28b. TIME OF INJURY (Month, Day, Veer)		DW INJURY OCCURED
Z p a f 2 Ancident Investigation	1 YES 2 NO	
O O O O O O O O O O O O O O O O O O O	factory, office 281. LOCATION (Str. City or Town, S	reet and Number or Rural Route Number,
	City or lown, s	(are)
29a. CERTIFIER 1 Check only one) 29a. CERTIFIER 1 Check only one) 20a. CERTIFIER 1 Check only one) 20a. CERTIFIER 1 Check only one)	ne time, date and place, end dus to the cause(s) and	menner as stated.
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in m		
SS HALL S A STATUTE OF CENTERS: On the Datas of examination and/or investigation, in m	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
EEE B M My M. (henry M)	D25080	DIO/6/96
30. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	00000	13//6
Frank N. Gravino, 10313 Georgia	a Ave, Silver	Spring, MD
31. DATE FILED (Month, Day, 16er) 32. REGISTRAR'S SIGNATURE		10
OCTI 71996 Guna vavidion Randell		

6. AGE (In yrs. lest birthday)

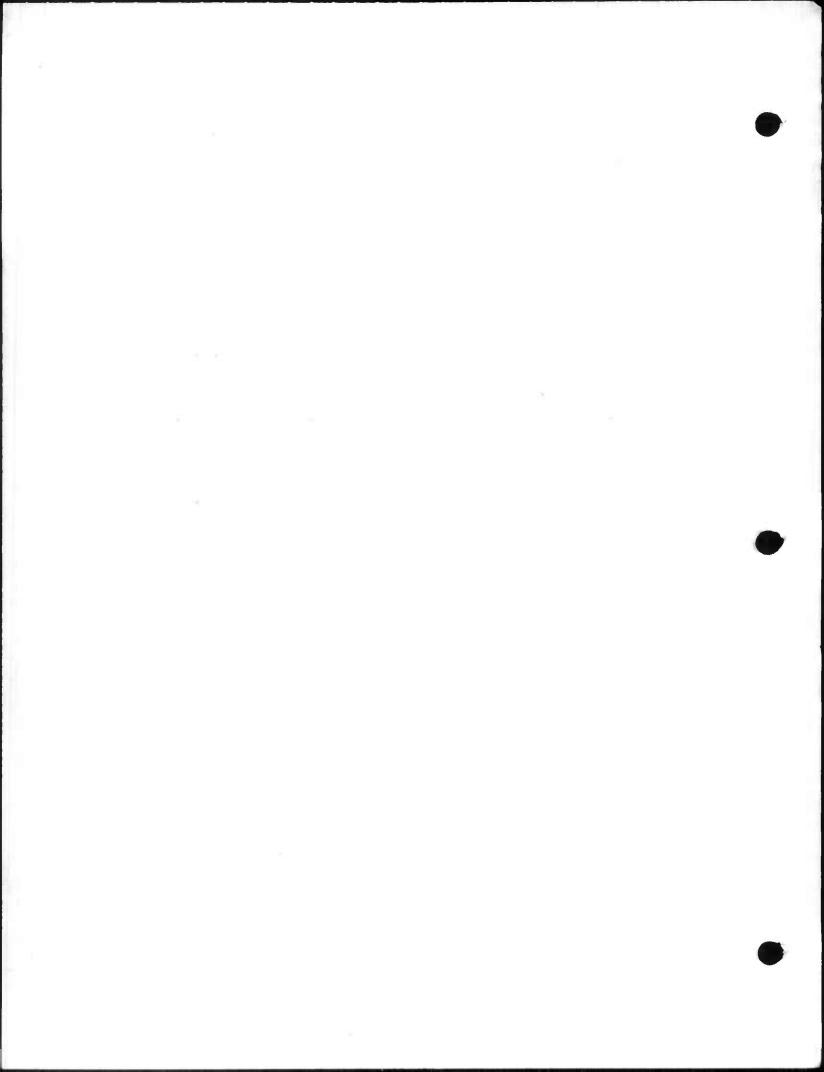
YRS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

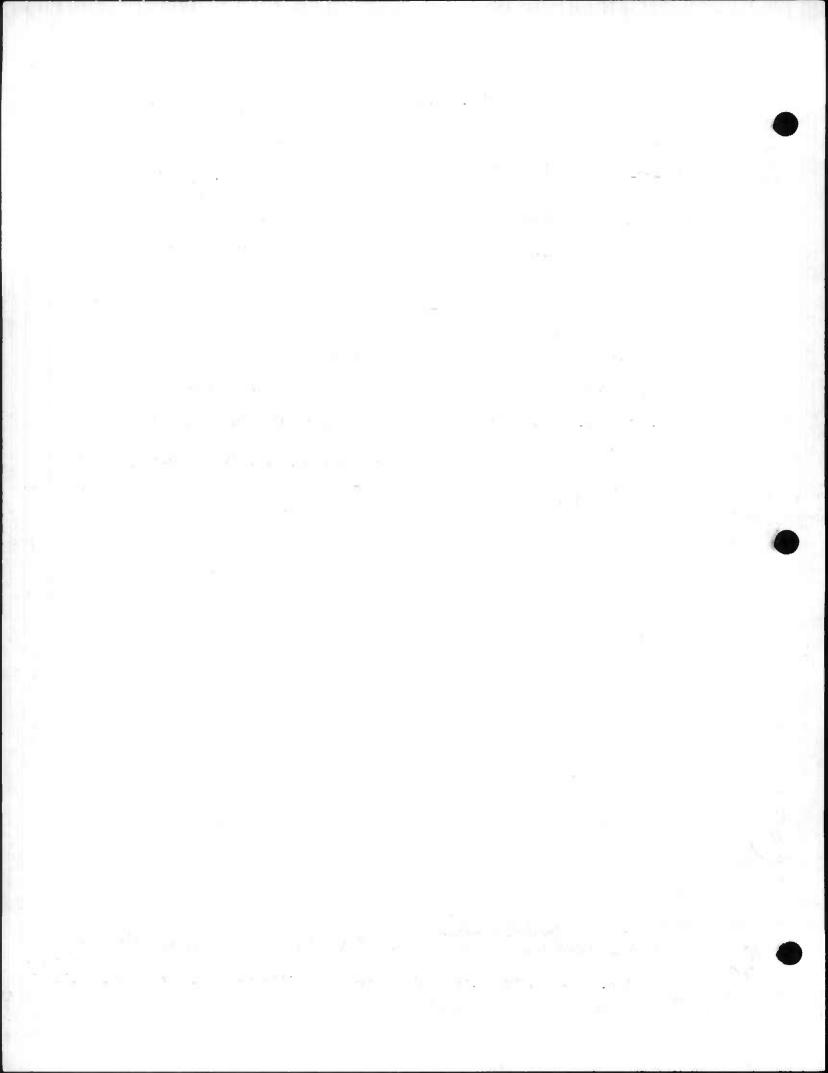
HOURS

9b. CITY, TOWN OR LOCATION OF DEATH



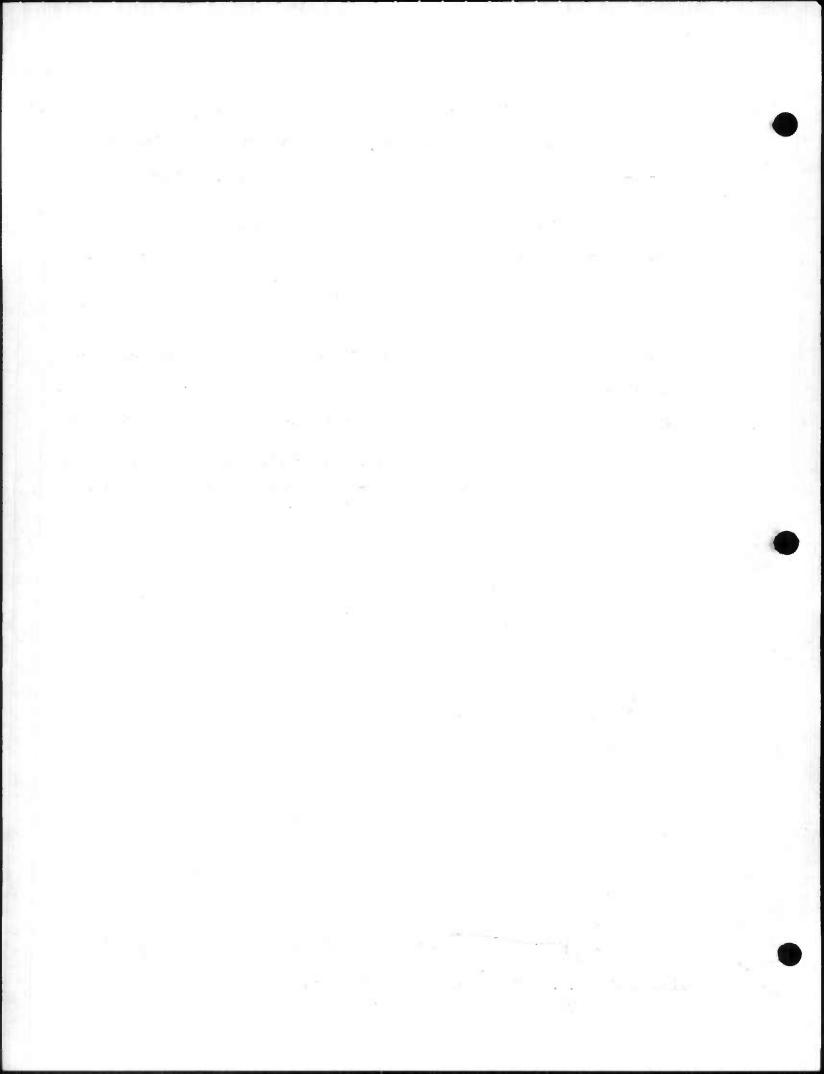
State of Maryland / Department of Health and Mental Hygiene 96 31102

	_				Cei	rtificate	e of L	Death		Reg. No.		
ysician Medical	1. Decedent	's Name (First, Middle, L	David	L. Car	roll				2. Date of Do Month Octobe	eath Day 7_12, 19	Year 996	3. Time of Death 6:00 AM
aminer	4e. Fecility I	leme (If not institution, gi	ive street and number)			4	b. City, Town, or	Location of Dee		y of Deeth	100
	8059	Del Haven 1	Road					Dundal		Bal	timor	e
eral ctor	213-7		Sex 7. A 1 ☑ M 2 ☐ F	ge (In yrs. les 31	Yrs.	If Under Months	1 Year Days	If Under 24 Hrs Hours Min	. (Month, D	rth ey, Year) 1, 1965	9. Birthpl Count Mary	lace (State or Foreig Irv) Land
25	10a. State	10b. County		10c. City,	Town or Lo	cation					10	Od. Inside City Limit
Director	Maryla 10e. Street		ltimore			10f. Zip	Codo	Du	ındalk	10g. Citizen of		1 ☐ Yes 2 ☑ N
rai Dir		Del Haven R				TOI. ZIP	Code	21	222		ed Sta	
any injury or other traumatic event, the Medical Examiner must be notified at once. To Be Completed by Funeral Director	3 □ Wide	tetus or Married 2 Narried owed 4 □ Divorced	12. Was Deceden Armed Forces 1 2 Yes 2 If Yes, Give Year or Dates:	No No		Wes Decede If Yes, speci		spanic Origin? (S n, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	o- 14. Ra Bla Specii	ce - America ck, White, e	
Completed		15. Decedent's E (Specify only highest gr	ducation		16a. Deced	dent's Usual	l Occupa	ation furing most of wo	ntkina	16b. Kind of B	lusiness/Ind	lustry
npie	Elementa	y/Secondary (0-12)	College (1-4or	5+)	life. I	DO NOT use	e retired))	and a			
CO	12 y					Carx	sent				pentry	1
Be		Name (First, Middle, Las	t)						me (First, Middle		me)	
To		Carroll							oeta Cou			
une.		int's Name/Relationship							ural Route Numb			
Jer .		Karen L. Ca	rroll/wig					en koaa	Dundal			
6		of Disposition al 2)[3 Cremation 3 [Removel from State	0.000	efery, cren	sition (Nemnatory or off	her plece	9)	Dete	20c. Location	- City or Tov	wn, Stata
lun		ation 5 ☐ Other (Speci		Hil	ltop.	Servi	ce C	orp. 10	/14/96	Towso	n, Ma	ryland
any in	15	o of Funeral Service Lice	1 ()		22	Duda-	Address Ruck	s of Focility Funera	l Home o	6 Dunda	lk, I	
	23g Perti-	Enter the disease, or com or heart failure. List only	aplications thet cause	d the death.	Do not ent	7922 () er the mode	Wise of dvino	such as cardia	c or respiratory a	Maryka	nd_2	1222 Approximete
lan	shock,	or heart failure. List only	one cause on each	Ine.								intervei Between Onset and Death
ical	immediate (MEMACE	DAMEC I	INTO T EL			CIDCINO				10 MONTHING
ner	disease or o	leath)	a. METAS.				LED	CARCINON	1A			L2 MONTHS
ě				Due to (or a	s a conseq	uence ot):					i	
s the bunel-transit	Conventially	Het conditions	b	Due to (or a	s a conson	neuce of).					1	
E X	if eny, leadir cause. Ente	list conditions, g to immediate r Underlying		D 00 10 (01 0	o a oonlood	301100 017.						
s me bu	thet initiated	ese or injury events	C	Due to (or as	s e conseq	uence of):						
d for use as the	resulting in C	eath) Lest	d									
be detached for units by Physician	Dod II Othor											
ache hys	Part II. Otrisi	significant conditions	contributing to death t	out not resulti	ng in the ur	nderlying ca	use give	n in Pert I.				the causa of death
be dell									10	Yss 2XNo	3 Prob	ably 4 ☐ Unknov
pege 2 should be										an autopsy ormed?	ava	re autopsy findings liable prior to apletion of cause
4 D											of d	eath?
8 8									1 🗆	Yes 2 No	10	Yes 28 No
Be Com	examine		Mosnite!:				000		ath (Check only	one)		
	1 Yes	Δ.	Hospitel: 1 Inpati		/Outpatien			4 LI Nuising r	lome 5/C/Resi)
ou Co	27. Manner o 1 XI Natu 2 Acci	al 5 Pending fent investigatio		lry Year)	lnjury	M 28	Sc. Injury Work 1 Y	at ? ′es 2 □ No	28d. Describe	how injury occur	red	
te	3 ☐ Sulc	determined	289. Placa of In	ury - At home c. (Specify)	, farm, stre	et, factory,	offica		28f. Location (City or To	Street and Numb wn, Stete)	ber or Rural	Route Number,
ertificat	4 □ Hom		}				t the time	e, dete and place	a, and due to the	cause(s) and m		A de la companya de l
	29e. Certifier (Check of	1 Certifying Ph	nysician: To the best	f examination	and/or inv	occurred et estigation, i	in my opi	Inlon, death occu	irred at the tima,	date end place,	and due to	the cause(s)
Medical Certificat	29e. Certifiel (Check o	™ 2 Medical Exar	nysician: To the best niner: On the basis o end manner st	f examination	and/or inv	estigation, l	in my opi	Inion, death occu	irred at the tima,	date end place,	and due to	the cause(s)
edicai	29e. Certifier (Check of one) 29b. Signatur	e end title of certifier	niner: On the basis of end manner st	f examination ated.	and/or inv	estigation, l	ln my opi License	number	irred at the tima,	date end place, 29d. Date signe	and due to	the cause(s) Dey, Year)
Medical Certificat	29e. Certifier (Check of one) 29b. Signatur	™ 2 Medical Exar	niner: On the basis of end manner st	f examination ated.	and/or inv	estigation, l	in my opi	number	irred at the tima,	date end place,	and due to	the cause(s) Pey, Year)
Medical Certificat	29e. Certifiei (Check of one) 29b. Signatur	e end title of certifier	miner: On the basis of end manner st	f examination ated. Our Miles of Miles	D 91 B-	29c.	License	number	irred at the tima,	date end place, 29d. Date signe 210622	and due to to de (Month, D	the cause(s) Dey, Year) GG 6 Baltimo:



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

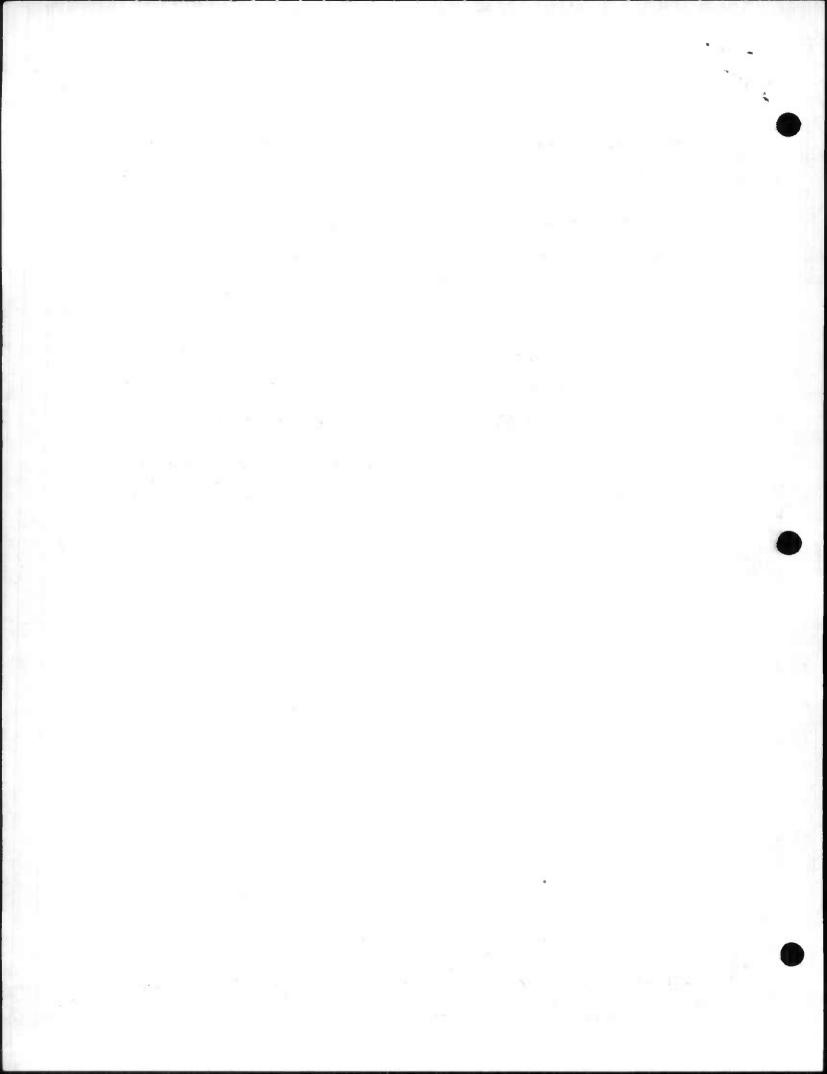
				State of Maryla		ertificate of			Reg. No.	96	31103
	Physic /Medi		Decedant's Name (First, Middle, Las	Margaret M.	Caldu	vell		2. Date of Dec Month	Day	Year	3. Tima of Death 6:05Pm
	Exami		4a. Facility Name (If not institution, give	street and number)			4b. City, Town, or L	ocation of Death	4c. County	of Death	
L			Genesis Meridian				Parkvil			timo.	re
	Funeral Director		5. Social Security Number 6. Sec. 217 = 01 - 5186 Usual Rasidenca of Decedent	7. Age (In yrs	s. lest birthde Yrs.	Months Days	if Undar 24 Hrs. Hours Min.	8. Date of Birth (Month, Day Nov. 1	h v. Year) 1905	9. Birthp Coun Mar	place (Stata or Foreign htry) Yland
	land w		10a. State 10b. County	10c. C	ity, Town or	Location				1	0d. inside City Limits
	Mary I sh	tor	Maryland Balti	maka			n.	ndalk			1 ☐ Yes 2 🖾 No
	r 28s	Director	10e. Street and Number	morce		10f. Zip Code	- Du		10g. Citizen of V	What Coun	itry?
	23a c	a D	8134 Del Haven R	load			21	222	Unit	ed St	ates
21215-0020	72 hours after death with the Maryland "natural", or items 23a or 28a-f show idical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Nevar Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ever in the Armed Forces? 1 ☐ Yes 20 No If Yes, Give Year or Dates:	U,S. 1	3. Was Decedent of H if Yas, specify Cubs 1 ☐ Yes 2 ② No	lispanic Origin? (Sp an, Mexican, Puerto Specify:	ecify Yas or No- Rican, etc.)		a - Americ ck, White,	
2-0	2 ho	ted	15. Decedent's Edu	cation	16e. De	cedent's Usual Occup	ation		16b. Kind of B		
21	within 7 ene. than "n	Completed	(Specify only highast grad Elementary/Secondary (0-12)	e completed) College (1-4or 5+)	- (Gi	ive kind of work done of DO NOT use retired	during most of work d)	ing			
121	T3 'C 10 10 10 10 10 10 10 10 10 10 10 10 10	Con	8 Years			Seamstres					ndustry
Maryland	a a a	Be	17. Father's Name (First, Middle, Last)			16.3	18. Mother's Nam			ia)	
Z	2 2 2	7	Anthony Hengemihl 19a. informant's Name/Relationship (7)		101 11			rie Bey			
Ma	7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		Richard Caldwell			ailing Address (Street 34 Del Havi					21222
re,	f Heel f Heel ftam 2 other		20a. Method of Disposition	20b.	Placa of Dis	sposition (Name of	1	Date	20c. Location -		
MO	ent of ht: If I		1 ☑ Burial 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Othar (Specify)	temoval from State	-	rematory or other place in Cemeteri	'	1004			Maryland
Baltimore,	permit. Pages 1 ar Department of Hee Important: If Itam 2 any injury or other once.		21. Signature of Funeral Service Licans								
m	Depa Impo		Johnny Lyckle			22. Name and Addras	Funeral	Home of	Dundal	e, In	C.
			23a. Part 1 Enter the disease, or complete or heart failure. List only o	ications that caused the dea	th. Do not e	7922 Wise enter the mode of dyin	ig, such as cardiac	or respiratory an	rest,	2 21	222 Approximate
4	Physician	4	and a near failule. List only o	ne cause on each inte.							Onset and Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition	D9	thy a	WITH					3-50 Mys
П	LAGITITIO	_	resulting in death)	Due to (or es a cons	sequence of):					July
	ted nsit	Examiner	. Ilania mana	, AVE	Jami	L D	New				yrs.
	exacu n and al-tra	Exar	Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying	Due to (or as a cons	sequenca of):					
68760,	ificate be execut g physician and as the bunal-tran	edical	Cause (Disease or injury that initiated avants	AS CV	ט						ing
	g phy as th	-	resulting in death) Last	Due to (or as a cons	equance of):				1	/
Вох	endin r use	Physician/N		1							
. E	s deat he att ed fo	sici	Part il. Other significant conditiona con	tributing to death but not re-	suiting in the	underlying cause give	en in Part I.	23b. Did to	obecco uaa cor	tribute to	the cause of death?
s, P.O.	s that the death certificate be executed ined by the attending physician and the detached for use as the bunal-transit	by Phy	Dama	At)	Col	50		1 U Y	ree 2□No	3 Prob	ably 4 Unknown
Vital Records,	The law requires thet the death cer ate has been signed by the attendin page 2 should be detached for use	Completed	UTI	Prumos	-			24a. Was a perfor		ava	re autopsy findings allable prior to appletion of causa death?
Ä	The law ate has page 2:	E O						1 D Y	as a ANO		Yes 2□ No
Ita		Bec	25. Was case referred to medical				26. Plece of Deetl		(
>	0 0	To	examiner?	lospital: 1 ☐ Inpatient 2 ☐	ER/Outpat	lent 3 DOA Othe	er: 4 Nursing Ho	me 5 Resid	enca 8 □Oth	er (Specify)
Division of	ng Ph fter th nneral		27. Manner of Death 1-2 Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year)	28b. Tima Injury			28d. Describe h			
Sio	tandi leath. lor: A the fu	cati	2 Accident investigation 3 Suicida 6 Could not be				Yes 2□No				
<u>></u>	or Att	Certification:	4 Homicide determined	28e. Place of Injury - At h building, etc. (Special	ome, farm, : fy)	street, factory, office		28f. Location (S City or Town		er or Rural	Route Number,
	To the Hospital or Attanding Philips 24 hours efter death. To the Funeral Director: After the completely filled in by the funeral	edical Ce	Check only 5 has died Exami	etctan: To the best of my kno ner: On the basis of examina	owledge, dea	ath occurred et the tim	ne, date and plece,	and due to the c	ause(s) end ma late and place, s	nner as sta	ated. tha cause(s)
	ignin dipin	Med	one) 29b. Signature and title of certiful	and manner stated.		29c, License			9d. Date signed		
9	0 100			- W	is a					- 1	
L	//		30. Name and address of participation	moleted course of death (1)	n 22-1 /T		24276		10.1	110	
	5		30. Name and address of person who co Simon Scalia M.D.				ce, Maryl	and 212	224		
	Sta	te	31. Date fild Court Dy. 1996	Julia Registrar's Sign			,				



State of Maryland / Department of Health and Mental Hygiene

	5		TEM: 1,per DR, G-740 10-17-96 eoh Certifica 1. Decedent's Nama (First, Middle, Last)	ate of	Death 2. Dete of	Reg. No.	3. Time of Death
	Physic (Bety Place DUNBUDSO	500	OCTOB	ER 14, 19	996 2:00 P.M.
	Exami		4a. Facility Neme (If not institution, giva street end numbar)	-	4b. City, Town, or Location of De	eth 4c. County	of Death
			1192 GENERALS HIGHWAY		CROWNSVILLE		NE ARUNDEL
	Funeral Director		5. Social Security Number 212-26-7152 6. Sax 1 M 27 F 68 Vrs. If Uncomparison of Dacedant	hs Deys	Hours Min. 8. Date of (Month, 12-02)	Birth Dey, Yeer) -1927	Birthpleca (Stete or Foreign Country) MARYLAND
	show	20	10e. Stete 10b. County 10c. City, Town or Location				10d. Inside City Limits 1 ☐ Yas 2 No
	28a-1	Director	MARYLAND ANNE ARUNDEL CROWNS 10e. Street end Number			10- 00	
	With Se or	ā	1192 GENERALS HIGHWAY	Zip Code	1032	10g. Citizan ot	S.A.
	death ms 2	Funeral			ispenic Origin? (Specify Yes or on, Mexican, Puerto Ricen, etc.)		ce - American Indian,
020	hours after death with the Manyand turel", or items 23s or 28s-f show at Exerciter must be notified at	by	1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑ No	specify Cube s 2 No	en, Mexican, Puerto Ricen, etc.) Specify:	Specifi Specifi	ck, White, etc. WHITE
21215-0020	in 72	Completed	Elementary/Secondary (0-12) College (1-4or 5+) life. DO NOT	work done of Tuse retired	during most of working		usiness/Industry
	E T E		10 N/A HOMEMAKE	SR	18. Mother's Nema (First, Mid	OWN HO	
lan	0 5 5 0	To Be	GRAFTON BEDFORD MILLS		DAISY BEL		ROTT
Maryland	P E E	-	19e. Informent's Name/Relationship (Type, Print) BAND) 19b. Meiling Addre	ess (Street	end Number or Rural Route Nu	nber, City or Town,	State, Zip Code)
	E = 01 F			ERALS	HIGHWAY, CROWN	SVILLE, N	MD. 21032
altimore,	of The		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 20b. Plece of Disposition (A cremetery, cremetory of the cremeter).	or other plec			City or Town, Stete
alti	permit. Pag Department Important: I any Injury o		MD. WEIERANS		ss of Facility SINGLETO		VILLE, MD.
	28558				VENUE, S.W., G		
Ĭ.	Physician /Medical Examiner		Immediate Cause (Final disease or complications the cause in a deeth. Do not enter that me shock, or heart feilure. List only one cause of the deeth. Do not enter that me shock, or heart feilure. List only one cause of the deeth. Do not enter that me shock, or heart feilure. List only one cause of the deeth. Do not enter that me shock, or heart feilure. List only one cause of the deeth. Do not enter that me shock, or heart feilure. List only one cause of the deeth. Do not enter that me shock, or heart feilure. List only one cause of the deeth. Do not enter that me shock, or heart feilure. List only one cause of the deeth. Do not enter that me shock, or heart feilure. List only one cause of the deeth. Do not enter that me shock, or heart feilure. List only one cause of the deeth. Do not enter that me shock, or heart feilure. List only one cause of the deeth. Do not enter that me shock, or heart feilure. List only one cause of the deeth. Do not enter that me shock, or heart feilure. List only one cause of the deeth. Do not enter that me shock of th	lode of dying	g, such es cardiac or respiretor	ACON	Approximata Interval Between Onset end Death
		Jer	Due to (or es e consequence of the consequence of t	of):	IMUBOUN	0	2000
	cuted nd ransit	Examiner	0.	of):	11913150.	2	2710.
x 68760,	ertificata be executed ling physician and e as the burial-transit	Aedical	if amy, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or as e consequence of	17	Monten	13100	20705
Box	death ce	lan	d				
P.O.	0 0 0	y Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying Mockins OBESTT	g ceuse give		d tobacco use co	ntribute to the cause of death? 3 Probably 4 Unknown
Records,	aw requir	Completed by				as an autopsy rformed?	24b. Ware eutopsy findings available prior to completion of cause of deeth?
<u>e</u>					11	Yas 2040	1 ☐ Yes 2 ☐ No
\frac{1}{2}	ysician: The last certificate hadirector, page	Be	25. Wes case referred to medicel exeminer? Hospitel: Hospitel:	DOA Othe	26. Piece of Deeth (Check on	y one)	
Division of Vital	ifing Ph h. After th funeral	ation: To	27. Menner of Death 1 Neture 5 Pending 2 Accident Acciden	28c. Injury Work	4 Unursing Home 5	sidence 6 Oth e how Injury occur	
DIVIS	7 5 5 C	Certification:	3 Suicide 4 Homicide 6 Could not be determined 28e. Piece of Injury - At homa, tarm, street, fector building, etc. (Specify)	ory, office		(Street end Numb own, Stete)	per or Rural Route Number,
	To the Hospital of within 24 hours at To the Funeral D completaly filled it	Medical	29e. Certifier (Check only one) 1☐ Certifying Physician: To the best of my knowledge, deeth occurre 2☐ Medical Examiner: On the basis of exemination end/or investigetic end menner stated.	on, in my op	pinion, deeth occurred et the tim	e causa(s) and me e, dete end plece,	enner as stated. end due to the ceuse(s)
	V T vitt	Σ	29b. Signatura and titla of certifiar Rolat B Krosopowsk	29c. Licansa	4323 unmper	29d. Date signed	d (Month, Dey, Year)
	Sta	te	30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Robert B. Kroopnick MD 8620 31. Dete filad (Month, Dey, Year) 32. Registrar's Signeture) Lib	verty Plaz	a Mall	Randallstown

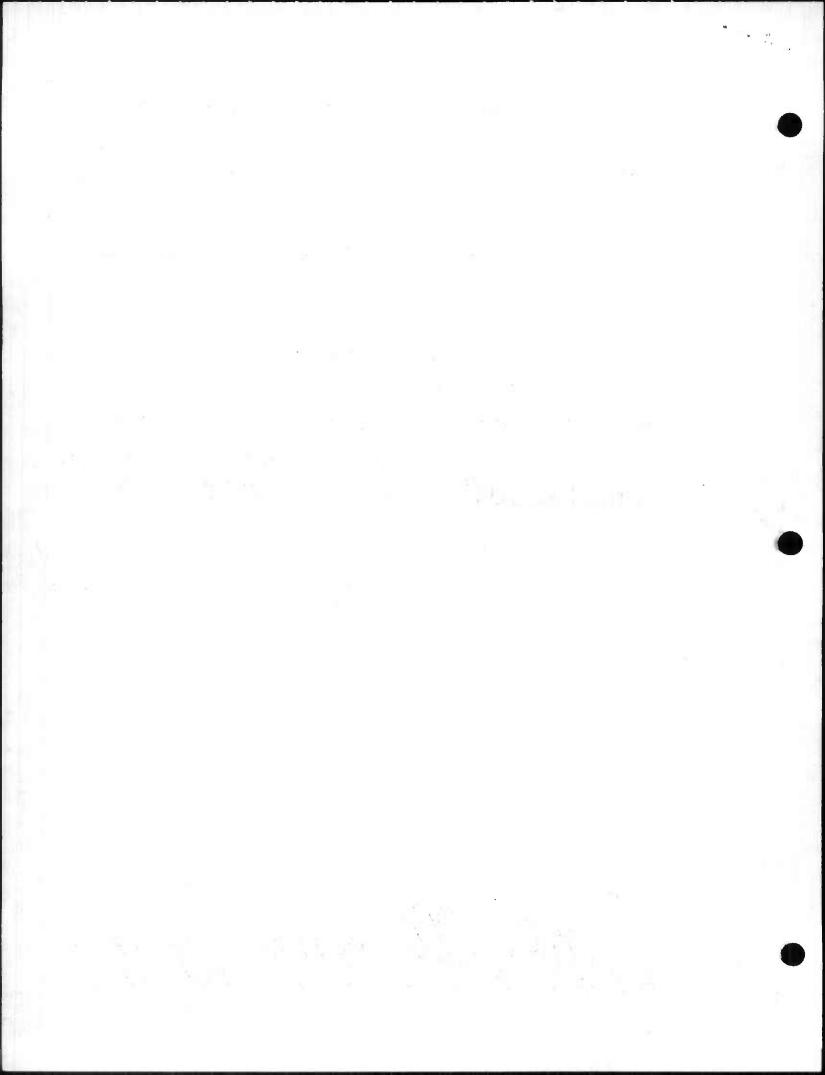
DHMH 16 Rev 6/95



District		ITEM: 17.per F.H G740 10-17- 1. Decedent's Neme (First, Middle, Last)	96 eoh	Cer	tificate of	Death	2. Dete of Dee	Reg. No.	3. Time of Deeth
Physici			Catherine	W.	Ferguso	n	October 0		7eer 5:10A.M
/Media		4e. Fecility Neme (If not institution, give street e				4b. City, Town, or Lo		4c. County of	
		Manor Care Ruxton				Ruxt	ton	ltimore	
uneral irector		5. Sociel Security Number 6. Sex 1 M 2	7. Age (In yrs.		If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey Mar. 6,		9. Birthplece (State or Fore Country) Maryland
*		Usuel Residence of Decedent 10e. State 10b. County	10c Ci	tv. Town or Loc	eation				10d. Inside City Llm
d sho	0	Md. Baltir		.,,		Towson			1 Yes 2 X
128 1104	Director	10e. Street and Number			10f. Zip Code			log. Citizen of Wh	nat Country?
38.0		1000 E	Joppa Rd.			21204		United	
al', or items 23a or 28a-f show Exposite roust be notified at	Funeral	11. Maritel Stetus 12. Wa	s Decedent Ever in U	J,S. 13. W	as Decedent of H	lispenic Origin? (Span, Mexican, Puerto	ecify Yes or No-	14. Rece	- American Indien,
or the		1 Never Married 2 Married 1	Yes 2 X No		☐ Yes 2X No	Specify:	rican, etc.)		White, etc.
	d by	3 X Widowed 4 Divorced Yea	ar or Detes:					Specify:	White
	Completed	15. Decedent's Education (Specify only highest grade comp	leted)	16e. Decede	ent's Usuel Occup ind of work done O NOT use retired	etion during most of work	ing	16b. Kind of Busi	ness/Industry
then	E	Elementary/Secondery (0-12) Coi	iege (1-4or 5+)		board Or	•		Lever F	Brothers
other th	BeC	17. Fether's Neme (First, Middle, Last) RAL	PH	3W1 001	ibour a of	18. Mother's Neme	e (First, Middle,		
marked matic ev	To B	Pai	H L. Wolf	e		Ha	annah R	lyan	
a ma	-	19e. Informent's Neme/Reletionship (Type, Prin	nt)	19b. Meiling	Address (Street	end Number or Run	el Route Numbe	r, City or Town, S	tete, Zip Code)
127 or tr		Kathleen F. Scott (Da	aughter)	621	Kingstor	n Rd. Bal	timore,	Md. 21	212
or off		20e. Method of Disposition 1 ☒ Buriel 2 ☐ Cremetion 3 ☐ Removal		Plece of Dispos cemetery, crem-	ition (Neme of etory or other plea	ce)	Dete	20c. Location - C	ity or Town, Stete
tant:		4 ☐ Donetion 5 ☐ Other (Specify)	Ne		edral Cem		/96	Baltimor	e Maryland
impor any in once		21. Signeture of Funeral Servica Licenses M	Iton// Knig		Neme end Addre	rc.	onard J.	Ruck, 1	inc.
		Millow Kni	phi !			ord Road E	Baltimor	e, Md. 2	21214
Corporation		23a. Pert1. Enter the disease of complication shock, or heart failure. List only one call	that caused the deel	th. Do not ente	r the mode of dyir	ig, such es cardiec (or respiretory err	est,	Approximete Interval Between Onset and Deeth
sician edical		Immediate Ceuse (Finel	Aca	VA					0.1001 2.10 2001.
miner		disease or condition resulting in deeth) e	Dunto	os as a consequ	iones of . A	n .			>104G
=	ner		Nico	heten	Mall	Tur			101/00
sician and buriel-transit	Examiner	Sequentially list conditions,	Due to (c	or es e consequ	enca of):	May			10900
ysician a le buriel-		Sequentieily list conditions, if eny, teeding to immediate cause. Enter Underlying Ceuse (Disease or injury	Dec	Mont	.~				
physic the b	edical	thet initiated events resulting In deeth) Lest	Due to (c	or es a consequ	ence of):				
ding p		L .							
6 3	cian								
afte	Physician/M	Part fl. Other significant conditions contributing	to death but not res	suiting in the und	derlying cause giv	en in Pert i.			ibute to the cause of dea
by the atte	0						10.1	es 2 No 3	Probably 42 Unkn
gned by the atter	6						24e. Wes a	n eutopsy	24b. Were autopsy finding
ould be deteched for a	ted by						perfor		avelleble prior to
as been signed by the atter 2 should be deteched for							perform		aveileble prior to completion of cause of deeth?
ate has pege 2							perform	es 200 No	completion of cause
ate has pege 2	Be Completed by	25. Wes case referred to medical examiner?				26. Place of Deet	1□ Y		completion of cause of deeth?
ate has pege 2	To Be Completed	examiner? 1 Yes Hospitei:	1 Inpatient 2	ER/Outpetient		er: Nursing Ho	1 ☐ Ye		completion of cause of deeth?
ate has pege 2	To Be Completed	examiner? 1 Yes Hospitel: 27. Menner of Deeth Distural 5 Pending 28a.	1 ☐ Inpatient 2 ☐ Dete of fnjury (Month, Dey Year)	ER/Outpetient 28b. Time of Injury	28c. Injur	er: Nursing Hor	1 ☐ Your (Check only on me 5 ☐ Reside	18)	completion of cause of deeth? 1 □ Yes 2 □ No (Specify)
ate has pege 2	To Be Completed	examiner? 1 Yes PINo 27. Menner of Deeth 12 Natural 5 Pending investigation 2 Accident investigation 2 Strickles 6 Could not be	Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injun Work	er: Nursing Hor y et k? Yes 25 No	1 Year (Check only on me 5 Reside 28d. Describe he	ence 6 Other	completion of cause of deeth? 1 □ Yes 2 □ No (Specify)
ate has pege 2	To Be Completed	examiner? 1 Yes PINo 27. Menner of Deeth 12 Natural 5 Pending investigation 2 Accident investigation 2 Strickles 6 Could not be	Dete of fnjury	28b. Time of Injury	28c. Injun Work	er: Nursing Hor y et k? Yes 25 No	1 Year (Check only on me 5 Reside 28d. Describe he	ence 6 Other	completion of cause of deeth? 1 □ Yes 2 □ No (Specify)
ate has pege 2	Certification: To Be Completed	examiner? 1 Yes No No Hospitel: 27. Menner of Deeth 1 No	Dete of fnjury (Month, Dey Year) Placa of Injury - At he building, etc. (Specification of the best of my known the basis of examination of examination of the basis of examination of the basis of examination of	28b. Time of Injury	28c. Injun Word 1 et, fectory, office	er: Nursing Holivian k? Yes 25 No	1 You (Check only on the State of the State	ence 6 Other ow injury occurred freet and Number n, Stete)	completion of cause of deeth? 1 □ Yes 2 □ No (Specify) or Rural Route Number,
To the Funeral Director: After this certificate has been signed by the attending phys completely filled in by the funeral director, pege 2 should be deteched for use as the	To Be Completed	examiner? 1 Yes No. 27. Menner of Deeth 1 No. 28a. 29a. Certifier (Check only one) 1 Yes No. 5 Pending investigation 6 Could not be determined 28a. 28a.	Dete of fnjury (Month, Dey Year) Placa of Injury - At h building, etc. (Specif	28b. Time of Injury	28c. Injun Word 28c. Injun Word 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y et k? Yes 25 No	1 Year (Check only on the South of Check only on the South of Check only on the South of Sout	ence 6 Other ow injury occurred freet and Number n, State) ause(s) end mann ete end placa, and	completion of cause of deeth? 1 □ Yes 2 □ No (Specify) 1 or Rural Route Number, eer as steted, d due to the ceuse(s)
ate has pege 2	edicai Certification: To Be Completed	examiner? 1 Yes No No Hospitel: 27. Menner of Deeth 1 No	Dete of fnjury (Month, Dey Year) Placa of Injury - At he building, etc. (Specification of the best of my known the basis of examination of examination of the basis of examination of the basis of examination of	28b. Time of Injury	28c. Injun Word 1 et, fectory, office	y et k? Yes 25 No	1 Year (Check only on the South of Check only on the South of Check only on the South of Sout	ence 6 Other ow injury occurred freet and Number n, Stete) ause(s) end mannete end placa, and 9d. Dete signed (completion of cause of deeth? 1 □ Yes 2 □ No (Specify) or Rural Route Number,

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** M. 10 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Manor Care - Bethesda Chevy Chase Montgomery 5. Sociel Security Number | If Under 24 Hrs. | 8. Dete of Birth Hours | Min. | Min. | July 2, 1902 If Under 1 Year 6. Sex 7. Age (In yrs. lest birthdey) Birthpiece (State or Foreign Country)
 Poland **Funeral** Deys Months 1 M 2 F 94 Yrs Director 091-16-6851 Usuei Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location "natural", or items 23a or 28a-f show 10d. Inside City Limits Maryland Montgomery Funeral Director Chevy Chase Yes 2□ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8700 Jones Mill Road 20815 U. S. A. death 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. filed within 72 hours after Yes 2. No f Yes, Give X Yeer or Detes: 1 Never Married 2 Married 21215-0020 1 ☐ Yes Sty No þ Specify: 3 ☐ Widowed 4 ☒ Divorced White Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry I Hygiene. U. S. Government Elementery/Secondery (0-12) College (1-4or 5+) Physiologist 6 Years State of New York other more, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) s 1 and 2 should be fill Health and Mental H tem 27 Is merked out Be Nuta Millner Machla (Unknown) 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) of Health a Dr. Judith Chused 1805 Randolph Street, N.W., Washington, D. C. 20011 other 20a. Method of Disposition 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20c. Location - City or Town, Stete 10/6/1996 Pages 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 8 Metropolitan Crematory Alexandria, Virginia 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility STEIN HEBREW MEMORIAL FUNERAL HOME. INC. 23a. Pert1. Enter the disease, or complications that caused the shock, or heart failure. List only one cause on each line.

232 CARROLL STREET, N.W., WASHINGTON, D.C. 20012 shock, or heart failure. List only one cause on each line. Physician Immediate Cause (Final disease or condition resulting in death) Arteroscleratic Heart Disease /Medical Years Examiner or Attending Physician: The law requires that the death certificate be executed and burial-tran Sequentielly list conditions, if eny, laeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted evants resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? ate has been signed by page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown pertension Division of Vital Records, Completed by 24b. Were sutopsy findings aveileble prior to completion of cause of death? 24e. Wes an autopsy performed? After this certificate 1 Yas 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to guadical 26. Placa Daath (Check only one) exeminar To the Hospital or Americans, ..., within 24 hours after death.
To the Funeral Director: After this completely filled in by the funeral dir 2 1 ☐ Yes Other: 4 Nursing Home 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 ☐ Residance 8 ☐ Other (Specify) 28e. Date of Injury (Month, Day Year) Certification: 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the bast of my knowledga, deeth occurred et tha time, dete end place, and dua to tha cause(s) and mennar es stated.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, data and place, and due to the cause(s) end manner stated. Medical 29e, Certifian (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month/Day, Year) address of person who completed cause of death (Itam 23a) (Type, Print) Musher on

DHMH 16 Rev 6/95

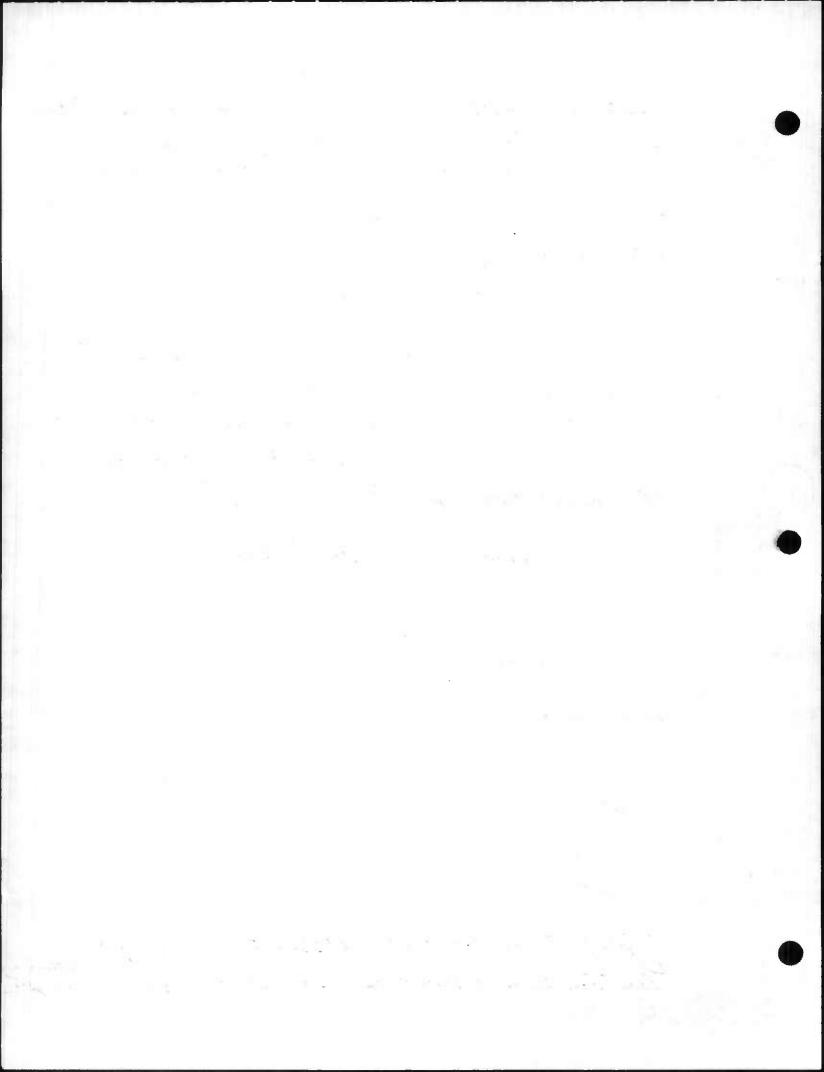
State

Registrar

31. Dete filed (Month, Day, Year)

7 199

32. Registrar's Signature



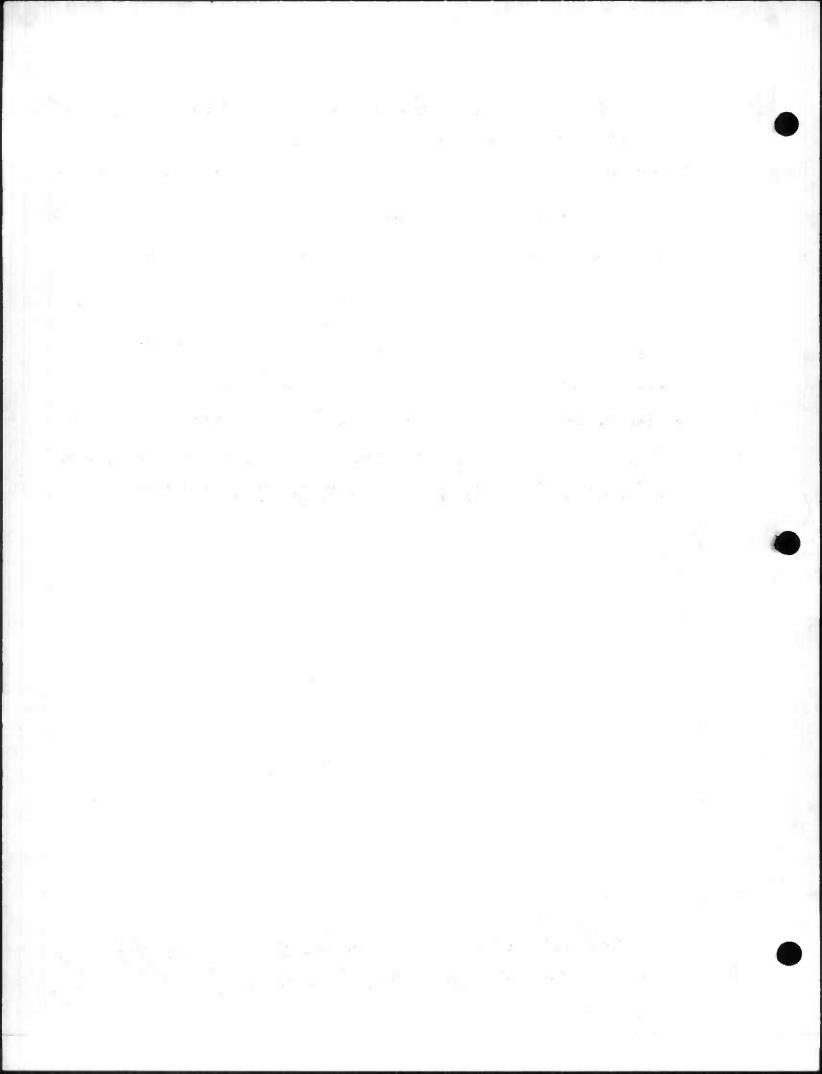
		1-1		State of Marylai		irtment of I tificate of		Mental Hy	rgiene g	6 3	31107	
10	Disconini		Decedent's Name (First, Middle, Last)						2. Dete of Death Month Day Yeer 3. Time of Death			
	Physici /Medi		Edmond Robert FREBURGER					-	October 12, 1996 5:18 P.M			
	Teams. Pages 1 and 2 about be filed within 72 hours after death with the Maryland Department of beath, and Mental Hygiene. Department of beath, and Mental Hygiene. Introductant: If teem 27 is mericad other than "netural", or theme 23s or 28s-1 show any injury or other traumatic event, the Medical Examiner must be notified at one other traumatic avent, the Medical Examiner.		4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth									
			5. Social Security Number 6. Sex 7. Age (In yrs. last birth 313 34 5335			Months Days Hours Min		8. Dete of Birth (Month, Day, Year) 9. E		9. Birthplac	Birthplace (State or Foreign Country)	
2			Usual Residence of Decedent 10a. State 10b. County	ity, Town or Location				•	104	1. Inside City Limits		
fan		ŏ	Donders Galier	Δ	MiDOL River					100	1 □ Yas 28 No	
2		Directo	10e. Street and Number	010	10f. Zlp Code				10g. Citizen of W	That Country	0	
9									1 \ 0	` ()		
9		era	1309 WASHINGTO	12. Was Decedent Ever in U.S. 13.		. Was Decedent of Hispanic Origin? (Spe		pecify Yes or No	14. Race	Race - American Indian,		
5-0020		by Funeral	1 Never Married 2 Married 3 Widowed Married	Armed Forces? 1 ☐ Yes ②☑ No If Yes, Give Year or Dates:	Armed Forces? If Yes, spec 1 ☐ Yes 2 No If Yes, Give 1 ☐ Yes 2		city Cuban, Mexican, Puerto Rican, etc.)		Black, White, etc. Specify:			
7 2		ted	15. Decedant's Ed	ecedant's Education 16a. Decedent's Usuai Occupation					16b. Kind of Bu	siness/indu	stry	
215		pie	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) College (1-4or 5+) College (1-4or 5+)				king	ing				
2121 et within		To Be Completed					SIDI		BATIMORE LOUNTY			
Pu a			17. Fether's Name (First, Middle, Last)			•	18. Mother's Nan	ne (First, Middle	, Maiden Surname			
Maryland			1-W anyongs	-REBURGER			MARIC	O FI	HST			
an			19a. Informant's Name/Relationship (7			g Address (Stree	t and Number or Ru	rei Route Numb	er, City or Town,	State, Zip C	ode) 21237	
- 5			LISA DITER	39	7510.	EAGLEC	DALK Ear	JRT A	FTB. RO	JAO 32	E. MARMARO	
timore Pages 1			20e. Method of Disposition		Plece of Dispos cemetery, crem	altion (Name of patory or other pla	(CB) 4 / 1-A	Oct 1/a	20c. Location - 0	City or Town	n, Stete	
E			1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify,	Hamovel from State	ans Fun	eral Chap	201-BelAIR	19910	Forest	Hill.	Maculand	
=			21. Signature of Funerel Service License	100	22.	Name end Addr	ess of Fecility	2000		7-11-1	1. way and	
m/s			100	X .	2	VAUZ CA	AANU S	ar wie	120 120	-		
	- 2		23a. Part1. Enter the disease, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between									
PI	cets be executed /Medical Examiner street private priv		shock, or heart failure. List only o	na duute on each line.		,				lr.	nterval Between Onset and Death	
		Immediate Cause (Final Bould RI, MIC TIM							Ida.			
E			disease or condition resulting In death)								any	
		Je.		ma La	or as a consequ	uence ot):	ind-	MAR	In in	. 10	249111	
uted		Examiner	Convention to the last conditions	b. Due to (o correct -		Jours				
,	in an riel-tr		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury									
68760, ficata be e	ysicie e bu	ca	Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of):									
-	as t	pa										
Box (ath certif	attending p	3	d									
. 8	e atte	Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					23b. Did	23b. Did tobacco use contribute to the cause of death?			
O g	by th	hys					1 Yes 2 No 3 Probably 4 v Un					
	s been sign	by P										
ecords,		Completed						24a. Was	an autopsy ormed?	availe	a autopsy findings able prior to pletion of cause eath?	
C e	E 8	E					1□	Yes 250 No	101	Yas 2□ No		
	certificate rector, pag	25. Was case raterred to medical 26. Place of Death (Check only one)									Callie	
of Vita Physician:	is certific director,	0	O 1 Types 254 No Hospital: H									
Phys of	는 를	H H	27. Manner of Death	28a. Data of Injury 28b. Time of 28c. Injury at 28d. Describe how Injury occurred								
Vision	death. ctor: After y the funer	읉	Natural 5 Panding 2 Accident investigation									
		1110	3 ☐ Suicide 6 ☐ Could not be datermined	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)					28f. Location (Street and Number or Rural Route Number,			
	목동도	Certification:	4 I Hottlicide	building, etc. (Speci	c. (Specify) City or Town, State)							
To the Hospital	within 24 hours after To the Funeral Dir completely filled in	edical									ed. ne cause(s)	
Toth	To the complete	×	29b. Signature and title of amifier						29d. Date signed (Month, Day, Year)			
	0		D33624						CENTRAL IN 1991			
	10	ŀ	30. Neme end address of person who completed cause of death (Item 23a) (Type, Print)						MORK 14 1996			
	10		30. Name and additions of person who completed cause of death (Item 23a) (Type, Print) OR JOHN C. Downs 7505 OSLER ORIVE Towson MARYLAND									
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrar's Sign	ature	١٠١٠	~ 111.	100000	VI 11711	N MAIL		
	Registr		DOT1 71996	whi dateles has	6.16							

DHMH 16 Rev 6/95

E and a control of the second

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 3. Time of Death **Physician** 45 THOMAS actober GITTINGS 13, 1996 4c. County of Deeth /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner Harford Memorial Hospital Street Harford If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 9. Birthplece (State or F Country) Sept. 30,1926 Maryland 5. Sociel Security Number 6. Sex 1 M 2 □ F If Under 1 Year 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Months Deys 220-18-4045 70 Vre Director Usual Residence of Decedent the Marylend 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show Harford MD Director Street 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? death with 3617 Conowingo Road USA 21154 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐X'es 2 ☐ No if Yes, Give Yeer or Detes: 11. Maritel Stetus Was Decedent of Hispenic Orlgln? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. Peges 1 and 2 should be filed within 72 hours efter nent of Health end Mentel Hygiene. 1 Never Merried 2 Merried 21215-0020 þ 1 ☐ Yes 2 No Specify Specify: Black 3 Widowed 4 Divorcad Completed traumatic event, the Medical 15. Decedant's Education (Specify only highest grede completed) Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elamentery/Secondary (0-12) College (1-4or 5+) Restaurant Chef 12th other Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Be Herbert Gittings marked Marie Whyte 19e. Informent's Neme/Retetionship (Type, Print) 19b. Malting Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) or other trac Beulah M. Smith 3617 Conowingo Road, Street, MD 21154 20e. Method of Disposition 20b. Pleca of Disposition (Name of cametery, cremetory or other pleca) Date 20c. Location - City or Town, Stete 1 ☑Burial 2 ☐ Cremetion 3 ☐ Removel from Stete permit. Pege Department of Important: If any Injury or Burkley Cemetery 10/18 5 ☐ Other (Specify) Darlington, MD 21 Signetur erat Service Licensii 22. Neme end Address of Fecility LEROY O. DYETT & SON FUNERAL HOME, P.A 4600 LIBERTY HEIGHTS AVE., BALTO. 21207 complications that caused he deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, only one cause on each irre. Approximete Intarval Between Onset end Deeth **Physician** /Medical Immediete Cause (Finat diseese or condition resulting in deeth) Examiner Dua to (or es e cons Examiner Men The law requires that the death certificate be executed buriel-transit Sequentielly list conditions, if eny, taading to immediata cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest pue Due to (or as e consequence of) P.O. Box 68760. physicien Physician/Medicai the Due to (or es a consequence of) the ettending eighificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yee 2 No 3 Probably Unknown Division of Vital Records, Completed by page 2 should be 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes en autopsy performed? peen certificate hes 20 No 1 Yes RONO i or Attending Physician: Tafer death.
Director: After this certifica funeral director, Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) exeminer? Hospitet Inpatient 1 Yes 2 No 2 Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be detarmined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) in by 4 Homicide To the Hospital or within 24 hours aft To the Funeral Discompletely filled in edicai 29a. Cartifian Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the causa(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the causa(s) end menner stated. 29b. Signeture end title of 29c. License number 30. Name and ask 31. Dete filad (Month, Day, Yeer) OCT1 7 199 1 32. Registrar's Signature State Registrar



Physician /Medica Examine

Funeral Director

parmit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Introducer: if Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Exercise.

Physician /Medicai **Examiner**

Itimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	State of Maryla			of Health and of Death	d Mental Hy	ygiene Reg. No.	96 31109	
Decedent's Name (First, Middle, L GEORGE	Last) CARL		G	ROVE	2. Date of D	BER 12	3. Time of Death Year 1996 11:50 A	
4e. Facility Name (If not institution, g 3312 McELDER	RRY STREET	rs. last birthday) Yrs.	If Under 1 Months D	BALTI	or Location of Dea MORE Hrs. 8. Date of Bi (Month, D) Feb. 9	irth a <i>y, Year)</i>	ny of Death N/A 9. Birthplace (State or Foreign Country) Maryland	
10e. State 10b. County	10c. (City, Town or Lo					10d. Inside City Limits 1 ☑ Yes 2 ☐ No	
MD N/A 10e. Street and Number 3312 McElderry 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest g Elementary/Secondary (0-12) 11	12. Was Decedent Ever in Armed Forces?		10f. Zip Co Was Decedent If Yes, specify	21205 of Hispanic Origin? Cuban, Mexican, Pu	(Specify Yes or N erto Rican, etc.)	10g. Citizen of What Country? USA 3 or No- 14. Race - American Indien, Black, White, etc.		
3 Widowed 4 Divorced 15. Decedent's I (Specify only highest g Elementary/Secondary (0-12) 11 17. Father's Name (First, Middle, Last George A. Grov	Year or Dates: Education rade completed) College (1-4or 5+)	16a. Deced (Give life. I	dent's Usual C	ccupation fone during most of setired) 78. Mother's N	working Name (First, Middle Line Augu	Trans	White Business/Industry portation me)	
19a. Informant's Name/Relationship Ruth E. Grove 20e. Method of Disposition 1 Burial 2 Cremation 3 4 Donetion 5 Other (Spec	□Removal from State		2 McElo	r place)		ore, MD	n, State, Zip Code) 21205 - City or Town, State MOTE, MD	
23a. Part. Erec the disease or constact, or heart failure. List oni Immediate Cause (Final disease or condition resulting in death)	mplications that caused the decrease on each line. Arteriose	Al 60 ath. Do not ente	LTENBUR 009 Hax er the mode o		Baltimo	ore, MD arrest,	21214 Approximate Interval Between Onset end Deeth	
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Last	C	(or es a consequion as a conse						
Pert II. Other eignificant conditions	contributing to death but not re	esuiting In the ur	nderlying caus	e given in Pert I.		tobacco use co	ontribute to the cause of death?	
					INSP	s an autopsy ormed? ECTED Yes 2/2/4/0	24b. Were autopsy findings available prior to completion of cause of death?	
25. Was case referred to medical examiner?	Hospitel: 1 inpetient 2	☐ ER/Outpatien	t 3□ DOA	Other	Deeth (Check only	one)		
27. Manner of Deeth 1XXiatural 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Day Year)	28b. Time of Injury	Injury at Work?	ursing Home SX Residenca 6 □Other (Specify) 28d. Describe how injury occurred No				
3 Suicide 6 Could not l		home, farm, stre	eet, factory, of	lice		(Street and Num wn, State)	ber or Rural Route Number,	

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunal-transit Division of Vital Records, P.O. Box 68760,

State Registrar

Medical Certification: To

29a. Certifier (Check o

30. Name

MARGARITA KORELL 31. Date filed (Month, Day, Year)
OCT1 7 1996

29b. Signature and title of certifier

32. Registrer's Signature

-

and address of person who completed cause of death (Item 23a) (Type, Print)

M.D.

DHMH 16 Rev 6/95

29c. License number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as steted.

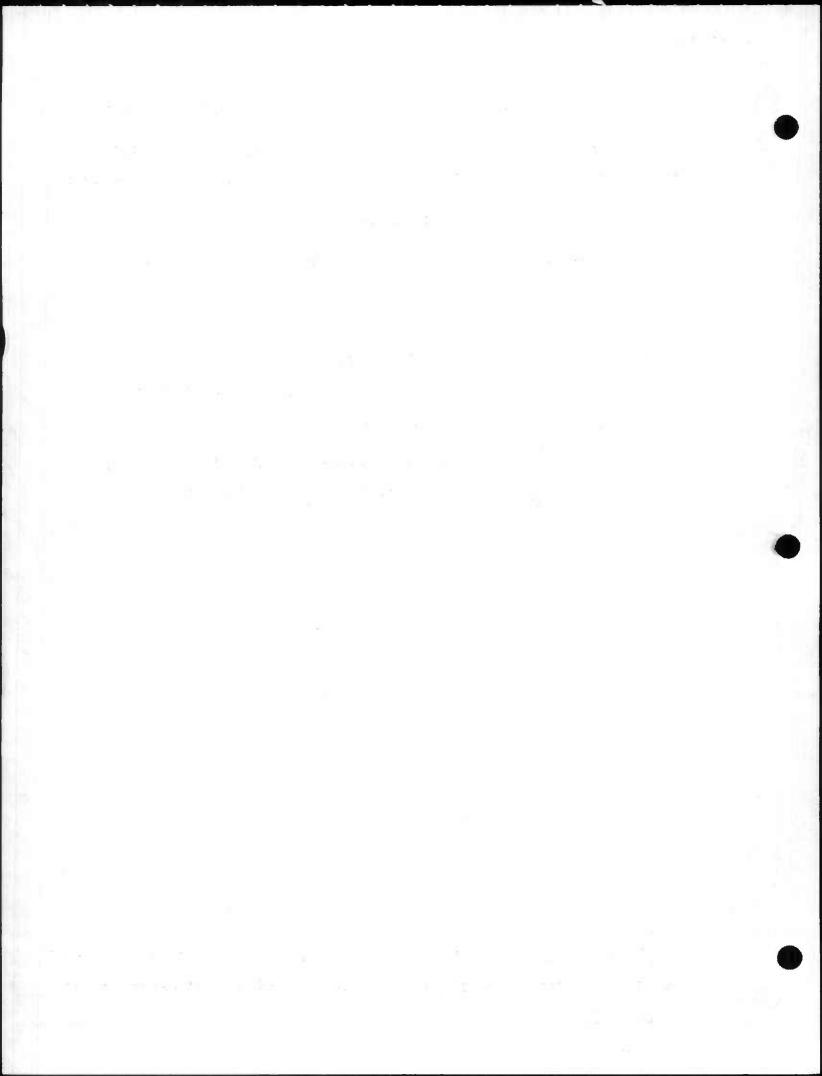
2 Discription Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner stated.

29d. Date signed (Month, Day, Year)

OCTOBER 15, 1996

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Oct.13, 1996 ALICE HOFFMAN 6:30 P.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 102 Bear Creek Road Edgewater Anne Arundel 5 Social Security Number Il Under 1 Year If Under 24 Hrs. Months Days Hours Min. 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1□M 2XDF Director Yrs 212-01-2956 86 Nov. 25, 1909 Balto. Md. Usual Residence of Deceden the Maryland 10a State 10h Count 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Inside Clty Limits Anne Arundel Director Edgewater 1 ☐ Yes XX No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? With 102 Bear Creek Parkway 21037 USA Funeral death 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 No 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. filed within 72 hours after 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: þ 3 Widowed 4 □ Divorced Specify: White Completed 15. Decedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important if item 27 is marked other than any Injury or other trainment. Elementary/Secondary (0-12) College (1-4or 5+) 4 Yrs, College -12 -Law Office Legal Secretary 17. Father's Name (First Middle Last) 18. Mother's Name (First, Middle, Maiden Surname) Be John Harris Elliott Marianna E. Jenkins 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Mrs. Marianna E. Hartlove (Sister) 102 Bear Creek Parkway - Edgewater, Md. 21037 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burlal 2 Cremation 3 Removal from State St. Johns Cemetery 10/18/96 4 ☐ Donation 5 ☐ Other (Specify) Glyndon, Md. 21. Signature of Funaral Servica Literature 22. Name and Address of Facility 11824 Reisterstown Road ELINE FUNERAL HOME Reisterstown, Md. 21136 ene P.11. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, injock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death Physician /Medical diate Causa (Final disease or condition rasulting in death) Examiner Dua to (or as a consequence oi): Examinet attending physician and for use as the burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that Initiated avants resulting in death) Last Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as a consequenca of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? page 2 s has certificate 1 Yas 2 No 1 Yes 2 1NO Division of Vital or Attending Physician: 124 hours after death.

Funeral Director: After this certific. Be 25. Was case referred to medical 28. Place of Death (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatlent 3 ☐ DOA Othar: 4 ☐ Nursing Homa 5 ☐ Residenca 6 ☐ Other (Specify) 2 1 Yas 2 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Panding investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At homa, Iamn, street, factory, office building, etc. (Spacify) 28I. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide Hospital 1 Cortifying Physician: To the best of my knowledge, daath occurred at the tima, data and placa, and dua to the causa(s) and manner as stated.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. edical (Check only one) To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

completed cause of death (Itam 23a) (Type, Print)

iery

205

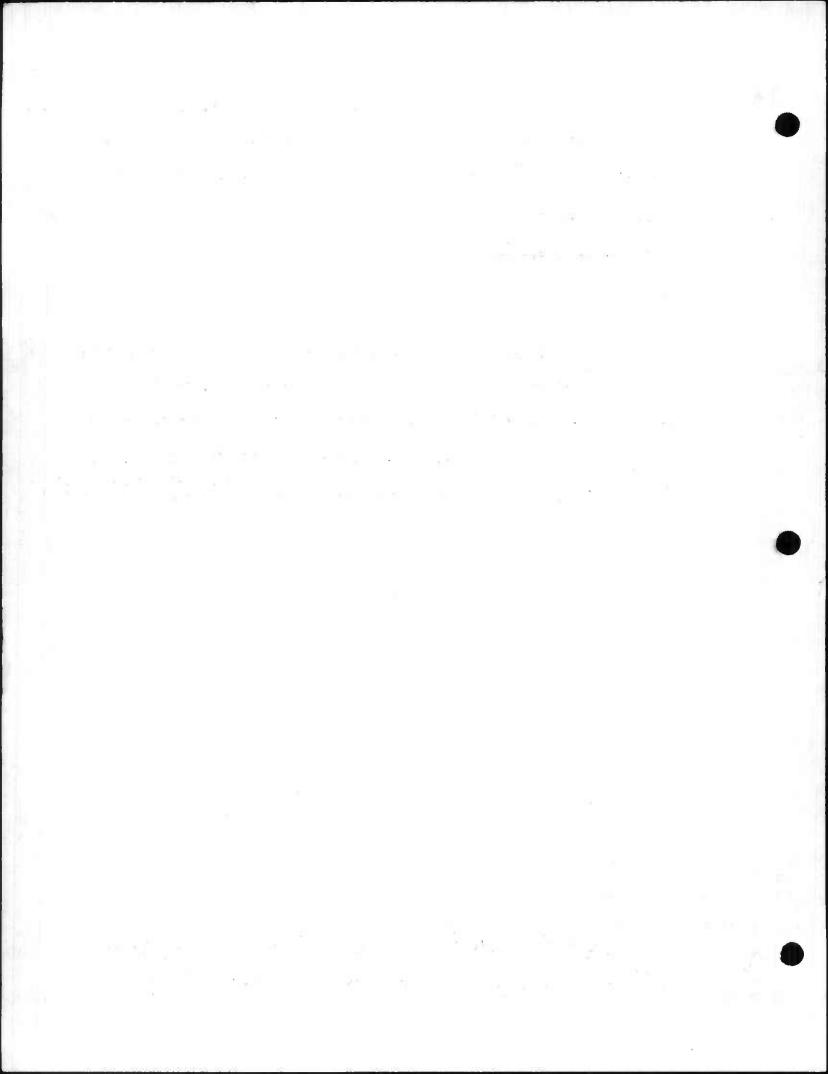
DHMH 16 Rev 6/95

State Registrar 30. Name and andress of person who

By Year)

20

31. Date filed (Month,



State of Maryland / Department of Health and Mental Hygiene ITEM: 23a per DR.G-740 10-17-96 eoh Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death **Physician** Month Day Yaar HARVEY RELLA EMILY /Medical OCT 96 2:45 P.M 07 4e. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner BALTIMORE TOWSON, MD SAINT JOSEPH MEDICAL CENTER Hours Min. 8. Data of Birth (Month, Day, March 5, 5. Social Security Number 7. Aga (In yrs. last birthday) If Under 1 Yeer **Funeral** 9. Birthplaca (Stata or Foreign Months Days 1□ M 2√F 1909 215-32-8812 87 Yrs Indiana Director Usuel Rasidanca of Decedant 10a Stata 10b. County 10c. City, Town or Location ns 23a or 28a-f show 10d. Insida City Limits Director 1 Yas 2 No Maryland Baltimore Co. Lutherville the 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 611 Morris Ave. 21093 United States death Funeral Herns 11. Marital Stetus 12. Was Dacedent Ever in U,S. Armed Forcas? 13. Was Dacedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, treumatic event, the Medical Examiner Black, White, atc. filed within 72 hours aftar 1 ☐ Naver Merriad 2 ☐ Married 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Datas: ò 1 ☐ Yas 2 🕱 No Completed by Specify: 3 ₩ Widowed 4 Divorced "naturel". White Dacadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decadant's Education 16b. Kind of Businass/Industry (Specify only highast grade complatad) Hygiana. Elamentary/Secondery (0-12) Coilaga (1-4or 5+) Home Maker Own Home other 17. Fathar's Name (First, Middla, Last) . Pagas 1 and 2 should be fill ment of Haalth and Mental Hy lant: If Item 27 is marked oth lury or other treumstic event 18. Mothar's Nama (First, Middla, Maiden Sumema) Be Nelson A. Hopkins Mary Elizabeth Sullivan 19a. Informent's Name/Raletionship (Type, Print) 19b. Malling Address (Straet and Number or Rurel Routa Number, City or Town, Stata, Zip Coda) Edward A. Harvey (Son) 1719 Greenspring Drive Lutherville, Maryland 21093 20b. Placa of Disposition (Nema of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☐ Burial 2 ☑ Cramation 3 ☐ Removal from Stata permit. Paga Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) 10/09/96 Hilltop Service Corp. Towson, Maryland 21. Signature of Funarai Sarvice Licensee Jeffrey L. Gair 22. Nama and Addrass of Facility
RUCK TOWSON Funeral Home, Inc. Towson, Maryland 21204 1050 York Road Entar the displase, or complications that caused the daeth. Do not antar tha mode of dying, such as cardlec or raspiratory errest, c, or haart feitura. List only one cause on eech line. Approximate Interval Between Onsat and Death Physician /Medicai Immadiate Ceuse (Final RESPIRATORY FAILURE disaasa or condition rasulting in daath) Examiner Dua to (or as a consequance of) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE The law requires that the death certificate be executed Sequentielly list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Diseasa or Injury thet initiated evants resulting in daath) Last the burial-tran and Dua to (or es a consaguance of); tha attending physician Physician/Medical Dua to (or es a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t d be datech Yes 2 No 3 Probably 4 Unknown by Completed 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of death? certificate has No No 1 ☐ Yas 2 No Attending Physician: Be 25. Was casa rafarred to medical 28. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yas 2 No 1 Nopatiant 2 ER/Outpatient 3 DOA Aftar this 27. Mannar of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding investigation 1 Natural daath. 1 ☐ Yas 2 ☐ No 2 Accident Director: in by the 3 Sulcide 6 Could not be datamined 28a. Placa of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) or A aftar 4 Homlcide within 24 hours a To the Funeral C complataly filled Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, dete and place, and due to tha cause(s) end mannar as stated.

2 Medical Examinar: On the basis of axemination and/or invastigation, in my opinion, daath occurred at tha tima, date end place, and dua to the cause(s) and mannar stated. Medical 29e. Cartifian (Check only one) the 29b. Signature and titla of certifiar

29c. Licansa number

29d. Data signed (Month, Day, Year)

21215-0020

Baltimore, Maryland

P.O. Box 68760,

Division of Vital Records,

State Registrar BRIAN DAVID MULLIKEN, M.D. 8322 BELLONA AVE, TOWSON MARYLAND 21204 82, Registrar's Signature 31. Data filad (Month, Day, Year) CCT1 7 1996

mula-ms 30. Name end address of person who complated cause of daeth (Itam 23e) (Type, Print)

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Death October 14,1996 6:08 pm 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Johns Hopkins Bayview Medical Center Baltimore 9. Birthplace (Steta or Foreign Country) 6. Sex 1 M 2 F 5. Social Security Number if Undar 1 Yaar if Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Day, 10-13 Deys Months NOT ISSUED Usual Residence of Decadent Saltimore, MI 10b. County 10c. City. Town or Location 10d. Insida City Limits Ves 2□No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1326 11. Maritai Status 1.5 A 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - Amarican Indien. Bleck, White, etc. 1 ☐ Yas 2 No If Yes, Give Yaar or Dates: 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced ac 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry

20b. Plece of Disposition (Name of cemetery, cremetory or other place)

tamponade

18. Mother's Name (First, Middle, Maidan Surneme)

Date

pericardial effusion

20c. Location - City or Town, State

about /hr

3 Probably 4 ☐ Unknown

24b. Were autopsy findings available prior to completion of cause of death?

1. Yes 2□ No

19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code)

a Fayette Ave

Physician /Medicai Examiner

Physician

/Medical

Examiner

10a. Stete

Elamentary/Secondary (0-12)

Karen

Immediate Cause (Final disease or condition resulting in death)

17. Fether's Nema (First, Middle, Last)

19a. informant's Name/Relationship (Type, Print)

20a. Method of Disposition

1 Burial 2 Cremation 3 Removel from State

Itas

4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses

Funeral

Director

ral', or items 23a or 28a-f shov Examiner mast be notified at

"natural", or

Hygiene.

Pages 1 and 2 abould be filed nent of Haaith and Mental Hygis net: If Item 27 Is marked other

permit. Pages 1 end 2. Department of Haalth el Important: If Item 27 is any Injury or other tra

traumatic event, the Medical

filed within 72 hours efter

Baltimore, Maryland 21215-0020

Director

by Funeral

Completed

Be

The law requires that the death certificate be axecuted signed by

After this certificate has filled In by the funeral

or Attending Physician: death. within 24 hours after death To the Funeral Director: completely filled in by the Hospital the

Division of Vital Records, P.O. Box 68760,

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Lest Physician/Medicai Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? infection (not confirmed. 1 Yes 2 No Completed by hyperbilirubinemia 24e. Wes en eutopsy performed? 1 Yes 2 No Be 25. Was case referred to medical 28. Plece of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 4 Homicide edicai 29a. Certifier 12 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, and due to the ceuse(s) and mannar as stated.
2 Medical Examiner: On the bests of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and pieca, and due to tha cause(s) end menner stated. 29b. Signatura and fittle of certifier 29c. Licansa number 29d. Deta signed (Month, Dey, Year) October 15,1996

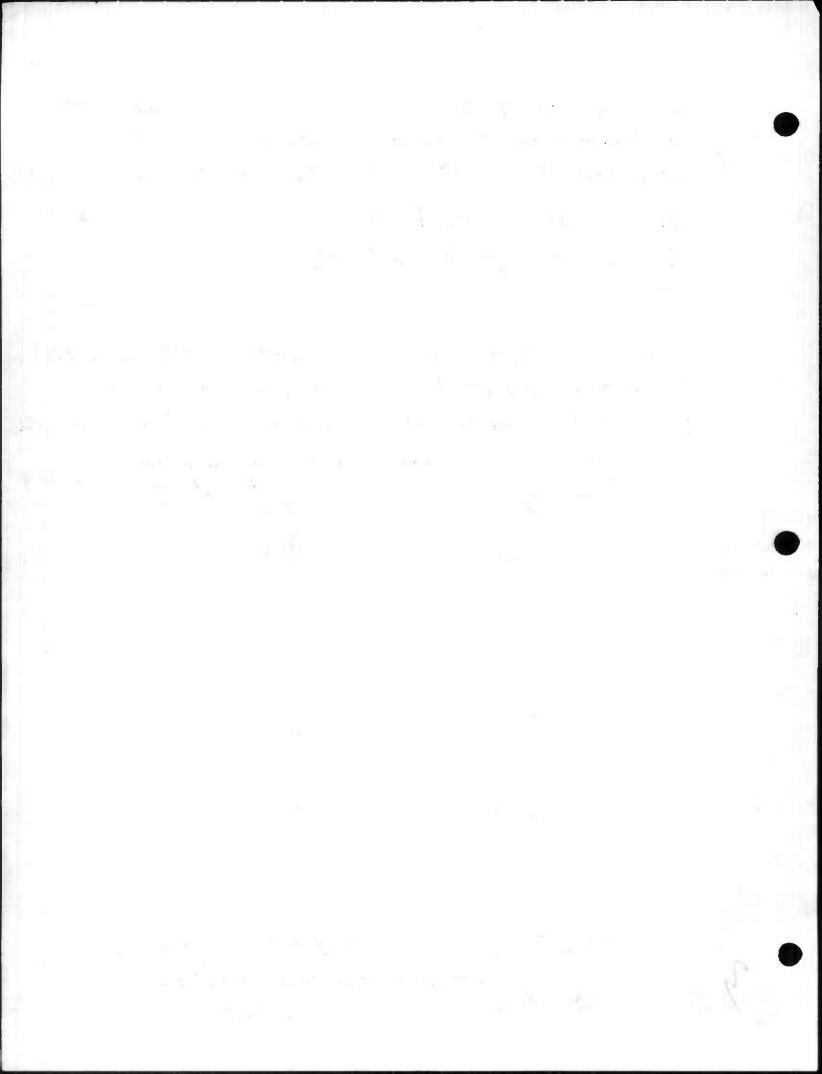
Part 1. Enter the disease or completations that caused the deeth. Do not enter tha moda of dying, such as cardiac or respiretory arrest, shock, or haart failure. List out one cause on each line.

College (1-4or 5+)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Johns Hopkins BAyview Medical Center Eastern Ave hast and was offendalle

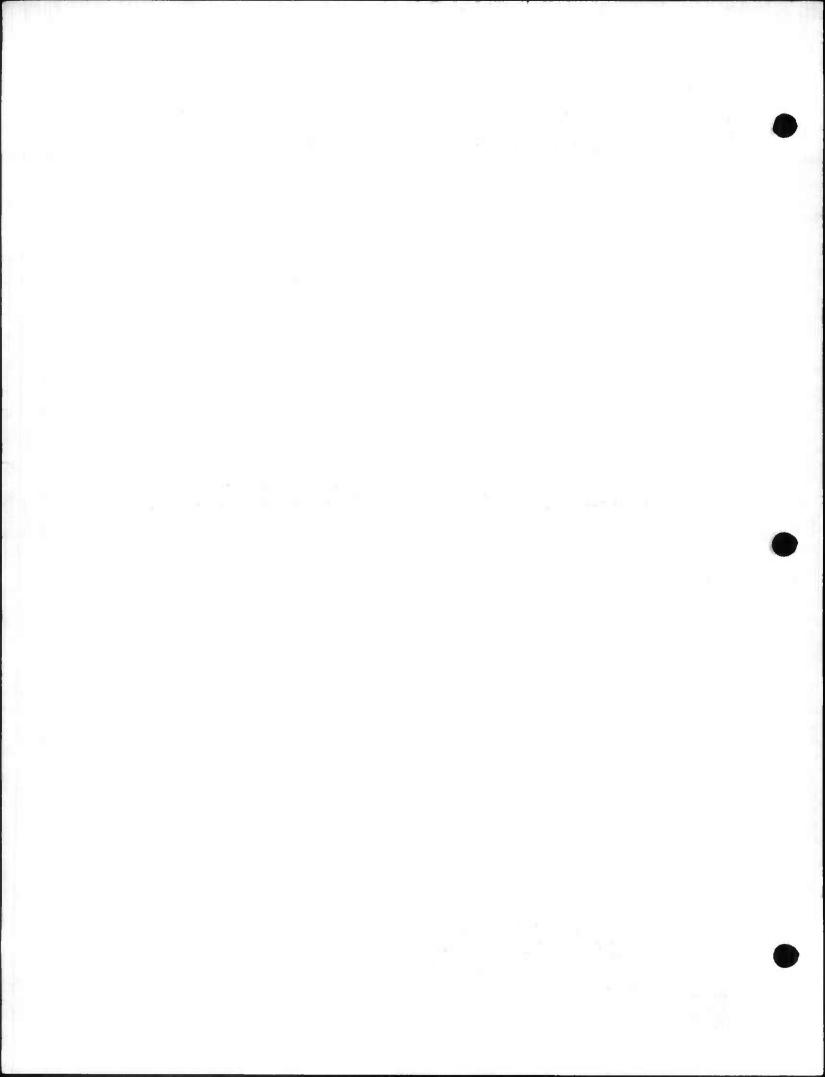
m

State Registrar



				State of Marylar		ment of Helicate of D		Mental Hy	giene 9	6 3	1113
			1. Decedent'e Name (First, Middle, Last) ,	Certii	icale of D	eatri	2. Dete of Dec	Reg. No.	3.	Time of Deeth
	Physic /Medi		Kenneth D.	Hardin				Month i O	Dey	Year	0:35
	Exami		4e. Facility Neme (If not institution, give	street and number)	Sictoria	4b.		ocation of Deeth	4c. County		
-	Funeral		5. Sociel Security Number 6. Se		lest birthdey) If		If Under 24 Hrs.	8. Dete of Birth (Month, Day			(Stete or Foreign
н	Director		242-47-2003	^{3'M 2□ F} 26	Yrs. M	onths Deys	Hours Min.	02-18-		OH I	
	P		Uauel Residence of Decedent 10a. Stete 10b. County	10c. Cit	ty, Town or Location	20				104.1	nside City Limits
	a Manyl a-f sho Uffed a	ctor	MD. ANNE ARU		,	SEVI	ERN				Yes X No
	with the Mary 3e or 28e-f sh st be notified.s	I Director	10e. Street and Number 8002 MILLSTON	E COURT	1	Of. Zip Code 2.1.1	144		10g. Citizen of W		
20	s after death with the Marylar , or Items 23s or 28e-f show caminer must be notified at	by Funeral	11. Maritel Stetus 1 Never Merried X 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes XXNo If Yes, Give	If Ye	Decedent of Hisp s, specify Cuban, Yea 2 No	panic Origin? (S Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)		- American Ir k, White, etc.	
9	2 hours stural, cal Exa		15. Decedent's Edu	Yeer or Detes:	16a. Decedent	s Uauel Occupeti	on		16b. Kind of Bu		
21215-0020	d within 72 plene. r than "na the Medic	Completed	(Specify only highest gred Elementery/Secondery (0-12) 2	e completed) College (1-4or 5+)	(Give kind life. DO	of work done du NOT use retired) CHEF	ring most of wor	king	HOTEL/		
Maryland	d be file and othe second,	Be	17. Fether's Neme (First, Middle, Last) PAUL DENNIS	HARDIN, SF	2	1	8. Mother's Ner	ne (First, Middle,	Meiden Surnam	e)	77
aryl	2 should b and Ments e merked surretic e	10	19a. Informent'a Neme/Reletionship (Ty		1	ddress (Street en				Stete, Zip Cod	le)
100	Health ar Am 27 is other trau		CARRIE V. HARDI	N (WIFE)	8002	MILLSTO	ONE CT	, ANNE	ARUNDE	L,MD.	21144
more,	並为年二		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion X3Y☐ F 4 ☐ Donetion 5 ☐ Other (Specify)	lemovel from State	Plece of Disposition cemetery, cremeto STON ME:	ry or other plece)		Dete	20c. Location -		State C . 28054
Balti	permit. Page Department of Important: If any Injury or office.		21. Signeture of Funerel Service License		22. Na	me end Address	of Fecility				0.20031
L	00200		William &	acelli	4	905 YO	RK RD.	BALTO	.,MD. 2	21212.	
	Physician		23a. Part1. Enter the diseese, or compli- ahock, or heert feilure. List only or	ne ceuse on each line.	n. Do not enter th	e mode of dying,	such ea cardied	or respiretory ar	rest,	Inte	proximete erval Between set and Death
1	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	, subarac			orrhag	RS		7	days
	p ±	lner		middle c	or as a consequent	ce of):	cry a	NOUV VS	m	1	
Ć.	sate be executed physician end the buriel-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	Due to (c	or es e consequen	ce of):	1	,			
8760,	cate be ex ohysician the buriel	dical	Ceuse (Disease or injury that initieted eventa resulting in deeth) Last	Due to (o	r es e consequenc	ea of):					
ox e	attending p	Mec		l							
Bo	deeth certifik e attending p od for use as	clan	Data Other Lands								
P.O.	by th	Physician/Me	Pert II. Other significant conditions con	tributing to death but not res	ulting in the under	lying cause given	in Pert I.	23b. Did t		3 Probably	cause of death?
	signed b	by									^
Records,	law requires hes been sign le 2 should be	Completed						24a. Wea	an eutopsy med?	availabi	utopay findings le prior to tion of cause h?
al R	The ate h	Con						1 🗆 Y	es 2DNo	1 ☐ Yas	s 2 No
Vital	Physician: The this certificate ral director, pag	o Be	25. Wes case referred to medical examiner?	lospitel: v.v.		Other		th (Check only or			
of	une une	-	27. Manner of Deeth 1 Natural 5 Pending 2 Accident Investigation	28e. Dete of injury (Month, Dey Year)	28b. Time of Injury	28c. Injury a Work?	4 LI Nursing H	ome 5 Resid	lence 6 Othe	1	
Division	i or Attending efter death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At he building, etc. (Specify	ome, ferm, street,			28f. Location (S City or Tow	Street and Numbern, State)	er or Rural Rou	ute Number,
_	Hospita 24 hours Funeral tely fille	edical Ce	(Check only 2 Medical Examir	ician: To the best of my knower: On the basis of examinat	wledge, deeth occition end/or investi	urred et the time, getion, in my opin	dete end plece	, end due to the o	cause(s) and mai	nner as atated	Cause(s)
	To the Vithin 2 To the Comple	Med	one) 29b. Signature aptilities of certifies	and menner steted.	2.0	29c. License n			29d. Date signed		
	⊢ s ⊢ ö		> amulay	X3/1/1		P100	26		10/14	191	
	[0]		30. Name and address of person who co	mpleted cause of death (Item)	2.0	(144444	416	2120	1
	Sta	te	31. Dete filed Month Peny and OC	SAL POSITION SINCE	(Timbelle	ne St.	Duit	imore,	rvij	6160	(
	Registr	ar	00 X + 1990	0		9					

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Date of Death 3 Time of Death Des Vear Hartley 510 AM Elizaheth FLETCHER 13 1996 October 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death GILCHRIST CENTER TOWSON BALTIMORE If Under 1 Year 5. Sociel Security Number If Under 24 Hrs. Houra Min. 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Months Days 1 M XX F 219-28-8855 Yrs. 65 10-23-1930 **ENGLAND** Usual Rasidence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits MD. BALTIMORE RODGERS FORGE 1 Yes XXNo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6673 WALNUTWOOD CIRCLE 21212 U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes ZONO If Yas, Giva Yaar or Dates: 1 ☐ Yes XXNo Specify: Specify: WHITE 3 Widowed Wivorced 16a. Decedent's Uauel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) Collaga (1-4or 5+) HOME 12 YEARS MAKER OWN HOME 17. Fathar's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumame) GORDON CECIL HARTLEY ELIZABETH HILL 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straet and Number or Rural Route Number, City or Town, State, Zip Code) JOHN H. EAGER IV (SON) 202 CEDARCROFT ROAD, BALTIMORE, MD., 21212 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Locetion - City or Town, State Date 1 ☐ Burial XXCremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) GREEN MOUNT CREMATORY 10-14-96 BALTO., MD. 21202 21. Signature of Funeral Service Licensee 22. Name and Address of Facility HENRY W. JENKINS AND SONS COMPANY 4905 YORK ROAD, BALTIMORE, MARYLAND, 21212 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death Colon Immediata Cause (Final Cancel metastasis ZUBS Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy

Physician /Medical Examiner

and

signed by

certificate

this

After

24 hours efter deeth.

To the within 2 To the f

Hospital

Physician

/Medical

Examiner

10a. Stata

Funeral

Director

ns 23a or 28a-f show 28a-f show

items 2

6

natural

Hygiene.

. Pages 1 end 2 should be fill thent of Health end Mental H tant: If item 27 is marked oth

other

0 Depertment of Important: If any Injury or

other traumstic event.

The Medical Examiner

Director

Funeral

þ

Completed

Be

the Meryland

filed within 72 hours efter

21215-0020

Baltimore, Maryland

Box 68760.

P.O.

Division of Vital Records.

or Attending Physician: The law requires that the death certificate be

Examiner buriel-transit the ettending physician thed for use as the burie Physician/Medical þ 8 Completed Be 10 Certification: filled in by Medical

disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 24b. Wera autopsy findings available prior to completion of ceuse of death? 1 Yes 2 No 1 Yes 2 No 25. Was cese referred to medicel examiner? 26. Placa of Death (Check only one) Other: $_{4}\Box$ Nursing Home $_{5}\Box$ Residence $_{6}$ \boxtimes Other (Specify) INPT INTEXES Hospitel: 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accidant 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) determinad 4 Homicida

29a. Certifia (Check only

31. Date filed (M

1 Certifying Physician: To the bast of my knowledga, daath occurrad at the tima, data and place, and dua to tha cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

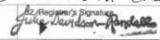
29b. Signature and pale of certifiar

29c. License number D47707 29d. Date signed (Month, Day, Year) Ochoben 13, 1996

30. Name and addrass of person who completed ceuse of death (Item 23a) (Type, Print) MI) 6565 North

Charles St St 203 Bultimore MD 21204

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Year ROBERT HARTZLE HARRISON OCTOBER 14,1996 /Medical 10:15AM 4a. Facility Nama (If not institution, giva street and number) 4b City Town or Location of Death 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 6 Say 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1**⊠** M 2□ F Months Days Min. 78 217 09 9157 Usuai Residence of Decedent Director MARYLAND 10a State 10h County 10c. City, Town or Location Show 10d. inside City Limits items 23s or 28s-f showner maint be notified at 1 Yes 2 No Director MARKANO HARFORD JARRETTSVILLE 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? TJVILLE 15000 U-S.A 31084 1732 death Funeral 12. Was Decedant Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. The Medical Examiner Pages 1 and 2 should be filed within 72 hours after 1 ☐ Yes 2 No if Yes, Give Year or Datas: 1 Never Married 200 Married 21215-0020 ò Specify: WHITE by 1 ☐ Yes 28 No Specify: 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grade completed) al Hygiene. Eiementary/Secondary (0-12) College (1-4or 5+) QUALITY LOGIROL INSP. BENDIX LORPORATION 127RS. Baltimore, Maryland 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be of Health and Mental CLINTON HARRISON DAME AOSLIA 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21084 DOROTHY B. HARRISON (10AC) JARRSTTTVILL NARLAND

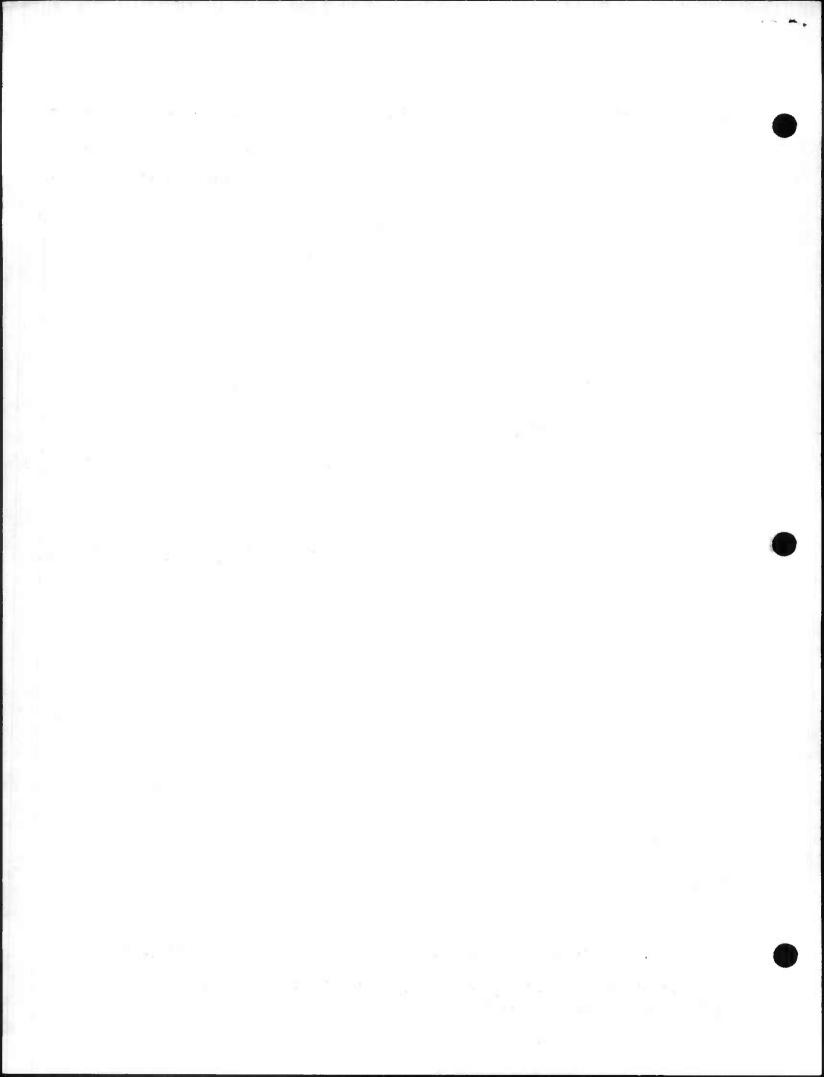
20c. Location - City or Town, State M32 JARRETISVILLE other 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 1 Buriai 2 ☐ Cremation 3 ☐ Rembvai from State 0 Department of the any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) 1996 JARRETTOVILLE LETTE VIR JARRETTSVILL PARIANO 22. Nama and Address of Facility HAPEL - BELATR, P.A. 21. Signature of Eunarai Service Licensee 21020 23a. Part 1. Enter the disease, or complicator is that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate shock, or heart feiture. List only one and see on each line. Approximate interval Betw **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last pur Box 68760. signed by the attending physician d be detached for use as the burie Physician/Medical Due to (or as a consequenca of). P.O. Part il. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Sever (A) 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of deeth? Severe perphed ordered in sugg 24a. Was an autopsy performad? 1 Yes 2 No 1 ☐ Yes 2 No or Attending Physician: 25. Was case referred to modical exeminer? Be 26. Place of Death (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 IN 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Dete of injury (Month, Day Year) 27. Manner of Osath 28c. injury at Work? Certification: 28d. Describe how injury occurred within 24 hours after death. To the Funeral Director: After 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcida 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide edical 1 Certifying Phyaician: To tha best of my knowledge, death occurred at the time, date and placa, and dua to tha cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certiflei (Check only the 29b. Signature and title of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed cause of death (item 23a) (Type, Print) Nucs GBMC Charles St. Balto Md. 21204 Registrar's Signature State Registrar

AND THE PARTY OF T

			5	itate of Maryland / Departmen <i>Certifica</i>	nt of Health and N te of Death	Mental Hygler Reg. l	20	3	116
	Physic /Medi		Decedent'a Name (First, Middle, Last) PAULINE	HORNLEIN		Uctober	12, %ear	3:	me of Death
	Exami Funeral Director	ner	108-12-4000		4b. City, Town, or L	8. Date of Birth (Month, Day, Yea	4c. County of Del Bay 9. Bar) 1918	MOR	L tate or Foreign
	e Maryland 8e-f show diffed at	Director	Usual Residence of Decedent 10e. State 10b. County Maryland Baltimol	10c. City, Town or Location					de City Limits Yas 2 XNo
20	urs after death with the Maryla af, or theme 23s or 28s4 shot Examiner must be notified at	by Funeral Dire	1 Never Married 2 Married	Was Decedent Ever in U,S. Armed Forces? 13. Wes Dece if Yes, spe 1 □ Yes 2 ☒ No if Yes, Give 1 □ Yea	p Code 2		14. Race - Arr Biack, Wh	nerican Indien,	
Maryland 21215-0020	uid be filed within 72 hours Mental Hygiene. rked other than "natural", of itic event, the Medical Exa	To Be Completed b	15. Decedent'a Education (Specify only highest grade co	Year or Dates: on mpleted) College (1-4or 5+) TOYAN 16a. Decedent's Usi (Give kind of wille. DO NOT in the North of the	ork done during most of work use retired) Raful ASSI	Staut S e (First, Middle, Maid	Kind of Business OUGL Jen Surname)	Sec.	urity
Baltimore, Mary	Demain Fages 1 and 2 sho Department of Health and I Important: If them 27 is ma any injury or other traums other.		19a. Informent's Name/Relationship (Type, 20a. Method of Disposition 12 Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 21. Signature of Eunarai Service	oval from State 20b. Place of Disposition (Na cametery, cremetory or Dulaney Valley	Memorial Gardou nd Address of Fecility	Date 16 20c.	y or Town, State, M. M.J. Location - City o	Town, Sta	093 10 Reylano
	Physician /Medical Examiner	er		ons that caused the death. Do not enter the mo ause on each line. Sub ARACHNO I	2325 YORK de of dying, such as cardiac D HEMM	Rd. Tim or respiratory arrest,	eonium,	Approx Interve Onset	cimate al Between and Deeth
Box 68760,	eath certificate be executed attending physician and for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avents rasulting in death) Last	Due to (or as a consequenca of)					
P.O.	that the died by the detached	y Physician/M	Part II. Other significant conditions contribu	uting to death but not rasulting in the underlying	cause given in Pert I.	23b. Did tobac	co use contribut	le to the ca Probably	use of death?
Records,	e law requir has been s ge 2 should	Completed by				24e. Waa an au performed		. Ware auto available p completion of death?	
on of Vital	lending Physician: The leath. Ior: After this certificate the funeral director, pag	Certification: To Be Co	1 Natural 5 Panding 2 Accident investigation 3 Suicide 6 Could not be	1 Inpatient 2 EH/Outpatient 3 D	OA Other: 4 Nursing Ho 28c. Injury at Work? 1 Yes 2 No	th (Check only ona) ome 5 Residence 28d. Daacribe how in 28f. Location (Street City or Town, 5t	njury occurred		SPICE
ā	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edical Cer	(Check only 2 Medical Examiner:	n: To the best of my knowledge, daath occurred On the basis of examination and/or investigation and manner stated.	f at the time, date and place, n, in my opinion, daath occur	and due to the cause	(s) and menner a	ns atated. ue to the car	use(a)
)	To the	Me	29b. Signeture and title of certifier Ovaluation 30. Name and eddress of person who completes	Foulbus !	c. License number	29d. I	Date signed (Mor	nth, Day, Ye	ar)
ì	Sta Registi		DR. KENDALL FAULKNE 31. Date filed (Month, Day 1996)	R 2300 DULANEY VALLE	Y RD. TOWSON	, MD 21204	ŀ		

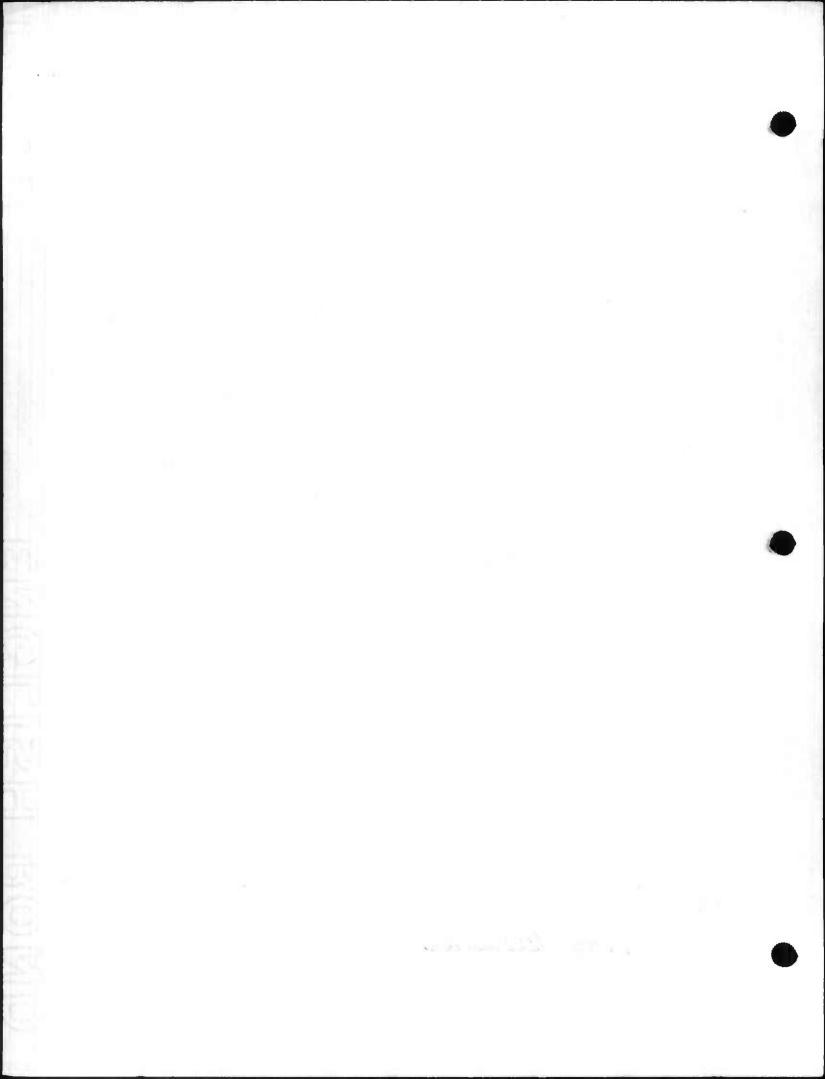


BALTIMORE, MARYLAND 21215-0020

FOR

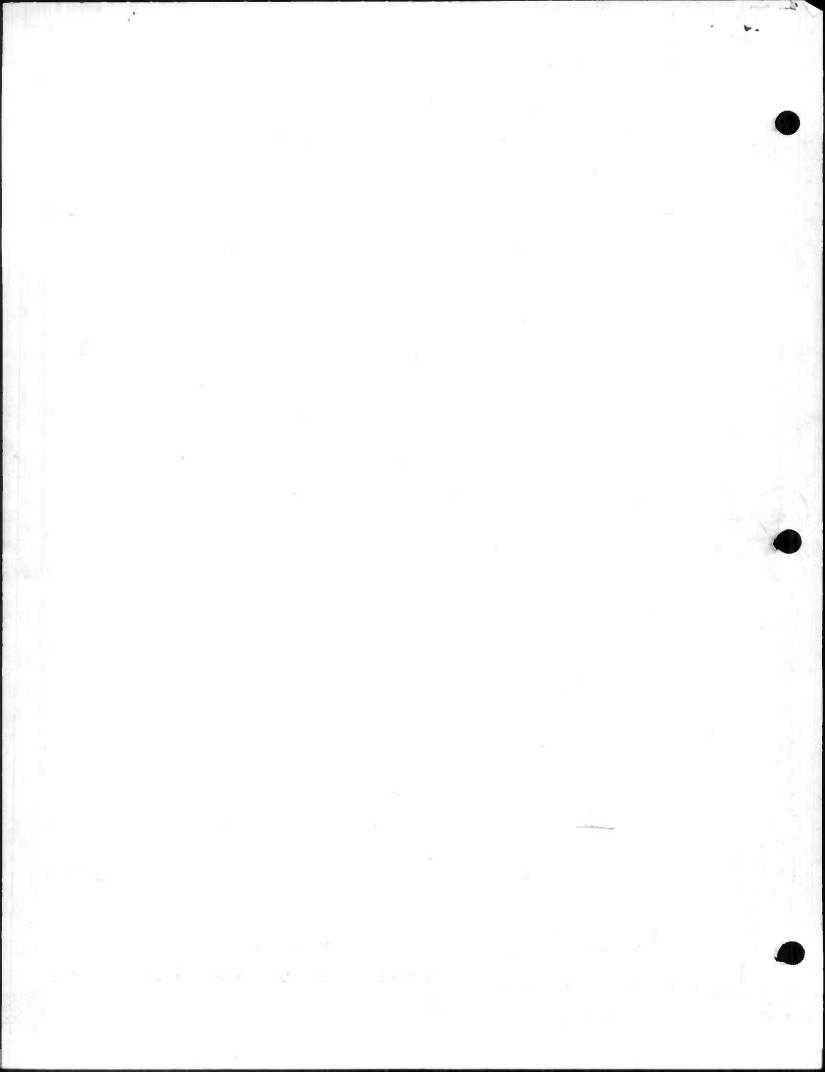
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are completely filled in the function page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation. or mental the most in the most of the completely or the transit permit and Mental Hygiene prior to burlat, cremation. or mental the most of the completely or the completely filled at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF					NTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)	J. Heb	bel J	JR				DATE OF OEATH	DAY 190	YEAR	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 212-03-1310	8. SEX 8. AGE (III	n yrs. lest birthday) YRS.	IF UNDER		IF UNDER 24 HOURS R	WIN.	DATE OF BIRTH (Month, Day, Year) Nov 7, 1	01	Country)	LACE (State or Foreign		
Œ	Se FACILITY NAME (If not institution, give at	NUrsing Cent		9ь. СІТУ		LOCATION	OF DEATH		Oc. COUN		ATH		
013	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	1000200	21204		R LOCATIO	owso	N						
DIRE		itimore		Phoe		JN .					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
AL	10s. STREET AND NUMBER				101.	ZIP CODE			10g. CITIZ	EN OF WI	HAT COUNTRY?		
NEA	3715 DANCE MI	LL Rd.	II O ADMED	Lan		21131		ORIGIN? (Specify		A	American testion		
BY FUNERAL DIRECTOR	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		If yes, spec		Mexican, P	uerto Rican, etc.)	Yes or No.	Black, Specify			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL O	CCUPATION during most	of working		16b, KIND OF I	BUSINESS/INDU				
PLE	Elementary/Secondary (9-12)	College (1-4 or 6+)	SUPER	,				Wester	n Elect	ric			
₩O.	17. FATHER'S NAME (First, Middle, Last)		001211	Jock				(First, Middle, Maid					
BE	William John Hel	bbel. Sr				Emm							
5	196. INFORMANT'S NAME (Typo/Print) RUTH A. Hebbel		3715 T					e Number, City or 1	Town, State, Zip	Code)			
	20a, METHOD OF DISPOSITION		PLACE AND DAT	E OF DISP	OSITION (LOCATION C	aty or Tow	rn, State		
	1 M Burial 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)	S _T	Johns Co	Holic	Chuse		1	9,1996 L	CNGGre	en, N	19		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		E	ANS	Chap Chap	elof	Chimes	m. Md.	210	93		
1		23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory streat, shock, or heart feliure. List only one cause on each line. Approximate interval Between Onset and Death											
	DUE TO (OR AS A CONSEQUENCE OF): CereSports(yeler accident												
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A											
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	cOUE TO (OR AS A	CONSEQUENCE	· ·									
RTIF	that initiated events resulting in death) LAST	OUE TO (OH AS A	CONSEQUENCE O	r):									
- CE	PART II. Other significant condition	ne contributing to death b	ut not resulting	in the u	ndarivino	cause alv	en in Par	rt I. 24s. WAS	AN AUTOPSY	24h	WERE AUTOPSY FINDINGS		
ICAL	Dementa		at not roughling		ida iyang	ouded giv		PERI	FORMEO?		AWAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDI									10		OF DEATH?		
N.													
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	atlant 3 DOA	OTHE	R:	CE OF DEA		Other (Specify)		-			
НХ	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. Tis	_	28c. JNJU WOF	IRY AT		d. DESCRIBE HO	W INJURY OCC	URED			
ВУБ	1 Natural 5 Pending 2 Accident Investigation			М	1 🗆 Y	ES 2 🗌 I	-						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, fac	tory, office		26	of. LOCATION (Str. City or Town, St		or Runal Ro	oute Number,		
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the basic of examination	n and/or investigati	on, in my	opinion, de	eth occured	at the lim	e, date end place	, end due to the	e ceuse(e)	and manner ee stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER MD - Attading Physician D3716 20c. LICENSE NUMBER D3716 20d. DATE SIGNEO (Month, Dey, Year) D C fo Sc 16, 1996 SO. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Keneth M. Grea, NO 7801 York NJ., Sait 101 To Logy, MD 21288 31. DATE FILED (Month, Dey, Year) So. REGISTRAR'S SIGNAPURE												
10	SO, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Kennith M. Green, NO 7801 York NJ., Sait 101 TOLSON, MO 21208												
	OCT 1 7 1996	32. REGISTRAR'S SIGN	ANTIAN										



ITEM - 28f, PER MEO FILM g-744 2/5/97 t.t

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Month Dav CAPEIS HUNTER , SR. 96 Dam 10 14 /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 730 Deaconhill Ct. Baltimore n/a 5. Social Sacurity Number If Undar 1 Yaar if Undar 24 Hrs. 8. Data of Birth (Month, Day, Yaar) APR. 3, 1 7. Aga (In yrs. last birthday) 9. Birthpiaca (Stata or Foreign Country)
S. CAROLINA **Funeral** Days Months XXM 2□ F Hours Min. 212-05-3331 Yrs ,1907 89 Director Usual Rasidance of Decedant the Maryland 10e State 10b. County 10c. City, Town or Location 28a-f show 10d. insida City Limits the Medical Examiner must be notified at MD n/a BALTIMORE Director 1 Xas 2 No 10e. Street and Number 10f, Zip Coda 10g. Citizan of What Country?
UNITED STATES 6 COURT 730 DEACON HILL 21225 Items 23a Funeral death 12. Was Dacedant Evar in U,S. Armed Forcas? 1∑ Was 2 □ No If Yas, Giva Yaar or Datas: U N 11. Maritai Status 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amaricen Indian, Biack, Whita, atc. 72 hours eftar 1 ☐ Navar Married 2 ☐ Marriad Saltimore, Maryland 21215-0020 ö 1 ☐ Yas 2 ☐ XNO Specify: BLACK à Specify: 3) Widowed 4 Divorced unk. 'natural', Completed 15. Decedant's Education 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry (Specify only highast grada complated) filed within 7 I Hygiene. Elemantary/Sacondery (0-12) Coilega (1-4or 5+) 11 th PORTER GAS & ELECTRIC CO. marked other 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Peges 1 and 2 should be filt ment of Health end Mentel Hant: If item 27 is marked oth lury or other traumatic even Be ALEXANDER HUNTER ANNIE 19a. informant's Name/Raiationship (Type, Pnint) 19b. Meiling Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) DEACONHILL CT., CAPEIS HUNTER JR. BALTO., MD 21225 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematery, cramatory or other place) 20c. Location - City or Town, Stata 1 XB)(rial 2 Cremation 3 Ramovai from State permit. Pege Department Important: It any injury o once. CEDAR HILL CEMETERY 10-19 4 ☐ Donation 5 ☐ Othar (Specify) ANNE A RUDEL CO., MD Signature of Funaral Sarvice Licena 22. Nama and Addrass of Facility March F.H. East 1101 E. North Ave. Pert1. Entar tha disaare, or complications that ceused tha daath. Do not enter tha mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata intarvai Batwaan Onsat and Deeth **Physician** /Medical Immediata Ceuse (Final Athoroschootio Cardiovascular disense disaasa or condition rasulting in death) Examiner Due to (or as a consequence of): Examiner The law requires that the death certificate be executed burial-transit Sequantially list conditions, if any, laading to immadiata ceuse. Entar Undarlying Causa (Diseese or Injury that initiated evants resulting in daath) Last Due to (or as a consequence of): P.O. Box 68760. Physician/Medical the Dua to (or as a consequance of): use as attending ò ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use pontribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown signed to Records, þ page 2 should Completed 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate has been 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital Attending Physician: Be 25. Was cesa ratarred to fedicei 26. Piaca of Death (Check only ona) axaminar'i Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yas 2 No Othar: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Othar (Specify) rial or Ah.

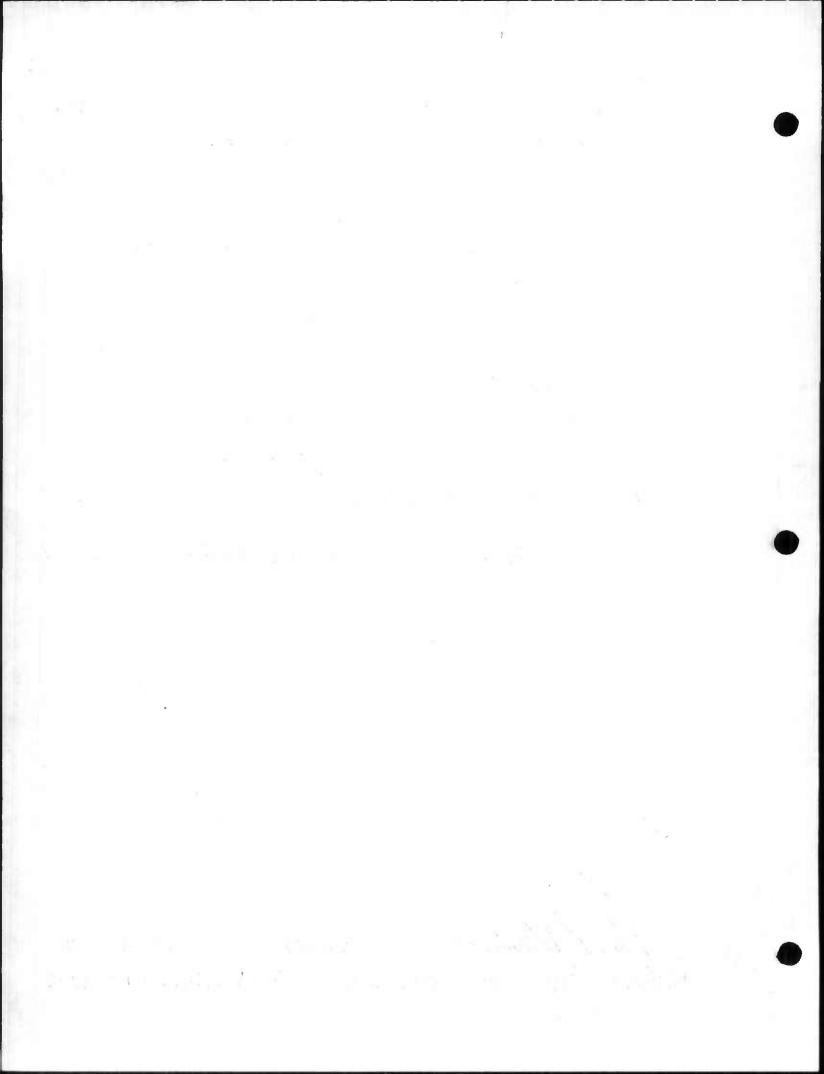
vous effer death.

*al Director: Affer h.

by the funeral director. 27. Menne of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida 6 Could not be datemined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide To the Hospital c within 24 hours of To the Funeral D completely filled i 1 Certifying Physicien: To the best of my knowledge, daath occurred at tha tima, data and placa, and due to the causa(s) and menner as stated.

2 Medical Examiner: On the basis of axaminetion and/or investigation, in my opinion, daath occurred at tha tima, data and place, and dua to the causa(s) and manner stated. Medicai 29a. Cartifian (Check only onel 29b. Signature and Itlia of certific 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 18807 96 Yullams, and address of norse complated ceusa of death (Itam 23a) (Type, Print) 3001 Hanover St. Baltimore ND 21225 ichard b. MD 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State OCT1 7 1996 ruha Vacidson-Randoll Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

29d. Date signed (Month, Dey, Year)

YEARS

3. Time of Death

Physic /Medi												Year 996	3. Time of Death 2:41 AM		
Exami	ner	4a. Facility Name (If not institut Johns Hopkins		•	tr.					re Citu	4c. County	of Deeth			
Funeral Director		5. Social Security Number 213 ~ 07 ~ 4826 Usual Residence of Decedent	6. Sex 1 M 2 □ F	7. Age (In yrs. Ia 80	st birthday) Yrs.	If Under Months	Days		Min.	8. Date of Birtl		9. Birthi Cou Pel	piece (State or Foreign ntry) NNS YLVANÍA		
death with the Maryland ms 23s or 28s-f show	Director	10a. State 10b. Coun	ry Baltimore	10c. City,	Dundalk								10d. Inside City Limits 1 ☐ Yes 2 HNo		
ath with the 23a or 2		10e. Street and Number 7826 D West Co				10f. Zip		212			Unite				
0020 ours efter death with the Maryla raf', or terms 23a or 28a-f shot Examiner mast be notified at	by Funeral	11. Merital Status 1 □ Never Married 2 □ M: 3 ☑ Widowed 4 □ Divorce	Armed Fo	2 🔯 No ve			es, specify Cuban, Mexican, Puerto Ricen, etc.) Black Yes 2 No Specify: Specify:						etc.		
Id 21215-0020 filed within 72 hours efter. Hygiene, "netural", or the ent, the Medical Examena	Completed	15. Decedi (Specify only high Elementary/Secondary (0-12 8 Years	ent's Education lest grade completed) College (1		life. L		rk done se retired	dunina mos	st of work	ing		Year 1996 2:41A Country of Deeth 1/a 9. Birthpiece (State or Fore Country) Penns yevan 10d. Inside City Li 1 Yes 2*E en of What Country? ited States 4. Race - American Indien, Biack, White, etc. Specify: White d of Business/Industry 00d Industry fumeme) ton Town, State, Zip Code) d, MD 21040 ation - City or Town, Stete 01sey, Maryland dalk, Inc. land 21222 Approximate Interval Betweer Onset and Deati			
₹ 8 m 5 %	To Be C	17. Father's Name (First, Middle David R. Hafe		,			23.0 tg								
P 2 2 2 4		19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, 1732 A Crimson Tree Way Edgewood, MD													
Baltimore, I Begas 1 and Department of Healt Important: If item 2; any Injury or other: once.		206. Method of Disposition 206. Place of Disposition (Name of cemetery, cremetory or other place) 207. Location - City of cemetery, cremetory or other place) Meadowridge Mem. Pk. Cem. 10/17/96 Dorsey,													
Ball permit. Depart Import any inj		21. Signature of Fitheral Service	EK) l	- 22 T	Name and uda-1	d Addre Ruck Vise	ss of Fecili Fune Ave.	ral Du	Home of	Dundal Marulan	k. I	ic.		
Physician		23a. Part . Enter the disease, shock, or heart faktive. Li	or complications that c it only one cause on e	caused the deeth. each line.	Do not ente	er the mod	le of dylr	ig, such es	cardiac	or respiratory arr	rest,				
/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a. CHRO	NIC 0			IVE	Lu	NG	DIS	EASE	- 1	O YEAR		
be isi	Examiner		b	Due to (or a	as e conseq	,	2	nok	. (~	6		1	1		
P.O. Box 68760, at the death certificate be executed by the ettending physician and eteched for use as the bunal-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events	c	Due to (or a	as a conseq										
Box 68760, seth certificate be exertending physician for use as the burial	Physiclan/Medical	resulting in death) Lest	d	200 10 101 8	- a ourisequ	outing VI).									
P.O. E at the dead to be etsched for	Physic	Part II. Other significant condit		eath but not result				en in Part i	I.				the cause of death?		

24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Was an autopsy performed? 1 ☐ Yes 200No 1 Yes 25. Wes case referred to medical examiner? 28. Place of Death (Check only one) Hospital: 1 Inpatient Other: Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury 28c. tnjury at Work? 28d. Describe how injury occurred 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated.

29c. License number

D40008

State Registrar

by

Be Completed

Medical Certification: To

1 Yes 2 76

27. Manner of Death

1 Naturel 2 Accident

3 Suicide

29a. Certifier

4 - Homicide

29b. Signature and title of certifier

nd address of person who completed cause of death (Item 23e) (Type, Print)

PARSHALL ONE EASTERN BLUP, BALTIMORE, M.D.

DHMH 16 Rev 6/95

othe othe

sion of Vital Records,

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

T. 1888	1. 0	Decedent'a Name (First, Middle, Li	est)			rimout		Death	2	2. Dete of De			3. Tima of Death	
Physician /Medical	48.	JOHN W. HU	BER, SR.)				4b. City, Town,		Month OCTOBEI			7:00 A.M.	
Examiner		335 ENDSLEIGH		,				BALTIMO				IMORE		
Funeral Director	2		Sex 7. Ag		lest birthday, Yrs.	If Under Months	1 Year Days		vin.	Dete of Birt (Month, Da AUGUST 1	th y, Year)	9. Birthp	piace (State or Foreign ntry) MORE, MARYLAN	
yland Mand		. State 10b. County		10c. Cit	y, Town or L	ocation						1	Od. Inside City Limits	
the Merylan 28a-f ahow notified at	MA	RYLAND BALTIMORE		BALT	TIMORE (CUNTY							1 ☐ Yes 2 ☐ No	
vith the Me or 28a-fa be notified	10e	. Street and Number				10f. Zip	Code	,,			10g. Citizen of	What Cour	ntry?	
23a unit burnt bur	3	35 ENDSLEIGH AVENUE				212	20			i	U.S.A.			
permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Department of Heelth and Mental Hygiene. Important: If flem 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. To Be Completed by Funeral Director		Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces' 1 Yes 2 If Yes, Give Yeer or Detes:	?		Wes Deced If Yes, spec		Hispanic Origin's ban, Mexican, Po Specify:	? (Speci uerto Ri	fy Yes or No- can, etc.)	14. Ra Bla Specii	ce - Americ ck, White, y: WHIT	etc.	
72 h		15. Decedent's E (Specify only highest gr	ducation ade completed)		(Give	dent's Usua kind of wor	k done	during most of	working	,	16b. Kind of B	usiness/in	dustry	
be filed within 72 ho tal Hygiene. d other than "naturn event, the Hedical Be Completed	E	liementary/Secondary (0-12)	College (1-4or	5+)	MANAGE	DO NOT us	e retin	ed)			BEVERAGE	EVERAGE INDUSTRY		
office of Hyg	17.	Father's Name (First, Middle, Last						18. Mother's	Name (First, Middle,	Maiden Suman	ne)		
Menta Menta arred arred To E		GEORGE HUBER						ELSTE C	LASS	ING				
and la		19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or										, State, Zic	Code)	
and n 27 in er tr	DOLORES R. HUBER (WITE) 335 ENDSLEIGH AVENUE BALTIMORE, MARYLAN									AND 2122	0			
of H	20a	. Method of Disposition 1X Burlel 2 □ Cremetion 3 □	Removel from State		Place of Disposametery, cre			ace)		- City or To	own, State			
Peg ment ant: ury		4 □ Donation 5 □ Other (Speci		ZII	IN LUTHE	RAN CE	ETE	RY OCTOBE	R 17	,1996	BALTIMOR	E, MAR	MLAND	
Departi Depart Impor eny in		Signeture of Funeral Service Lice	Basson		L	ASSAHN 7401 B	AUF LAL	ess of Fecility ERAL HOME R ROAD B	ALTI	MORE, M		1236-4		
Physician /Medical Examiner	Imn	a. PartT. Enter the disease, or con shock, or heart failure. List only mediate Cause (Final base or condition uiting in death)	a:	Due to (o		deat	~			oopiiotory ai			Approximate interval Between Onset and Death	
ansit	C	tially list and division	b	MI	r as a conse	ruence off:						-	5 months	
ifficate be executed g physician and es the buriel-transit	if an	quentially list conditions, ny, leading to immediate se. Enter Underlying use (Disease or injury		C V A		quence on).							Smonths	
ite be nysicia] triai	use (Disease or injury t initiated events uiting in death) Last	C		r es a consec	uence of):							- Trarces	
Se dia	resi	unting in death) Last	d	ASC								<u>i</u>		
s deat be att ed fo	Part	li. Other significant conditions of	contributing to death b	out not res	ulting in the u	nderlying c	use g	iven In Part I.		23b. Dld 1	tobacco use co	entribute to	the cause of death?	
res that the death signed by the atte I be detached for I by Physicia		Sell	ve RA							10	Yes 2 No	3 Pro	bably 4 Unknow	
should		67	bleed								an autopsy med?	av	ere autopsy findings allable prior to mpletion of cause death?	
		ch	vonic A.	li-	illati	- IA				1 🗆 Y	res 20 No	10	Yes 2□No	
certificate rector, pag Be Co		Was case referred to medical examiner?		Los	110011			26. Place of	Death (Check only o	ne)			
Physic at this car al direct To		1 Yes 2 No			ER/Outpatie		^	ther: 4 Nursin	g Homa	5 Resid	dence 8 DOtt	ner (Specif	y)	
After t funera		Manner of Death 1. ■ Natural 5 □ Pending investigatio	28a. Date of inju (Month, Da	y Year)	28b. Time o Injury	f 2	Bc. Inju	ork?]Yes 2 □ No	28	d. Describe h	now injury occur	rred		
or Attendent of the Court of th		2 Accident investigatio 3 Sulcide 8 Could not be determined	e One Place of le	jury - At ho c. <i>(Specif</i>)	ome, farm, st			2221	28	f. Location (S City or Tox	Street and Num vn, State)	ber or Rura	al Route Number,	
the Hospital thin 24 hours the Funeral mpletely filled Medical C		Certifier (Check only one) Certifying Pt 2 Medical Example of certifier	yalclan: To the best niner: On the basis o and menner st	f examinal	wledge, deatl tion and/or in	vestigation,	in my	ima, dete and pl opinion, deeth o	ace, and	at the time,	cause(s) and m date and place,	and due to	the cause(s)	

5601

29c. License number

LOCH RAVEN BLUD

29d. Date signed (Month, Day, Year)

BALTINDRE MD 21239

State Registrar

29b. Signature end title of certifier

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

Through the first series 면접, 성 : 변화되었다고 될 것은

	_		
ate of Maryland / Department of Health and Mental Hygiene	96	31	12
Certificate of Death	20	0 1	I from I

			1. Decedent's Nama (Fi	rst Middle I ac	t)		Ce	rtificate	e of	Death		R. Data of Deal	eg. No.		. Time of Death	
	Physici Medid		GRACE MARIE	JONES							0	Month CTUBER 1	Day	Yaar	4:30 A.M.	
	Examir	ner	4a. Facility Nama (If not 5701 HILLTOP	100	street and num	ber)				4b. City, Tow B ALTIMO F		NTY	4c. County			
Di	uneral irector		5. Social Security Numb 217–12–3772 Usuai Rasidance of Dac	er 6. Sa 11	x 2 ∑ F 7	. Aga (In yrs.	last birthday) Yrs.	If Undar Months	1 Yaar Days	If Under 2	Min.	(Month, Day,		9. Birthplace Country)	(Stata or Foraign	
B Maryland	28a-f show notified at	ctor	10a. Stata 10b	ALTIMORE			ty, Town or Lo							-	insida City Limits	
ith with th	23a or 28 unt be no	ral Director	10e. Street and Number 5701 HILLTOP	ROAD				10f. Zip				1	0g. Citizan of	What Country?		
5-0020 72 hours after death with the Maryland	al', or itema 23e or 28a-f shor Examiner must be notified at	by Funeral	11. Maritaf Status 1 Nevar Married 3 X Widowed 4		12. Was Deced Armed Ford 1 Yas 2 If Yas, Giva Year or Dat	as?		Was Decedif Yas, spec	ify Cuba	lispanic Origi an, Maxicen, Specify:	in? (Speci Puarto Ri	fy Yas or No- can, atc.)	Bia	14. Race - Amarican Indian, Black, White, atc. Specify:		
2 5	ages 1 and 2 should be filed within int of Health and Mental Hygiene. t: if item 27 is marked other than " y or other traumatic event, tre Ma	Completed	15. (Specify of Elementary/Secondary	Decedant's Edu nly highast grad y (0-12)	cation (a completed) College (1-4	for 5+)	(Giva lifa.	kind of wor DO NOT us	lai Occupation ork dona during most of working usa retired) UPERVISOR				16b. Kind of Businass/Indu			
o gi		To Be Co	17. Father's Nama (First				CATEIR	TALK SU	PLNV.			First, Middla, I		MARTIN O	J	
- A			ANNA M. ETTE	R (SIST			5701 H	шттор	ROAD			MARYLAN	D 21220	Stata, Zip Cod		
no ages			20a. Mathod of Disposition 1													
permit. P	any le	21. Signature of Funarai Sarvice Licensaa 22. Nama and Addrass of Facility LASSAHN FUNERAL HOME, INC. 7401 BELATR FOWD BALTIMORE 23a. Part1. Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such as cerdiac or respir												236-4625		
	sician i edical		23a. Part1. Entar tha dis shock, or haart fail immediata Causa (Final	ure. List only o	ne causa on aad	ch lina.		tar tha mode	a of dyin	ng, such as co	erdiac or :	raspirátory arm	est,	Ap inte On	proximata arval Between set and Death	
	miner	ler	Immediate Causa (Final disease or condition resulting in death) Dua to (or as a consequence of): ATTHEROSCLEROTIC CARDIOVASCULAR DISOASE										66 5	-2 Hour		
68/6U, ficate be executed	physician and s the burial-transit	i Examiner	Sequentially list condition if any, laading to immad causa. Entar Undarlying Cause (Diseasa or injury	ns, ieta	b. /////		or as a consec	, _	CA	42010 X	ASCL	ILAR	, DISEM	12 3	15 YEAR	
-	CD 65	n/Medicai	that initiated avents rasulting in death) Last	1	d	Dua to (o	r as a consec	quance of):								
that the death cert	ned by the atter	Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. CHRONIC OPSTRUCTIVE MVD RESTRICTIVE									bacco usa co	ontribute to the	cause of death?		
S S	been signed should be d	by	CHRONIC Lu,					1-6 31	140	1116		24a. Was a perform		avallat	tutopsy findings le prior to otion of cause	
al Mec	has ge 2	Completed	LU, RHEUMA	T-	APTH	RITI	S					1 □ Yε	as 20 No	of deat		
Of VItal Hecord Physician: The law require	r this certificate aral director, par	To Be	25. Was cesa raferred to axaminar? 1 Yas 2 No 27. Menner of Death	ER/Outpatier			er: 4 Nurs	Ing Home	Check only on a 5 Rasida d. Dascribe ho	ince 6 Oth						
DIVISION f or Attending after death.	Director: After In by the funer	ertification:	1 Paturat 5 Panding (Month, Day Year) injury 2 Accidant invastigation 3 Suicida 6 Could not be detarmined 28e. Place of injury - At home, ferm, strae building, atc. (Specify)					М		k? Yas 2⊡No	0		reet and Numb	ber or Rural Ro	uta Number,	
Hospita 24 hours	Funeral tely filled	edical Cer	29a. Certifier	Certifying Phys Medical Exami	sician: To the benar: On the basi	est of my kno	wiedge, daatl	h occurred a	at tha tin	na, data and pinion, daath	place, and	d dua to tha ca	ausa(s) and m	anner as stated and dua to tha	f. ceuse(s)	
To the within 2	To the	Me	29b. Signatury and title of	of certifiar	A man	0	110	29c.		a number		2:	9d. Data signe	d (Month, Day	Year)	

State

31. Data filed (Month, Day, Year) 0CT1 7 1996

30. Nema and address of person who completed cause of death (Item 23a) (Type, Print)

8552 PHILADELPHIA PD., BALTIMORE 182 Ragiatrac's Signatura Andella

Registrar

.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** DOROTHY ELIZABETH JAMES October 11, 1996

4b. City, Town, or Location of Deeth 4c. County of Deeth /Medical 1:55 AM 4a. Fecility Neme (If not institution, give street end number) Examiner Takoma Park

ar if Under 24 Hrs. 8. Date of Birth
(Month, Day, Year) Montgomery

9. Birthplace (Steta or Foreign Country) Washington Adventist Hospital If Under 1 Months . Age (In yrs. last birthday) **Funeral** 1 M 2CXF Director 220-38-9575 90 Nov. 29, 1905 Washington, DC Usuel Rasidence of Dacedent the Maryland 10b. County 28a-f show 10c. City. Town or Location 10d. Inside City Limits Maryland Prince George's 1 X Yes 2 No Hyattsville Direct 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? ŏ 5821 Queens Chapel Road 238 20782 U.S.A. death Funeral Hems 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 14 Rece - American indien Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours efter Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturalt, or ite any injury or other traumatic event, the Medical Experimen Yes 202 No 1 Navar Merried 2 Married Batimore, Maryland 21215-0020 1 ☐ Yas XX No Specify: Specify: p 3 ☑ Widowed 4 □ Divorced Yeer or Dates: White Completed 15. Decedant's Education (Specify only highest greda completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elamantary/Secondery (0-12) College (1-4or 5+) 12 Years Home Maker Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Simon Gordon 20 Annie Porton 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Coda) 4503 38th Place, Brentwood, Frances Porton, Cousing 200. Method of Disposition Maryland 20722 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 10/13/1996 PEXBuriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 Donetion 5 Other (Specify) King David Memorial Garden Falls Church, Virginia 21. Signature of Funaral Service Licensee 22. Name end Address of Fecility
STEIN HEBREW MEMORIAL FUNERAL HOME, INC. Donald C. Litottlemyer 232 CARROLL STREET, N.W., WASHINGTON, D.C. 20012 23a. Pert1. Enter the diseasa, or complications that caused the shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset end Deeth **Physician** /Medical Immediate Cause (Finel disaese or condition resulting in deeth) CARDIAC Examiner MOTORY DISONS Physician/Medical Examiner The law requires that the death certificate be executed the bunal-transi Sequentielly list conditions, if eny, leading to immediate cause. Enter Undarlying Cause (Diseese or Injury that initiated events resulting In deeth) Last Box 68760. Due to (or es e consaguança of) 88 980 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? numacuitis signed by 1 Yes 2 416 3 Probably 4 Unknown Division of Vital Records, þ 99 24b. Wara autopsy findings evallabla prior to completion of causa of death? Completed 24a. Wes en eutopsy performed? certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No Attending Physician: director. 25. Wes case raferred to medical Be 26. Pleca of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Rasidence 1 Yes 2 No Certification: To 1 Inpatiant 2 R/Outpatient 3 DOA 8 Sothar (Specify) this funeral 27. Mennar of Deeth 28e. Dale of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Affer 5 Pending invastigetion death. 1 Yes 2 No 2 Accident after death Director: the To the Hospital or Atter within 24 hours after ded To the Funeral Director completely filled in by th 3 ☐ Suicida 6 Could not be determined 28e. Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 ☐ Homicida 1 Cortifying Phyeician: To the best of my knowledge, deeth occurred at the time, data and place, and due to the causa(s) and mennar as stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the causa(s) end mannar stated. 29a. Cartifian Medical (Check only one) 29b. Signetura and title of certifie 29c. License number 29d. Dete signed (Month, Dey, Year) Mallard Drive Lavrel md 20708 State Registrar

DHMH 16 Rev 6/95

The street of Amelica A CONTRACT OF STREET अंतर्कारीच्याचित्र न्यू in a fill to dilly in a second of the second Not a constant the way to be a some and active

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Greral d Januzic october /Medical 4a. Fscility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner If Under 24 Hrs. 8. Deta of Birth Hours Min. (Month, Dey, Year) NOTAWEST 5. Social Security Number 1056; Ta BRIT: MORE If Under 1 Yaar Months Deys 7. Aga (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Months XX M 2 F 51 219-40-0469 Yrs. Director Feb. 20, 1945 Baltimore, Md. Usuel Residence of Decedent with the Maryland 10c. City, Town or Location 10b. County 10d. toside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at Baltimore County Reisterstown Maryland 1 Yes 20No Director 10e. Street and Number 10g. Citizen of What Country? 10f. Zlp Code 21136 U.S.A. 10 Walgrove Road death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas XX No if Yes, Give Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indisn, Bleck, White, etc. 11. Maritai Stetus permit. Pages 1 and 2 should be filled within 72 hours after c Dopartment of Health and Mental Hygiene. Introctant: If them 27 is marked other than "netural", or frem any Injury or other traumatic event, the Medical Exemples other. 1 Never Merried XX Merried Baltimore, Maryland 21215-0020 1 ☐ Yes XX No Specify: White þ 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry College (1-4or 5+) Eiementery/Secondery (0-12) Stock Reciever/Shop Steward -12-Clothing Industry 17. Father's Nema (First, Middle, Last) 18. Mother's Nema (First, Middle, Maiden Sumame) George D. Janezic Alma Herron 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Therese S. Janezic (Wife) 10 Walgrove Road - Reisterstown, Maryland 21136 20b. Plece of Disposition (Neme of cemetary, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stats October XIX Burial 2 Cramation 3 Removel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Carroll Cremation, Inc. 11,1996 Hampstead, Maryland 21. Signature of Funeral Storica Licego 22. Nama and Addrass of Facility 11824 Reisterstown Road Eline Funeral HomeReisterstown, Maryland 21136 Comos. the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of): Examiner Gell bladder Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pug Bud burial-tran Division of Vital Records, P.O. Box 68760, physician Conpag time Physician/Medical 8 8 987 Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. å 23b. Did tobacco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown ģ 24s. Was an autopsy performed? 24b. Were autopsy findings Completed available prior to completion of cause of death? certificate has 1 □ Yes 2 No 25. Was case referred to medical examiner?
1 Yes 2 No 26. Place of Death (Check only one) Hospital: Other: 4□ Nursing Home 5□ Residence 6 □ Other (Specify) 2 Inpatient 2 ER/Outpatient 3 DOA 쿭 27. Magner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 5 Pending investigation 1 Accident 1□Yes 2□No after death Director: / 6 ☐ Could not be 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Flural Route Number, Oilty or Town, State) 4 Homicide Hospital 24 hours r Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 75 To the To the F 29b. Signature and title of certifier śń 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Hospital Ronfolistown WirthWork 31 Date filed (Month, Dey, Year) 32. Registrer's Signeture State Sulia Vidson

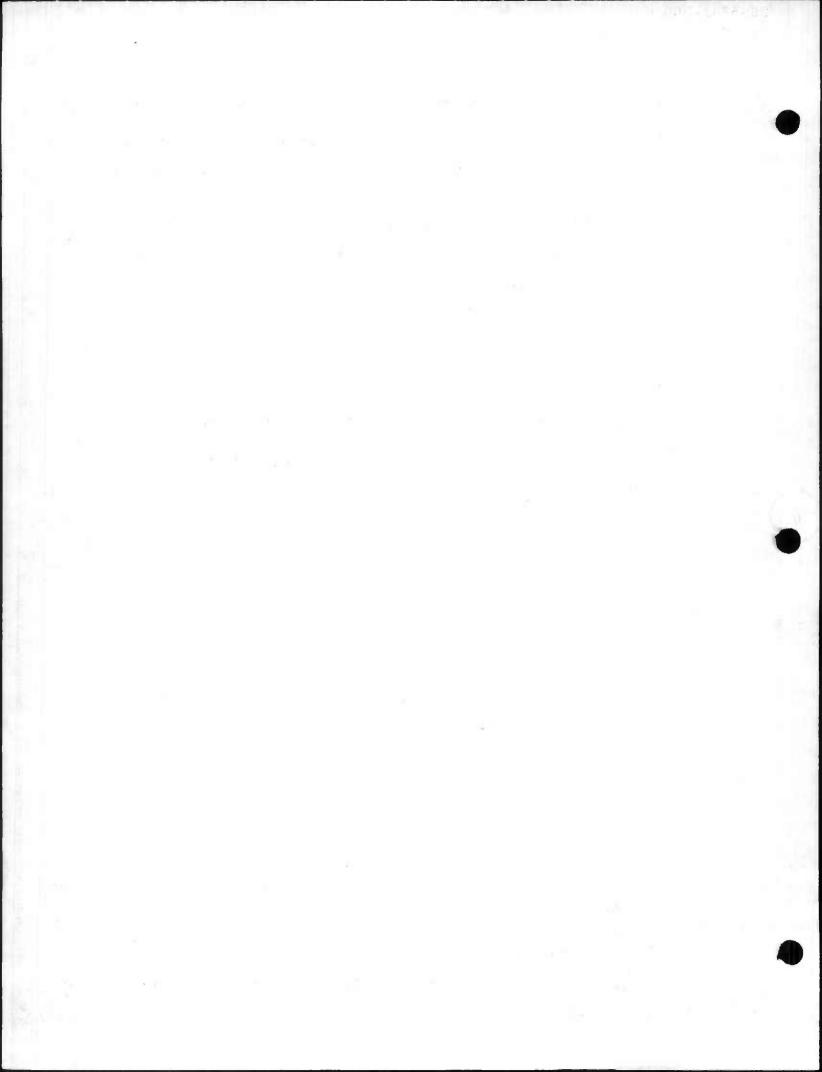
DHMH 16 Rev 6/95

Registrar

The State of the S The second second

						$C\epsilon$	rtificate	of De	eath	1	Reg. No.				
	nysicia Medic		1. Decedent's Name (First, Midd STEVEN	le, Last) L •	JONE	S				2. Date of Dec Month OCT .	eth Day	996	3. Time of Death 0615 AM		
	xamin		4e. Facility Neme (If not institution		ım <i>ber)</i>			4b. (City, Town, or	Location of Death	4c. Count	y of Death			
			2434 GARRET	T ROAD					HITE		BAL	TIMO	RE		
	neral ector		5. Social Security Number 212-92-0609 Usuel Residence of Decedent	6. Sex 1 XX M 2□ F	7. Age (In yrs. 32	last birthday Yrs.	Months [Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, Da) Sept. 1	y, Year)	9. Birthpi Count Mary	iace (State or Foreig try) land		
land	w		10a. State 10b. County		10c. Cit	y, Town or L	ocation					10	0d. Inside City Limits		
the Many	notified	Director	Maryland Balti	more	W	hite I	1a11	ode			10g. Citizen of	Mark Count	Yes 2□No		
with	25		2434 Garrett F	ond				1161					шуг		
death	3	Funeral	11. Maritel Status	12. Was Dec	edent Ever in U	S. 13.	Was Deceden	t of Hispa	nic Origin? (S	pecify Yes or No-	U. S	ce - America			
of LLC 10 COCCO titled with the Maryland Wildowithin 72 hours after death with the Maryland Vilylane. They have then 33s or 28s4 show	Examine	by	1 Never Married Married Married 3 Widowed 4 Divorced	If Yes, Gi			If Yes, specify 1 ☐ Yes 2√	Cuben, N	dexican, Puert pecify:	o Rican, etc.)	Specia	ock, White, e fy: White			
d within 72 hours afigiena.	Ical	ted	15. Deceder	it's Education st grade completed)		16a. Dece	dent's Usuel C	ocupation	n	deler	16b. Kind of Business/Industry				
nithin	e Mec	Completed	Eiementery/Secondary (0-12)	College (life.	b kind of work of DO NOT use i	retired)	ng most or wor	King					
led w	를		12 17. Father's Name (First, Middle,	(land)		Auto	Mecha		Man de Ma			s Bui	ck		
d 2 should be file th and Mental Hy 7 is merked othy		Be	Andrew J. Jon					18.		ne (First, Middle,		me)			
	Tabition I	2	19a. Informant's Name/Relations			19h Mail	inn Address /9	treet and		ret Wrigh		State Zin	Codel		
	rtm		Andrew J. Jones							timore,			1214		
mit. Pagas 1 er partmant of Hea	othe		20a. Method of Disposition	,		lace of Disp	osition (Name	of	,	Date	20c. Location				
Paga anto	7 04		XXBurial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (5		State	,	,	,		10/10/0		261	11 100		
permit. Pagas 1 an Department of Heal Important: If Itam 2	- Ind		21. Signature of Funeral Servica Licansee Carrison Forest Veterans 10/18/96 Owings Mills 22. Name and Address of Fecility A. Alan Seitz, Jr. Funeral												
98	6 8		11/18	- 10.Z	Ch					Baltimo					
Physic /Med	_		23a. Part1. Enter the disease, or shock, or heart feilure. List	complications that only one cause on e	caused the deat each line.	n. Do not en	ter the mode o	f dying, s	uch es cardied	or respiratory er	rest,		Approximate interval Between Onset and Deeth		
Exam		e.	disease or condition resulting in death)	e	Due to (o	r as e conse	quence of):		-) che	<u>(S)</u>				
petri.	ansit	Examiner	Securetially list annuitless	b	Due to (o	r as e conse	anence of).								
certificate be executed ding physician and			Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying		D00 10 (0	as e conse	querica orj.								
ficate be	tha bu	/Medical	Ceuse (Diseese or Injury thet Initiated events resulting in death) Last	c	Due to (or	as a consec	quenca of);								
* a	lsa as	Med	Todakiig iii dodaii, Edot	L .											
# 5	5			d											
. 0 0	peq	Physicia	Pert II. Other significant condition	na contributing to de	eeth but not resu	ilting in the u	inderlying caus	e given ir	Part I.	23b. Did to	obacco use co	entributs to	the cause of death?		
res that the designed by the a	detac					*				101	rss 2□ No	3 Prob	ably 4 Unknow		
law requires that the as been signed by th	ed b	d by								24a Was a	en autopsy	24h Wei	re autopsy findings		
per v	should	Completed								perfor	med?	com	llabla prior to		
0 -	29 2	dmo								. 20.			leath?		
F #	or, pe		25. Was case referred to medica					2.0		120		19	byas 2□ No		
sician: The cartificate	director,	To Be	examiner?	Hospitel:	Inpatient 2	ER/Outpatie	nt 3 DOA	Othor		th (Check only or		on (Consider			
Phys	- F		27. Menner of Death	28e. Dete	of Injury th, Dey Year)	28b. Time o		Injury at Work?	+□ Nuising n	ome 5 Resid			/		
Attending Physician: ir death. ector: After this cartific	in fer	atio	1 □ Netural 5 □ Pendin 2 □ Accident Investig		·14-96	UNK			2 No	500	Ects	-			
5 4 5	d in by th	Certification:	3 Suicide 6 Could determ	ined 288 Place	of Injury - At ho ng, etc. (Specify	me, farm, st	reet, factory, of	fice		28f. Location (S City or Tow 2430	itreet and Numi	ber or Rural	Route Number, White		
Hospital 24 hours a Funeral C	intely fill		29e. Certifier (Check only one) 1 Certifyin 3 Msdlcai	g Physician: To the Examiner: On the ba and mani	best of my know asis of exeminat ner steted.	viedge, deat lon and/or in	h occurred et t vestigation, in	ne time, d my oplnio	lete and place, in, death occur	, and dua to the corred et the time, o	ause(s) end m late and place,	enner as sta and due to	ited. the cause(s)		
To the Within 2 To the		-	29b. Signatu and title of certifie				29c. Li	mber	29d. Date signe	ed (Month, D	Pay, Year)				
- > -			1/1	2			C	.C.1	M.E		OCT.	14,	1996		
1			30. Name and address of purson	who completed caus	e of death (item	23a) (Type	Print)								
0	1.1		Amax	N				eet	, Bali	timore,	Marv	land	21201		
		_	The same of the sa												

State Registrar



Please Type or Print in Black Indeiible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 19a per F. H G740 10-17-96 eoh 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month Shirley MANdel Oct 15 4a. Fecility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth N/A BALTIMORE LEVINDALE 5. Sociel Security Numbar If Undar 1 Year | If Under 24 Hrs. 8. Data of Birth Month, Day, Year JULY 5, 1907 6. Sex 7. Age (In vrs. last birthday) Birthplaca (Stata or Foreign Country) 1□M 2√F Deys Hours 219-30-2169 89 Yrs RUSSIA Usual Rasidence of Decedant 10e. Steta 10b. County 10c. City. Town or Location 10d. Insida City Limits N/A BALTIMORE 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 21215 USA 2500 W. BELVEDERE AVE., APT. 204 12. Wes Decedant Evar In U,S. Armed Forces? 1 ☐ Yas 2 ② No If Yas, Give Yeer or Datas: Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, 11. Meritel Stetus Bleck, Whita, atc. 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: Specify: WHITE 3 X Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) SALES WOMEN'S CLOTHING 17. Fathar'a Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) LOUIS KLIGMAN HANNAH GREENBLATT 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 9204 JAMES HOWARD LANE PIKESVILLE, MD 21208 19a. Informant's Name/Relationship (Type, Print) MRS. MYRA E. SATISKY (VALE) 20b. Place of Disposition (Nama of cematary, cramatory or other place) LIBERTY PARK 20a. Mathod of Disposition 20c. Location - City or Town, Stata XX Burial 2 Cramation 3 Ramovel from Stata 10/16/96 RANDALLSTOWN, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Fynarai Service Licen 280Lme LEVINSON activy BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not anter the mode of dying, such es cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Deeth Immediata Causa (Final disaase or condition rasulting In death) Sequentially list conditions, if any, laading to immediata ceusa. Entar Underlying Cause (Disease or Injury that Initiated evants rasulting in daath) Last Dua to (ogas a consequence of) 23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 2 No 1 Yas 1 ☐ Yas 2 ☐ No

Physician /Medical **Examiner**

Physician

/Medical

Examiner

MD

Director

þ

Completed

Be

Funerai

Director

2

altimore, Maryland 21215-0020

r then "natural", or Herns 23s or 28s-f the Medical Examiner must be notifie

Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If flem 27 is marked oths any injury or other traumatic event, otics.

Examiner Physician/Medical þ Completed Be

certificate be executed physician and st the burial-trans US9 98 signed by the at d be detached for peed hes certificate director, this After t Attending death. or Attendation of the office o in by To the Hospital of within 24 hours af To the Funeral DI completely filled in

P.O. Box 68760.

Division of Vital Records.

2 Certification: cal

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 25. Was case rafarrad to medical axaminar? 28. Placa of Death (Check only ona) 1 Yas 2 Olic Other: 4 Jursing Home 5 Rasidance 6 Othar (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 1 Alliatural 2 Accidant 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Panding Invastigation 1 Yas 6 Could not be dataminad 3 ☐ Suicida 28e. Place of Injury - At home, ferm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 D Homicide Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Cartifiar (Check only one)

State Registrar 30. Nama and address of parson who compiated ceusa of daath (Itam 23e) (Type, Print) 34 W Februare are, Bathmore

29b. Signatura and titla of certifiar

29c. Licensa number

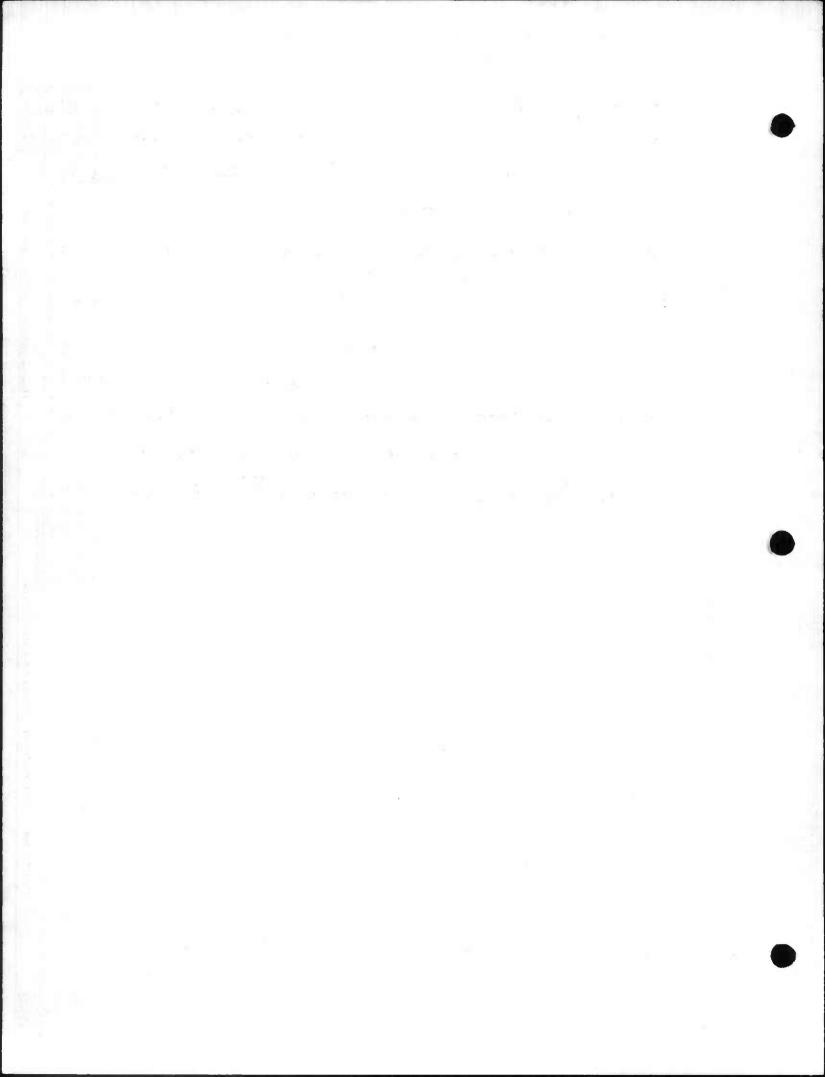
29d. Data signed (Month, Day, Year) oct-15th 1996.

31. Data filed (Month, Day, Year)

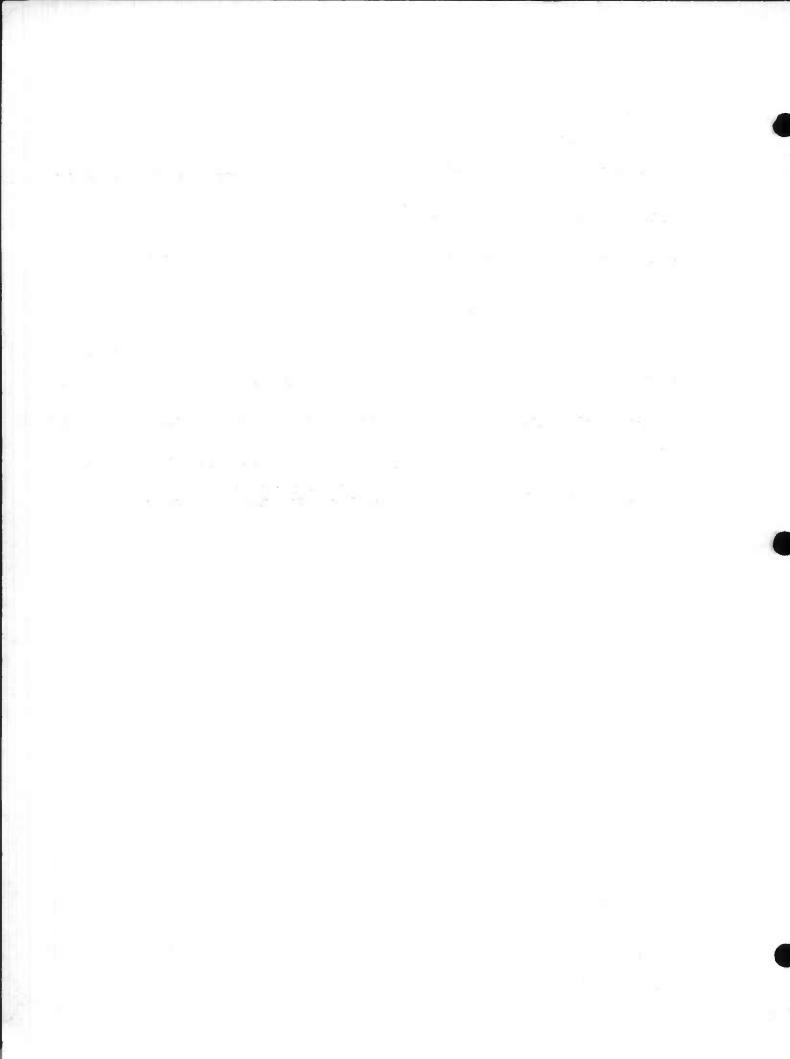
32. Registrar's Signeture



DHMH 16 Rev 6/95

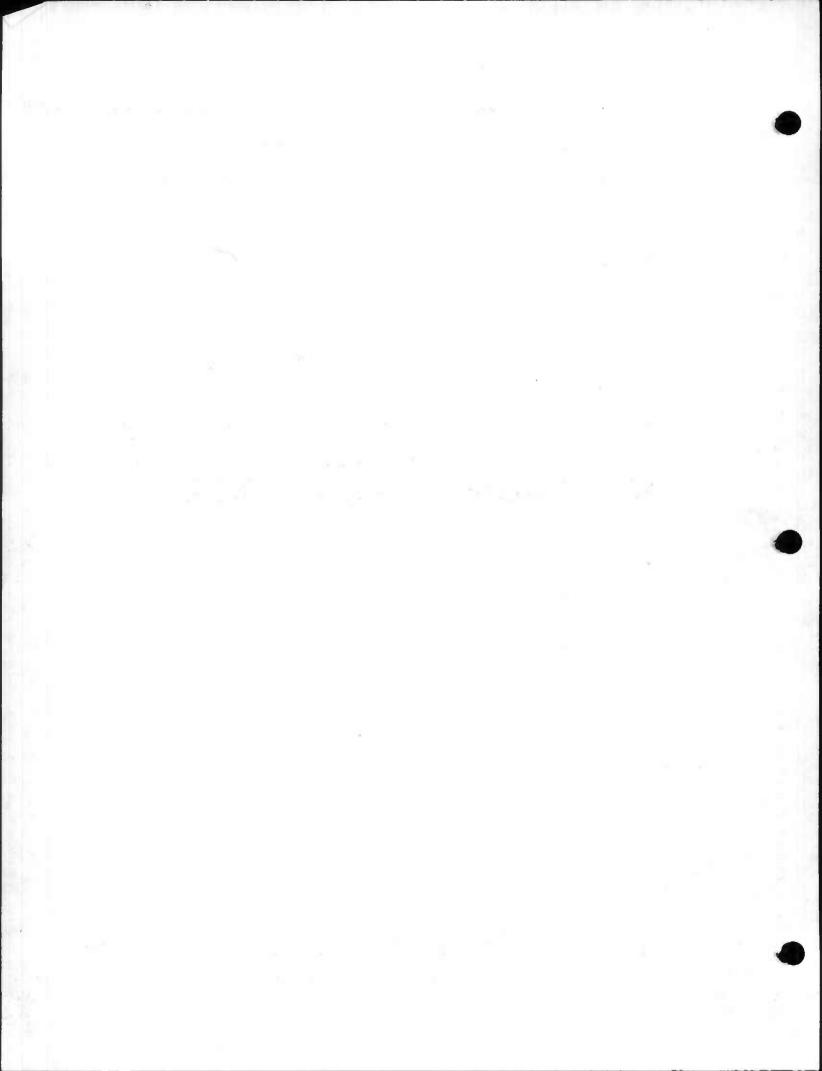


	Film G	740	State of Ma Ditem 4c per FH 10-17-96 rja	-	artment of F rtificate of	dealth and Mei <i>Death</i>	ntai Hygie Reg.	20	31121
	Physic /Medi		1. Decedent's Name (First, Middle, Last) Herman Katz				Date of Death Month	Day Year	3. Time of Death
	Exami		4a. Facility Name (If not institution, give street and number)			4b. City. Town, or Locat	ore	4c. County of Death	none N/A
L	Funeral Director		5. Social Security Number 217-18-3170 6. Sek 1 M 2 F 7. Aga	(In yrs. last birthday) 77 Yrs.	Months Days	Hours Min.	Date of Birth (Month, Day, Ye SEPT.8,1	9. Birth Cou 919 MA	placa (Stata or Foreign ntry) RYLAND
	death with the Maryland ms 23a or 28a-f show r must be notified at	tor		10c. City, Town or Lo					10d. inside City Limits 1 ☐ Yes 2 ☐ No
	ith with the Maryla 23a or 28a-f ahov	Direc	10e. Street and Number		10f. Zip Code	3.5	10g.	Citizen of What Cou	ntry?
020	or ite	by Funeral Director	3627 GLENGYLE AVE., APT. F 11. Marital Status 12. Was Decedent E Armed Forces? 1 Never Merried 2 Married 3 Widowed 4 Divorced 1 Never Married 2 Married Wear or Data William Page 1	ver in U,S. 13.1	Was Decedent of H If Yas, specify Cub	215 dispanic Origin? (Specifian, Mexican, Puerto Ric Specify:	y Yas or No- an, etc.)	USA 14. Raca - Ameri Black, White, Specify: W	
21215-0020	72	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+	16a. Dece (Give	dent's Usual Occup kind of work done DO NOT use retired	during most of working	16b	o. Kind of Business/Ir ACCOUNTI	321
Maryland	s 1 and 2 should be filed within f Health and Mental Hyglene. Item 27 Is marked other than 1 other traumatic event, the Me	To Be C	17. Father's Nama (First, Middle, Last) REUBEN	KAT		18. Mother's Name (F REBECCA	irst, Middle, Maid		HSTEIN
	s 1 and 2 sho if Health and I from 27 is ma other traums		19a. Informant's Neme/Relationship (Type, Print) MRS. RUTH KATZ (WIFE)	3627	GLENGYLE	and Number or Rural R E AVE., APT	. F-6 B	BALTO.,MD	21215
Baltimore,	@ O .		20a. Method of Disposition 1 Burial 2 Cramation 3 Removal from Stata 4 Donation 5 Other (Specify)	20b. Place of Dispo cemetery, cres SHAAREI				ROSEDALE,	
Bal	permit. Pege Department of Important: If any Injury or		21. Signature of Funeral Service Licensee		8900 REI	INSON & BROD ISTERSTOWN D	RD., PIK	ESVILLE,	MD 21208
	Physician /Medical Examiner		23a. Part 1. Enter the disease, or competations that caused to shock or heart failure. List bold one cause on each line immediate Cause (Final disease or condition rasulting in death)	11 m tory	Faile	ng, auch as cardiac or re	espiratory arrest,		Approximate Interval Between Onset and Death
Box 68760,	death certificate be executed at the standing physician and ad for use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a consecutive to (or a) consecut	quence of):	brosis	Imonan	y dz.	
P.O. B	0 0 %	Physician/M	Part II. Other eignificant conditions contributing to death but	not resulting In the u	inderlying cause give	ven in Part I.	23b. Did tobac	cco use contribute t	to the cause of death?
of Vital Records, P	aw requi	Completed by P					24a. Was an el performed	utopsy 24b. W	fere autopsy findings vallable prior to ompletion of cause death?
Vital	Physician: The land this certificate here	Be	25. Was casa referred to medical examiner?		l Ou	26. Place of Death (C	1 ☐ Yes	ZETHO 1	□Yes 2□No
Division of	Attending Ph or death. ector: After thi by the funeral	Certification: To	27. Mennar of Death 28a. Date of Injury Month, Pay 2 Accident 2 Suidide 6 Could not be	Year) 28b. Tima of fnjury	M 28c. fnjur Wor M 1 🗆	ry at rk? 2 No	I. Describe how i	et and Number or Rur	
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Medical	29a. Certifier (Check only one) Certifying Physician: To the best of and manner state	exa <i>m</i> ination and/or inv	vestigation, in his o	ppinion, death occurred	at the time, date	and place, and due t	o the cause(s)
		~	29b. Signature and title of certifier	MD.	29of Ucans	10374	f 00	token I	3, Male
	12		30. Name and address of particle who completed cause of dea	e. Bui	Print)	, MD,			
	Sta Registi		31. Date filed (Month, Day, Year) OCT1. 7 1996	's Signature doon—Randall	2				



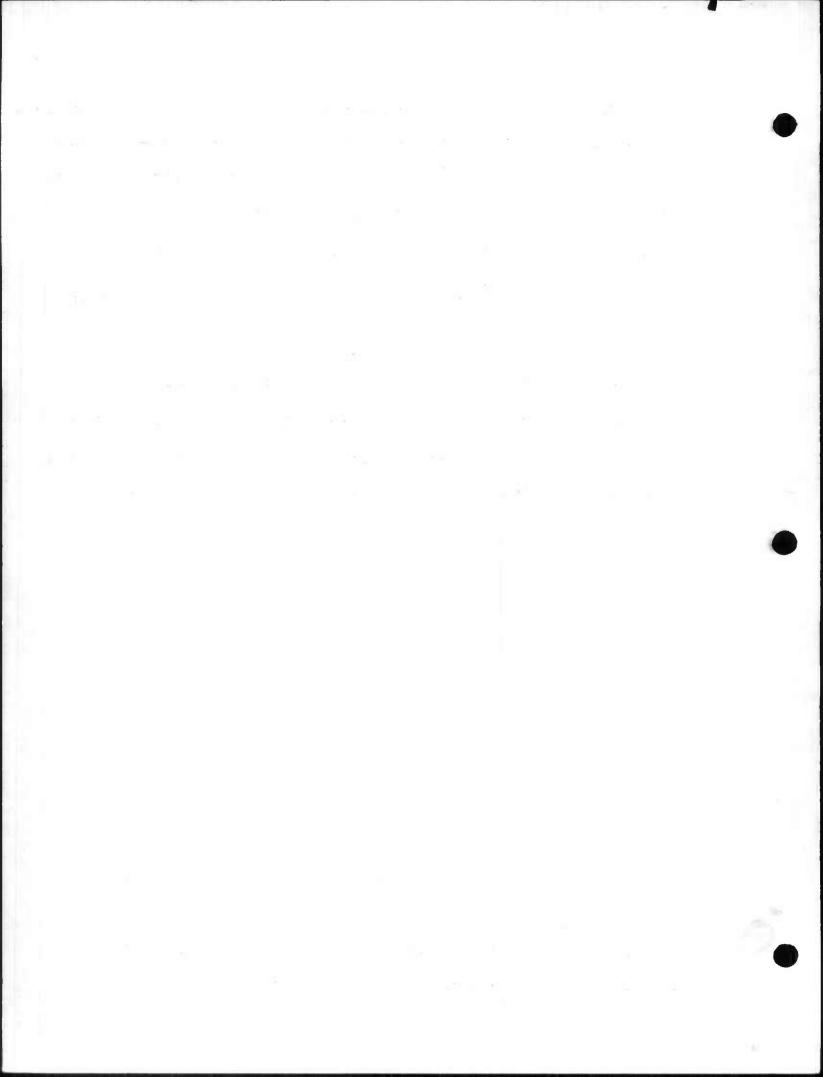
State of Maryland / Department of Health and Mental Hygiene 96

					Certificate of	of Death		Reg. No.		
		1. Decedent's Name (First, Middle	Last)				2. Date of De	eath		3. Time of Death
Physic /Med		WILLIAM	NATHANIE	LL	ewis.		Month OCTOB	ER 16	1996	4:15 P.M
Exam		4a. Facility Neme (If not institution,				4b. City, Town,	or Location of Deat	7		
		700 N Applet	n Ctroot			Daltim	200			
Funera		709 N. Appleto		(In yrs. last bird	thdey) If Under 1 Ye		rs. 8. Date of Bi	rth	9. Birthpl	ace (Stete or Foreign
Directo		040 05 0544	₩ 2 F	83	Yrs. Months De	ys Hours M			Count	lry)
p .		Usual Hosidenco of Decedent					OCL.	, 1913	MG.	
though the state of the state o		10a. State 10b. County		10c. City, Town					10	Od. Inside City Limits
e Me	cto	Md.		Ba	ltimore					Yes 2□No
를 6 명 2 명	Director	10e. Street and Number			10f. Zip Cod	le		10g. Citizen of	What Count	try?
th w		709 N. Appleto	n Street		212	17		U.S.A.		
hours after death with the Manyland hours after death with the Manyland tural; or items 23s or 28s-f show at Example at the notified at	Funeral	11. Marital Stetus	12. Was Decedent Ev Armed Forces?	er in U,S.	13. Wes Decedent If Yes, specify C	of Hispenic Origin?	(Specify Yes or No)- 14. Rac	e - America	
affe affe	E	1 Never Merried 2 Marrie			1 ☐ Yes 2√2 I		ono moun, oto.,		ck, White, e	NG.
72 hours "natural",	l by	3 ☐ Widowed 4 ☐ Divorced	Year or Dates:		ILL res 2X	No Specify.		Specin	Black	
2 E	Completed	15. Decedent' (Specify only highest	Education	16a.	Decedent's Usual Oc	cupation	vorking	16b. Kind of B	usiness/ind	ustry
filed within Hygiene. Ither than	npidu	Elementary/Secondery (0-12)	College (1-4or 5+)		(Give kind of work do life. DO NOT use re		· · · · · · · · · · · · · · · · · · ·	C&P Te	lenhor	ne Co
	Ö	8		Con	mmunicatio	ns agent		Car re.	reprior	ie w.
0=05	Be	17. Father's Name (First, Middle, L	ast)			18. Mother'a N	lame (First, Middle	, Melden Sumen	ne)	
should by	2	Herbert Danie	el Lewis				Unknown			
and and		19a. Informant's Name/Reletionsh	p (Type, Print)	19b.	Mailing Address (Str	eet end Number or	Rural Route Numb	er, City or Town,	Stete, Zip	Code)
2 2 2 2		Herbert T. Lev	vis	7	09 N. Appl	eton St.	Baltimor	e, Md.	21217	
mit. Pages 1 an partment of Heal portant: If Item 2 y Injury or other ce.		20a. Method of Disposition	CIParanal from Otata	20b. Place of	Disposition (Name of		Date	20c. Location -	City or Tov	
Pages net of int: If Its		1 Buriel 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (Sp	ecify)	Wort I	iberty Chu	rch Comet	10/2		arylar	
bemit. Pages Department of Important: If It eny Injury or once.		21. Signeture of Funeral Service L		West II	22. Name and Ad	dress of Facility	ery 10/2	Z/JU IIom	LITOL	ravitie
A DE S		Jahr til	Think		P O Pov	195 Sykes	ruillo M	W 2179	<i>A</i>	
		23a, Part 1, Enter the disease, or o	omplications that caused the	ne death. Do n		_			7	Annrovimete
Chucialan		23a. Part1. Enter the disease, or o shock, or heart fallure. List o	nly one ceuse on each line			-,,	ac or respiratory c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Approximate Interval Between Onset and Death
Physician: Medicai		Immediate Cause (Final	0 1							
Examiner		diseese or condition resulting in death)	a Probable	e bro	nchoge	mc C	aruni	ma		
	ě		T7 C	ue to (or as e o	onsequence of):	1 /		P . 0		
petr Lusit	Examiner	The same of the sa	. Letra	CTOYY	conge	strug h	cart-	rulur	e i	
al-tra	xa	Sequentially list conditions, if any, leading to immediate			onsequence of):				i	
icate be asscuted physician and s tha burial-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events			crosio				i	
ertificate be axecut ling physician and se as tha burial-tran	Medical	resulting in death) Last	-		onsequence of):					
ding ise a	S		- d. Ven	entie	a lord	janic				
death certifica e attending pl ed for use as ti	Physician					0			i	
e 4 6	ysi	Part II. Other significant condition	s contributing to death but	not resulting in	the underlying cause	given in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
that the							1 🗆	Yes 2 No	3 Prob	ably 4 Onknown
8 5 8	l by								T	
v requires been sign should be	Completed				*		24a. Was	an autopsy med?	ava	re autopsy findings illable prior to
2 S S	npidu								of d	npietion of cause leath?
The ate page	Con						10	Yes 2□No	10	Yes 2□ No
ysician: The is certificate director, pag	Be C	25. Was cese referred to medical				28. Place of D	eath (Check only	ope)		
5 00	To	examiner?	Hospital: 1 ☐ Inpatient	2 ER/Out	patient 3 DOA	Other	Home 5 Driesi		er (Specify)
문 등 교		27. Manner Death	28a. Date of Injury (Month, Day Y			njury at Vork?	1	how injury occur		
Attending I ir death. ector: After by the funer	atio	1 ☐Matural 5 ☐ Pending 2 ☐ Accident investiga	tion	Jary In		Yes 2 No				
or Attendatar deat Director:	Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	ed 200. Place of injury	- At home, far	m, street, factory, offic	ce	28f, Location (Street end Numb	er or Rural	Route Number,
5 5 F 6	Ser	- LI TIGNICIO	building, etc. ((Specity)			City or To	wr1, 51616)		
To the Hospital or Attend within 24 hours after deat To the Funeral Director: completely filled in by the		29a. Certifier 1 Certifying	Physician: To the best of r	ny knowledge.	death occurred et the	time, date and pla	ce, and due to the	cause(s) and ma	inner as sta	ated.
Ho Fu Hetely	edicai	(Check only 2 Medicat E. one)	amtner: On the basis of ex and manner state	kamination and	/or investigation, in m	y opinion, death oc	curred et the time,	date and place,	and due to	the cause(s)
vithin outh	Me	29b. Signature and title of certifier	- 1		29c. Lice	ense number		29d. Date signe	d (Month, D	Dey, Year)
FSFO		1/4	111.	11	INT	71.97	13	101	171.	01.
1		20 Name of the Control	1 -WWW	us 11	ルリー	1012		101	1/10	14
(30. Name and address of person w	no completed ceuse of dear	tn (Item 23a) (1	Type, Print)	10021	72 0-	211	1117	21203
V /		SAFELL THE	UTI - MIMS	MD	104 E.	WINDK	N 71.	DACIO	, we	1. 01000
	ate	31. Date filed (Month, Dey, Year)	6 Guna Vavid	signature	. 00					
Regist	rar	OCT1 7199	O Juna wayd	con-Nand	DEC.					



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					,	Cert	ificate o	f Death		Reg. No.		I los
	Physic	ion	1. Decedant's Nama (First, Middla, Li	ast)					2. Data of De Month		Yaer	3. Tima of Death
	/Medi		MARUI	4		~0	HAI	M	OCT	12 1	996	12=50 %
	Exami	ner	4a. Facility Neme (If not institution, gi	All lives and a second second				4b. City, Town, o	r Location of Deet	11.00		T
L				on gen			TAL	FA	LLSTON	a H a	12 FC	
	Funeral Director		213-58-1265	Sex 7. Aga	(In yrs. last bi	rthdey)_ Yrs.	Months Day		8. Dala of Bi (Month, Di	1h Year) 11,195	9. Birthpla Country 0 MAR	y) YLAND
	and **		Usual Rasidence of Decedant 10a. Siele 10b. County		10c. City, Tow	m or Loca	alion					d. Inside City Limits
	ith with the Marylan 23a or 28a-f show	ector	MD n	' a			MORE CO.	EDGEWO	00D			1 X ¥es 2 □ No
	ath with the 123s or 2	Funeral Director	10e. Street and Number 1737 DEARWO	OD COURT				21040		UNITE		
215-0020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23s or 28s-f show int, the Medicel Examinet must be notified at	by	11. Marilel Slatus 1 □ Nevar Married 2 □ Married 3 □ Widowed 4 □ XDXvorced	12. Was Decedent Ex Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Dates: V			es DecedanI of Yas, specify Cu ☐ Yes 2 ② N	Hispanic Origin? (ban, Maxican, Pue , o Specify:	(Specify Yes or No arto Rican, atc.)	Specif	ce - American ck, While, at y: BL	
5-0	"natural",	Completed	15. Decedent's E (Specify only highest gr	ducation ade complatad)	16a	. Deceda	ni's Usual Occ	upation e during most of w	orkina	16b. Kind of B	usiness/Indu	stry
121	ithin	npl	Elementary/Secondary (0-12)	Collage (1-4or 5+)		DNOT use retii UARD	e during most of w red)		SECI	URITY	
121	tygie nr.		17. Fathar's Nama (First, Middla, Las	-		· ·	UAND	40 Matterda M	(First tride)			
Maryland	Mental Harked of	To Be	OSCAR LING						ame (First, Middle CILLE	LEE	ne)	
	permit. Pages 1 end 2 should be filed withir Department of Health and Mental Hygiene. Important: If flem 27 is marked other than any Injury or other traumatic event, in a Manue.		19a. Informent's Neme/Ralationship	(Type, Print) NGHAM	198	173		et and Number or I ARWOOD				D 21040
ore	of He		20a. Malhod of Disposition	Demousl from Cials	20b. Place o cemata	f Disposi	tion (Name of story or other p	lece)	Data	20c. Location	City or Town	n, State
Ē	Pag ment: H		1 DKB virial 2 □ Cremelion 3 [4 □ Donation 5 □ Other (Speci		ASBL		CEMET		10-16	BALT	IMORE	co,MD
Baltimore,	Departi Importi any Inj		21. Signature of Funaral Service Lice	- March	2		Name and Add	rass of Fecility MARCH	FH1	101 E	. NORT	H AE.
	_		25a. Port1 Enter the disease, or con	plications that caused the	ha daath. Do	nol antar	tha moda of d	ying, such as cardi	ac or raspiratory s	rrast,		Approximata
	/Medical Examiner	xaminer	Immediate Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any leading to immediate	b. Asw	ua to (or as a	consequ	ance of):	y An	itny!) () EA) E	
Box 68760,	lew requires that the deeth certificate be executed as been signed by the attending physician and a 2 should be detached for use as the buriet-transit	Physician/Medical Examiner	Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thal initiated evants resulting in death) Lest	d	ua to (or as e	conseque	ance of):					
	deeth	sicia	Part II. Other eignificant conditions	contributing to death but	not resulting I	n tha und	lerlying cause (given in Part I.	23b. Did	tobacco use co	entribute to t	he cause of death?
S, P.O	es that the de igned by the a be detached	by Phy	ISCHAEMIC	CAZOIO	MYO (TAL	нү		10	Yes 2 No	3 Probe	ably 4⊠ Unknown
of Vital Records,	s lew require has been sig ge 2 should b	Completed b	SETZUNES.							an autopsy ormed?	avaii	a autopsy findings able prior to pletton of cause sath?
<u> </u>	0 - 6	S S							1 🗆	Yas 2 No	10	Yas 2 No
Ita	delan: The	Be	25. Was casa rafarred to medical exeminar?					26. Placa of D	ealh (Check only	ona)		
2	5 00 0	2	10 Yes 2□ No	Hospital: 1 Inpatient	2 (ER/O	utpallent	3 DOA	thar: 4 Nursing	Home 5 Rasi	denca 6 □Ott	ner (Specify)	
		ü	27. Menner of Death Statural 5 Pending	28a. Date of Injury (Month, Day)		Time of injury	28c. Inj W	ury at ork?		how injury occur	red	
Sic	Attending or deeth. ector: Atter by the fune	cat	2 Accident invastigation 3 Suicide 6 Could not be	1-1-		NA		Yas 254No		4		
Division	or At	Certification:	4 Homicide datamined	28a. Place of Injury building, atc.	/ - At home, fe (Specify)			9	281. Location (Routa Number,
_	To the Hospital or Attending within 24 hours after deeth. To the Funeral Director: Afte completely filled in by the fun	edical Ce	Chock only 2 Medical Exal	nyelcian: To the best of a niner: On the basis of e	xamination an	o, death o	occurred at tha	tima, data and piac	ce, and dua to the curred et the time,	cause(s) and madata end place,	anner as stat	led. he cause(s)
	the office of the own ple	Mec	29b. Signeture and litia of certifier A	and manner stete	id.		29c Licer	nsa number		29d. Data signe	ed /Month Di	v Veer)
	F ≥ F 8		DC D	1 1/2.		=		o c Mc	-			
	0-		30. Nama and addrass of person who	completed source of the		ME Comp B		ر د ۱۹۱۷		oct	1214	76
	1		GSPLABHU	1810 BKZ	AIL			ston n	10210	۲7.		
	Sta Registr	-	31. Dala filed (Month, Day, Year) OGT1 7 1996	32. Registrar	s Signature	200						



				State of Maryl		partment ertificate			nd Mental Hy		96 3	31130
			Decedent's Neme (First, Middle, La	st)		-			2. Dete of De	Reg. No.	T	3. Time of Death
н	Physic	ian	Bobby		MOFFI	TT			Month	Dey	Year	
	/Medi								Octobe			5:25 Am
	Exami	ner	4a. Facility Neme (if not institution, giv	e street end number)			4	lb. City, Tow	n, or Location of Deal		ty of Death	
			Franklin Square Hospi	The last to the la					RE COUNTY		LINOIC	
	Funeral		Social Security Number 6. S	DM OFF	yrs. last birthde	y) If Under Montha	1 Year Deys	If Under 2	Min. 8. Dete of Bi	rth ay, Year)	9. Birthpie	ce (Stete or Foreign
	Director		Z15-34-/13b	X M 2 L F 62	Yrs.					ER 9,1934	BULADE	W.N. C.
	2		Usuel Residence of Decedent 10a. Stete 10b. County	100	Chy Taum or	Landin						
	r 28a-f show	-	Too. County	100.	. City, Town or	Location					100	I. Inside City Limits
	No Maria	cto	MARYLAND BALTIMORE	B/	LTIMORE	COUNTY						1 Yes 2 No
	death with the Maryland	Director	10e. Street and Number			10f. Zlp	Code			10g. Citizen of	Whet Country	y?
	th wi	aic	903 BALTIMORE YACHT	CLUB ROAD		2122	21			U.S.A		
	items items	Funeral	11. Meritel Stetus	12. Wes Decedent Ever I	In U,S. 1	3. Was Deced	ent of Hi	ispanic Origi	in? (Specify Yes or No	o- 14. Re	ce - American	
0	after or ite	E	1 ☑ Never Merried 2 ☐ Merried	Armed Forces? 1 ☐ Yes 2 📉 No					Puerto Rican, etc.)	Ble	eck, White, et	C.
02	60 0 50	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1 ☐ Yes 2	X No	Specify:		Speci	WHITE	
9	72 houn	P	15. Decedent's Ed	lucation	16a. Dec	cedent's Usue	i Occupa	ation		16b. Kind of I	Business/Indu	
15	c	Die	(Specify only highest gra		(Gi	ve kind of wor. DO NOT us	k done d	during most o	of working			
21215-0020	y withly jiene. r then	Completed	Elementery/Secondery (0-12)	College (1-4or 5+) N/A	FARM	FR.		•		SELF BYF	CENTR	
	₹ £ £	O	17. Fether's Neme (First, Middle, Last)		1711	<u></u>		18. Mother	s Neme (First, Middle			
an	v ≒ 4 •	Be C	JESS MOFFITT						GERTIPLDE BEN			
Maryland	s 1 and 2 should be f Health and Menta tem 27 is marked other trsumatic ex	10	19e. informent's Neme/Reletionship (Time Driet	405 144	Mine Address	(04				0.00	
Ma	12 sho h and ' Is me		analysis and analysis and						or Rural Route Numb			
	of Health item 27 other tr		SUSAN JOHNSON (SI		903			ACHI CL	ub road balt			
0	F Ite		20e. Method of Disposition 1		b. Plece of Dis cemetery, c	remetory or of	her plec	e)	Dete	20c. Location	- City or Town	n, Stete
=	Pa Pa		4 ☐ Donetion 5 ☐ Other (Specify		REET-MOF	FITT CEN	ETER	Y OCTOB	ER 17, 1996	BULADEAN	I. NORTH	CAROLINA
Baltimore,	permit. Pages Department of Important: If it any injury or once.		21. Signeture of Funeral Service Licen			22. Name end					, 3	
(M	AGE 28		hosthar a	marka		LASSAHN	FUNE	RAL HOM	E, INC.			
1			23a. Pert1. Enter the diseese, or born shock, or heert feilure. Liat only	pilcetions that caused the d	leeth. Do not e	7401 BE	AIR I	POAD B	ALTIMORE, MA	RYLAND 21	236-462	pproximete
	Dhusisian		shock, or heert feilure. List only	one ceuse on each line.			o. o,	g, 00011 00 o	areas or respiratory to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Îr	ntervel Between Inset and Death
	Physician /Medical	Н	Immediate Cause (Final	** . 11	A							days
	Examiner	Ш	disease or condition resulting in deeth)	Unstable	Angina							uays
		<u>_</u>		Coronary	o (or as e cons	equence of):	se				1	year
	led nsit	Examiner		b. ————								
	be executed sician and burial-transit	xar	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying	Due to	o (or as a cons	equence of):						
60,	ete be ex hysician the buria	=	Ceuse (Disease of Injury	c								
8760,	the et	dicai	thet initieted events resulting in deeth) Lest	Due to	o (or es e cons	equence of):						
9	that the deeth certificated by the attending placed for use as t	Physician/Me										
Box	th ce tend y us	ar	_	Q							1	
	deeth ne atter ed for u	sici	Pert II. Other significant conditions co	ontributing to death but not	resulting in the	underlying ca	use give	en in Pert I.	23b. Did	tobacco use c	ontribute to ti	he cause of death?
P.0	by the	h	Hypertension						10	Yes 20 No	3 □ Probe	bly 4 Unknown
	es that igned be det	by	ny por tono zon							1		
of Vital Records,	.= 0 0	D	Status post coror	are artary b	NID 2 C C	araft				an eutopsy		autopsy findings
8	w requ	et	Status post coror	lary artery t	ypass	grare			perfe	ormed?	comp	eble prior to pletion of cause
Re	has ge 2	Completed	Insulin dependent	diabetes me	ellitus						of de	
8									1 🗆	Yes 2 No	101	Yes 2□ No
Z.	Physician: this certific	Be	25. Wes case referred to medical examiner?	Descript X a			0.1		of Deeth (Check only	one)		
10	Physic this c	2	1 ☐ Yes 2 No		2 ER/Outpet			4 🗆 14018	sing Home 5 Resi	idence 6 🗆 O	ther (Specify)	
	fter t	:uo	27. Menner of Deeth 1 Natural 5 ☐ Pending	28a. Dete of Injury (Month, Day Year	r) 28b. Time	of 28	Bc. injury Work	et c?	28d. Describe	how Injury occu	urred	
ö	Attending ir death. ector: After by the fune	ati	Z□ Accident investigation			М	101	Yes 2 □ No	0			
Division	or Attending after death. Director: After 5 in by the fune	ti i	3 Suicide 6 Could not be determined	28e. Plece of Injury - A building, etc. (Spe	t home, ferm,	street, fectory,	office			Street end Num wn, Stete)	ber or Rural F	Route Number,
Ö	s after il Direction by	Certification:		bunding, old. (Opt	oury)				0.17 0.70	m, ototo,		
	hour hour y lill	al	29e. Certifier Certifying Ph	vsician: To the best of my I	knowledge, de	eth occurred a	t the tim	e, dete end	plece, end due to the	cause(s) end n	nenner es stat	ed.
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely lilled in by the funeral director.	edical	(Check only 2 Medical Examone)	iner: On the basis of exemend menner steted.	ninetion end/or	investigetion,	in my op	pinion, deeth	occurred et the time,	dete end piece	, and due to th	ne cause(s)
	outhir outh	Me	29b. Signeture end title of certifier			29c.	License	number		29d. Date algn	ed (Month, De	y, Year)
	->-0		KOTTARATH	ic THOMAS	JOHN		1.000	16		October	- 1/4 1	996
	5					D	4820	00		OCCUDE	. 17, 1	770
	0		30. Neme and address of person who of the Thomas Kottara	completed cause of death (I thil MD 9000	rem 23a) (Typ Frank l	e, Print) .in Sau	are	Balti	more Maryl	and 212	237	
			ZZ ZIIOMGO MOCCGIG			1			-			

State Registrar 31. Dete filed (Month, Day, Year)
OCT1 7 1996



and the state of t

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within A florance for death. Page 6 may be retained by the hospital or attending physician.

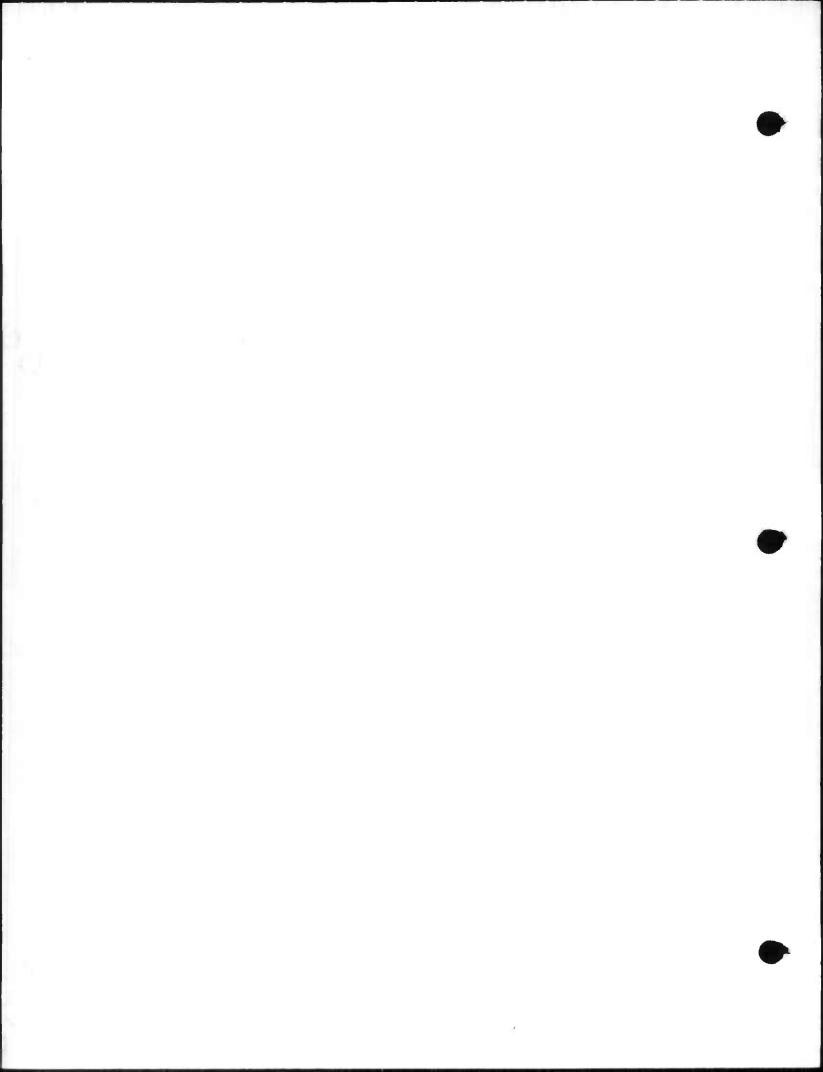
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

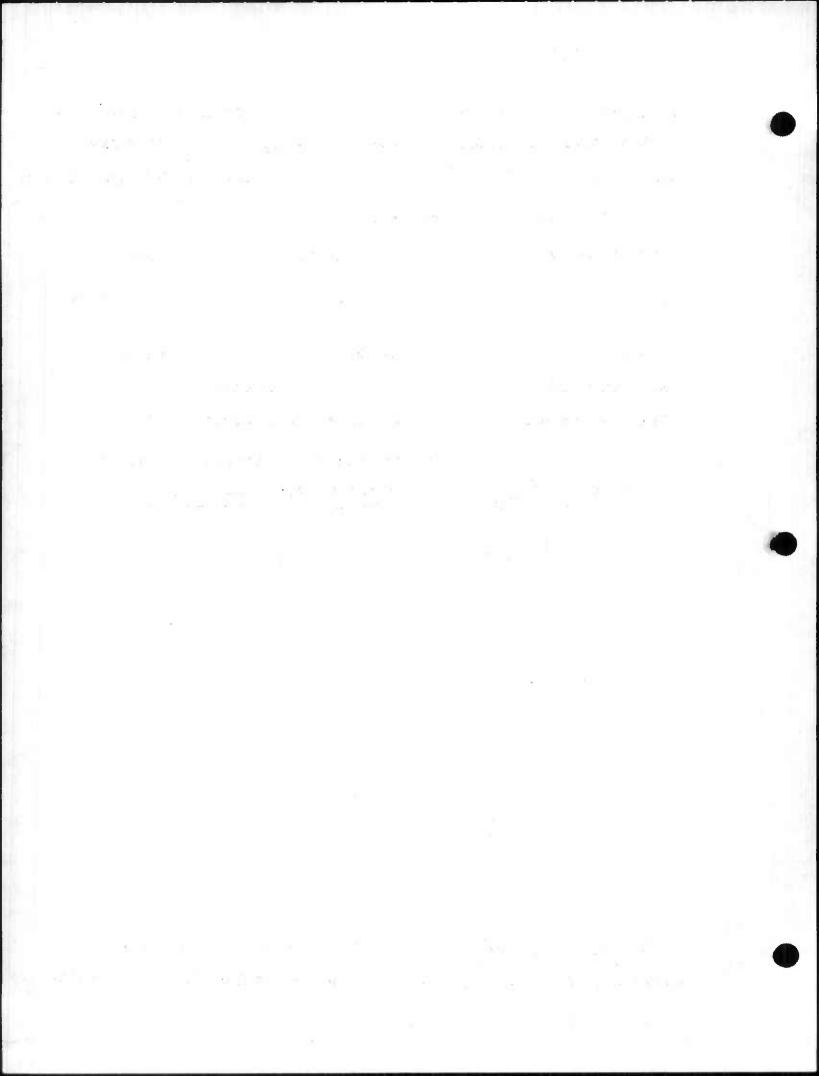
	1. DECEDENT'S NAME (First,					/		ULA		2. DATE OF	DEATH		T	3. TIME OF DEATH .
	LUCILL			^	1ELV	IN				Octob	er	4.10	796	0555 m
33	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR DAYB	IF UNDER	24 HRS.	7. DATE OF I	MRTH	/	8. BIRTHP Country)	LACE (State or Foreign
	239-54-23		1 M 2 X F	76	YRS.					Jan. 2	20,1	920	N. (Carolina
œ	9a. FACILITY NAME (If not in Sinai Ho							imo:		EATH		9c. COU	NTY OF DE	
5	RESIDENCE OF DEC	-				Ь	alt	TIIIO	.е				N/I	A
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION	-					lod. INSIDE CITY
	MD		N/A			Balt	imo	re						LIMITS?
RAL	10. STREET AND NUMBER						101	. ZIP COD				10g. CITI	ZEN OF WH	AT COUNTRY?
FUNERAL	5018 Pa1		VENUE 12. WAS DECEDEN						215				USZ	
	1 Never Merried 2		FORCES? 1	YES 27	NO	- 10	f yes, spe	ecity Cuba	n, Mexica	NIC ORIGIN? (S in, Puerto Ricar	pecify Yes n, etc.)	or No-		- American Indian, White, etc.
ВУ	3 ₩ Widowed 4 □ Divo	roed	IF 123, GIVE V	WH ON DAIES		. '	∐ YES	2 NO	Specify	y.			Specify.	Black
ED	15. DEC (Specify only	EDENT'S EDUCAT	TION empleted)	(0	ECEDENT'S Give kind of a	vork done d	CUPATIO	ON st of working	ng	16b. KJN	ID OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5		Pre:	e retired.)				La	und	roma	t	
OMF	9th	iddle Leet)			rie	sser								
	John Hen	,	liot							me (First, Middle) oeth E				
BE (19a. INFORMANT'S NAME (7)			15	Db. MAILING	ADDRESS	(Street s			Route Number, C			Codel	
2	Lacy Melv	in								ie, Ba				21215
	20a. METHOD OF DISPOSITI		al from State	20b. PLACE	AND DATE	OF DISPOS	TION /Na	me of		DATE	20c. LO	CATION —	Cify or Town	n, State
	4 ☐ Donation 8 ☐ Other 21. SIGNATURE OF FUNERAL	(Specify)		Mt.	Cal	ary	Ce	mete	≥y	10/17	Ba	ltim	ore	Maryland
j	21. SIGNATURE OF FUNERAL	7	ACEE		_	22.1	NAME AN	IO ADDRES	SS OF FAL	CILITY				L HOME
	Merco	4). W	NI		4	600	LIE	BERT	Y HET	GHT	SAV	E.BA	LTO 21207
	23. PARTTI. Enter the di shock, or he	seases, or cor part failure. Lis	mplications tha st only one cau	t caused the d	eath. Do r	ot enter	the mo	de of dyl	ng, suct	h aa cardlac	or reapli	ratory arr	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Fin	la V		O										Onset and Death
	resulting in death)	→ a.,	PAN DUE TO	CREAT	1C	CAL	VCE	R						Imonth
,			DOE 10	(ON AS A CONSE	OUENCE OF):								
CERTIFICATION	Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A CONSE	OUENCE OF	7:								
S	cause. Enter UNDERLY! CAUSE (Disease or Inju-													
	that initiated events resulting in death) LAS	T	DUE TO	(OR AS A CONSE	QUENCE OF	7:								
CEF		d.												
AL	PART II. Other algolifica	nt conditions	contributing to	death but not	resulting I	n the un	derlying	cause g	iven in i	Part I. 24a	. WAS AN			TERE AUTOPSY FINDINGS
MEDICAL										10	YES 2	NO	C	OMPLETION DF CAUSE F DEATH?
Σ	DID TODA CCO III	CE COLUMN											1	☐ YES 2 ☐ NO
AN	DID TOBACCO US		BUIE TO CA		CE OF DEAT			UNC	ERTAIN	127				
SICI	EXAMINER?	1	IOSPITAL:			OTHER	1:	104		U-1.00 - U0				
PHYSICIAN	27. MANNER OF DEATH		28s. DATE OF	INJURY	28b. TIM	OF	28c. INJL	JRY AT	sidence	8 Other (Sp. 28d. DESCRIE		JURY OCC	URED	
ВУР		Pending nvestigation	(Month, D	ay, Year)	INJ	M	1 Y	RK? 'ES 2	NO					
	3 Sulcide 6 0	Could not be	28e. PLACE O building,	F INJURY — At he	ome, farm, s	treet, facto	ory, office			281. LOCATION	N (Street a	nd Number	or Rurel Rou	te Number,
ETE	18-700	determined												
COMPLETED			AN: To the best of											
8	2 L MEDI		On the basis of er	camination and/or	investigatio	n, In my op	oinion, de	with occur	ed at the t	time, data and	place, and	due to the	cause(s) s	nd manner sa stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	()	on					NSE NUM			29d. DATE	SIGNED (A	Ionth, Day, Year)
De Dilborate Y Leve Po 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D4593/ D4593/ D4593/							17,1776							
	DEBORA	H T	PIERC	The state of the		270	7	040	سدد	110011	مدا ،	+-	MI	21710
DEBORAH I PIERCE, MD 7220 PARK HEIGHTS AVE 2/2/5 31. DATE FILED (MONTH, Day, Yolar) 32. REGISTRAR'S SIGNATURE							/ 8		- 1	MINI	5 77		HVD	6 613
								77 1		HOIC	5177	13	HVD	2/2/3
			32. REGISTRA		•		- F	7/1 /		HOTE	57 77	13	AVE	2/ 2/3



State of Maryland / Department of Health and Mental Hygiene O.C.

ıninian		 Decedant's Nama (First, Middla, La 	st)					2. Data of Dae			3. Tima of Death
/sician ledical	ı,	KATHERINE	MCKI	E				Month OCTOBE	Day	1996	9.30 AM
aminer		4a. Facility Nama (If not institution, giv	The state of the s				4b. City, Town, or L	ocation of Death	4c. County		
ral		GREATER BALTIM 5. Social Sacurity Number 6. S		CAL C a (In yrs. last i		R If Undar 1 Yaar	TOWSON If Undar 24 Hrs.	8. Data of Birth	BALT.		
or		250-56-0704 Usual Rasidance of Dacedant	□ M 2 X F	77	Yrs.	Months Days		8. Data of Birth (Month, Day July 28)	1919		aca (Steta or Foraign ry) n Carolina
Be Completed by Funeral Director	- 1	10a. Stata 10b. County		10c. City, To						10	d. Insida City Limits
cto	2	MD Baltin	nore	Bal	timor	·e					1 ☐ Yas 2X No
Funeral Director	2 2	10e. Streef and Number 7600 Hillsway Av	ve.			10f. Zip Coda	234	1	0g. Citizan of V		ry?
ner	5	11. Marital Status	12. Was Decedant I Armed Forcas?	Evar in U,S.	13. W		Hispanic Origin? (Spean, Mexicen, Puarto	ecify Yas or No-	14. Rac	e - Amarice	
20	2	1 ☐ Navar Marriad 2 ☐ Married 3 😾 Widowad 4 ☐ Div <i>o</i> rcad	1 Yas 2 XIN If Yas, Give Yaar or Datas:	чo		Tas, specify Cub ☐ Yas 2 💢 No		Hicen, atc.)	Specify	ck, White, a	ack
eted	2	15. Decedant's Ed (Specify only highast gra	fucetion da completad)	16	a. Daceda	nt's Usual Occu	pation during most of work	rina	16b. Kind of B	usinass/Ind	ustry
Completed	1	Elamantary/Secondary (0-12)	Collaga (1-4or 5	i+)			d)	wig			
		unknown 17. Fathar's Nama (First, Middla, Last)			Home	maker	18. Mothar's Nam	a /Firek Adidella	Own I		
To Be	3	John Henry McKie					Annie		valgan Suman	ia)	
ľ		19a. Informant's Name/Ralationship (1 Charlotte Charth		19			and Number or Rui				
	2	20a. Mathod of Disposition		20b. Place	of Disposit	tion (Nama of atory or other pla	(ca)	Data	20c. Location -	City or Tov	vn, Stata
		1 ☐ Burial 2 ☐ Cremation 3 🕅 4 ☐ Donetion 5 ☐ Other (Specif)				norial E		/18/96	August	a, GA	
	1	21. Signatura of Funetal Service Licen	1097		22. 1	Nama and Addra	ass of Facility				
Suce		A. 1/1.	HID		AL	TENBURG	FUNERAL	HOME, P.	A.	0101	
		23a. Party Enter the diseases or company shock, or heart failure. List only of	olications that churled	the deeth. Do	not anter	the mode of dyi	ng, such as cerdiac	or raspiratory arr	e, MD	21214	Approximata Intarval Batween
ın		7									Onset and Deeth
al		mmadiata Cause (Final	VEI	VTRI	CU	LAR	TAC	HYCA	21)1	4	
r	1	disaasa or condition rasulting In daath)		Due to (or as a			1110	in justil	2011	T	
iner		_	. AC	UTE	n	n.	\mathcal{I}'				
Examine		Sequentially list conditions,	0.	Dua to (or as a	consaque	ence of):	2 /	1 0			
		Sequantially list conditions, flany, leading to immadiata ceusa. Entar Undarlying Causa (Disaasa or injury	CORO	NAI	RY.	AR	TERY	DIS	EASE		
Medical	t	hat initiated avants asulting in deeth) Last	Λ	Dua to (or as a	-						
			d. 11.	TBE	1E	5					
Physician/	F	art II. Other eignificant conditions co	ontributing to death bu	t not rasulting							
Phy					in tha und	arlylng ceusa gi	van in Part I.	23b. Dld to	bacco use co	ntribute to	the cause of death?
-					in tha und	arlylng ceusa gi	van in Part I.	23b. Dld to	21	ntribute to	
by	-				in tha und	arlying ceusa gi	van In Part I.		21		
	-				in tha und	arlying ceusa gi	van in Part I.		2) No	3 ☐ Probe	ably 4 Unknow a autopsy findinga labla prior to
	-				in tha und	larlylng ceusa gi	van In Part I.	1 □ Y	2) No	3 Probe	a autopsy findinga
Completed					in tha und	larlying ceusa gi	van in Part I.	1 □ Y	n autopsy ned?	3 Probe	ably 4 Unknow a autopsy findinga labla prior to plation of causa
Be Completed	2	5. Was cesa rafarred to medicel axaminar?	Macrital: \$ P			CH	26. Placa of Deat	1 □ Y 24a. Was a perform 1 □ Ya	n autopsy ned?	24b. War aval com of da	ably 4 Unknow a autopsy findinga labla prior to plation of causa aath?
To Be Completed	2	5. Was cesa rafarred to medicel axaminar? 1 □ Yas 2 No	Hospital:	nt 2□ER/O	utpatient	3 DOA	26. Placa of Deat nar: 4 □ Nursing Ho	1 Yaa. Was a perform	n autopsy ned? as 2 No	3 Probe 24b. War avai com of de 1 □	a autopsy findinga labla prior to plation of causa aath?
To Be Completed	2	5. Was cesa rafarred to medicel axaminar? 1 Yas 2 No 7. Mannar of Daath 1 Natural 5 Pending	Macrital: \$ P	nt 2□ ER/O y, 28b.		3□ DOA Ott	26. Placa of Deat nar: 4 □ Nursing Ho ry at fk?	1 □ Y 24a. Was a perform 1 □ Ya	n autopsy ned? as 2 No	3 Probe 24b. War avai com of de 1 □	a autopsy findinga labla prior to plation of causa aarth?
To Be Completed	2	5. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 Inpatier 28a. Data of Injun (Month, Dey	nt 2 ER/O y Year) 28b.	outpatient Tima of Injury	3 DOA ON Wo M 1	26. Placa of Deat nar: 4 □ Nursing Ho	1 Ye 24a. Was a perform 1 Ye th (Chack only on ma 5 Rasida 28d. Dascribe ho	n autopsy ned? No as 2 No noce 6 Othow injury occurr	3 Probe 24b. War aval com of de 1 □ ar (Specify) red	a autopsy findinga labla prior to plation of causa aath? Yes 2□ No
To Be Completed	2	5. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 Inpatier 28a. Data of Injun (Month, Dey	nt 2 ER/O y Year) 28b.	outpatient Tima of Injury	3 DOA ON Wo M 1	26. Placa of Deat nar: 4 □ Nursing Ho ry at fk?	1 Ye 24a. Was a perform 1 Ye h (Chack only on ma 5 Rasida 28d. Dascribe ho	n autopsy ned? No as 2 No noce 6 Othow injury occurr	3 Probe 24b. War aval com of de 1 □ ar (Specify) red	ably 4 ☐ Unknow a autopsy findinga labla prior to plation of causa aath? Yes 2 ☐ No
Certification: To Be Completed	2	5. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 Inpatier 28a. Data of Injun (Month, Dey	nt 2 ER/O y Year) 28b. ry - At homa, f (Specify) f my knowledg	outpatient Tima of Injury farm, streat	3 DOA Ott	26. Placa of Deathar: 4 Nursing Hory at k? Yas 2 No	1 Ye 24a. Was a perform 1 Ye h (Chack only on one 5 Raside 28d. Dascribe ho	n autopsy ned? as 2 (No e) ince 6 Oth. winjury occurr raat and Numb , State) and ma	3 Proba 24b. War avail com of di 1 ar (Specify) ed	a autopsy findinga labla prior to plation of causa aath? Yes 2 No
To Be Completed	2	5. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 Inpatier 28a. Data of Injur (Month, Dey) 28a. Place of Injurbuilding, atc. valclan: To the basis of liner: On the basis of and mannar state	nt 2□ ER/O y Year) 28b. ry - At homa, f (Specify) I my knowledg axaminetion erad.	Dutpatient Tima of Injury arm, straal a, daath or	3 DOA Ott 28c. Injun Wo M 1 L t, factory, office ccurred at tha file stigetion, in my co	26. Placa of Deathar: 4 Nursing Hory at K? Yas 2 No	1 Yes a perform 1 Yes A grant Chack only on ma 5 Resides 28d. Describe how 28f. Location (State of Town and due to the ceed et the time, die	n autopsy ned? as 2 No e) ince 6 Othow injury occurr raat and Numb cousa(s) and ma ata and plece, a	3 Proba 24b. War aval common of did 1 ar (Specify) ed ar or Rural and dua to t	a autopsy findinga labla prior to plation of causa aath? Yes 2 No Routa Number, ted. ha cause(s)
edicai Certification: To Be Completed	2	5. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 Inpatier 28a. Data of Injur (Month, Dey) 28a. Place of Injurbuilding, atc. valclan: To the basis of liner: On the basis of and mannar state	nt 2□ ER/O y Year) 28b. ry - At homa, f (Specify) I my knowledg axaminetion erad.	Dutpatient Tima of Injury arm, straal a, daath or	3 DOA Ott 28c. Injun Wo M 1 L t, factory, office ccurred at tha file stigetion, in my co	26. Placa of Deathar: 4 Nursing Hory at K? Yas 2 No	1 Yes a perform 1 Yes A grant Chack only on ma 5 Resides 28d. Describe how 28f. Location (State of Town and due to the ceed et the time, die	n autopsy ned? as 2 No e) ince 6 Othow injury occurr raat and Numb cousa(s) and ma ata and plece, a	3 Proba 24b. War aval common of did 1 ar (Specify) ed ar or Rural and dua to t	a autopsy findinga labla prior to plation of causa aath? Yes 2 No Routa Number, ted. ha cause(s)
edical Certification: To Be Completed	2	5. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 Inpatier 28a. Data of Injur (Month, Dey) 28a. Place of Injurbuilding, atc. valclan: To the basis of liner: On the basis of and mannar state	nt 2□ ER/O y Year) 28b. ry - At homa, f (Specify) I my knowledg axaminetion erad.	Dutpatient Tima of Injury arm, straal a, daath or	3 DOA Ott 28c. Injun Wo M 1 L t, factory, office ccurred at tha file stigetion, in my co	26. Placa of Deathar: 4 Nursing Hory at K? Yas 2 No	1 Yes a perform 1 Yes A grant Chack only on ma 5 Resides 28d. Describe how 28f. Location (State of Town and due to the ceed et the time, die	n autopsy ned? as 2 No e) ince 6 Othow injury occurr raat and Numb cousa(s) and ma ata and plece, a	3 Proba 24b. War aval common of did 1 ar (Specify) ed ar or Rural and dua to t	a autopsy findinga labla prior to plation of causa aarth? Yes 2 No Routa Number, ted. ha cause(s)
Medical Certification: To Be Completed	2 2 2 30	5. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 Inpatier 28a. Data of Injur (Month, Dey) 28a. Place of Injurbuilding, atc. valclan: To the basis of liner: On the basis of and mannar state	ont 2 ER/O Year) 28b. Try - At homa, f (Specify) f my knowledg axaminetion et ad. ath (Itam 23e)	Dutpatient Tima of Injury arm, straal a, daath or	3 DOA Ott 28c. Injun Wo M 1 L t, factory, office ccurred at tha file stigetion, in my co	26. Placa of Deathar: 4 Nursing Hory at K? Yas 2 No	1 Yes a perform 1 Yes A grant Chack only on ma 5 Resides 28d. Describe how 28f. Location (State of Town and due to the ceed et the time, die	n autopsy ned? as 2 No e) ince 6 Othow injury occurr raat and Numb cousa(s) and ma ata and plece, a	3 Proba 24b. War aval common of did 1 ar (Specify) ed ar or Rural and dua to t	a autopsy findinga labla prior to plation of causa aarth? Yes 2 No Routa Number, ted. ha cause(s)
To Be Completed	2 2 2 30	5. Was cesa rafarred to medicel axaminar? 1	Hospital: 1 Inpatier 28a. Data of Injun (Month, Dey 28a. Place of Injun building, atc. raiclan: To the best of inar: On the basis of and mannar stat A M34 complated ceusa of de M25 M1	y At homa, f (Specify) If my knowledg axaminetion elad. At the control of the c	Dutpatient Tima of Injury earm, streat a, daath or nd/or Inves	3 DOA Ott 28c. Injun Wo M 1 L t, factory, office ccurred at tha file stigetion, in my co	26. Placa of Deathar: 4 Nursing Hory at K? Yas 2 No	1 Yes a perform 1 Yes A grant Chack only on ma 5 Resides 28d. Describe how 28f. Location (State of Town and due to the ceed et the time, die	n autopsy ned? as 2 No e) ince 6 Othow injury occurr raat and Numb cousa(s) and ma ata and plece, a	3 Proba 24b. War aval common of did 1 Grant (Specify) ar (Specify) ar or Rural and did ot t	a autopsy findinga labla prior to plation of causa aath? Yes 2 No Routa Number, ted. ha cause(s)

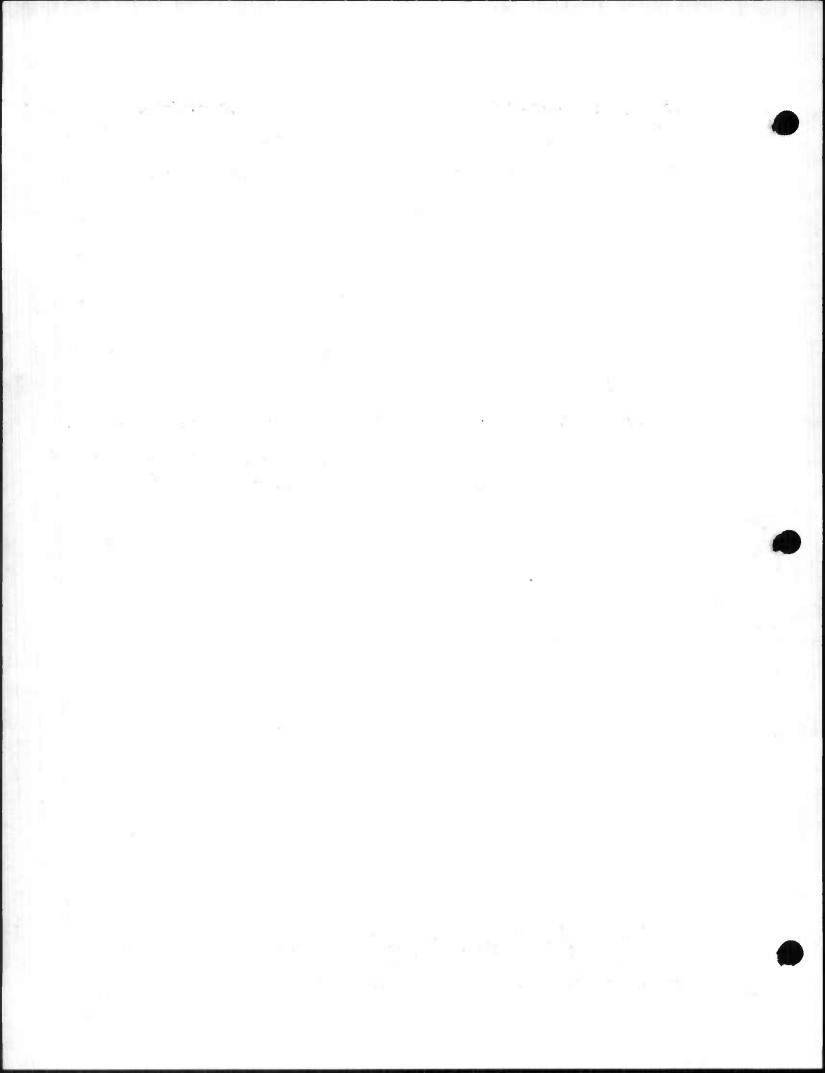
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

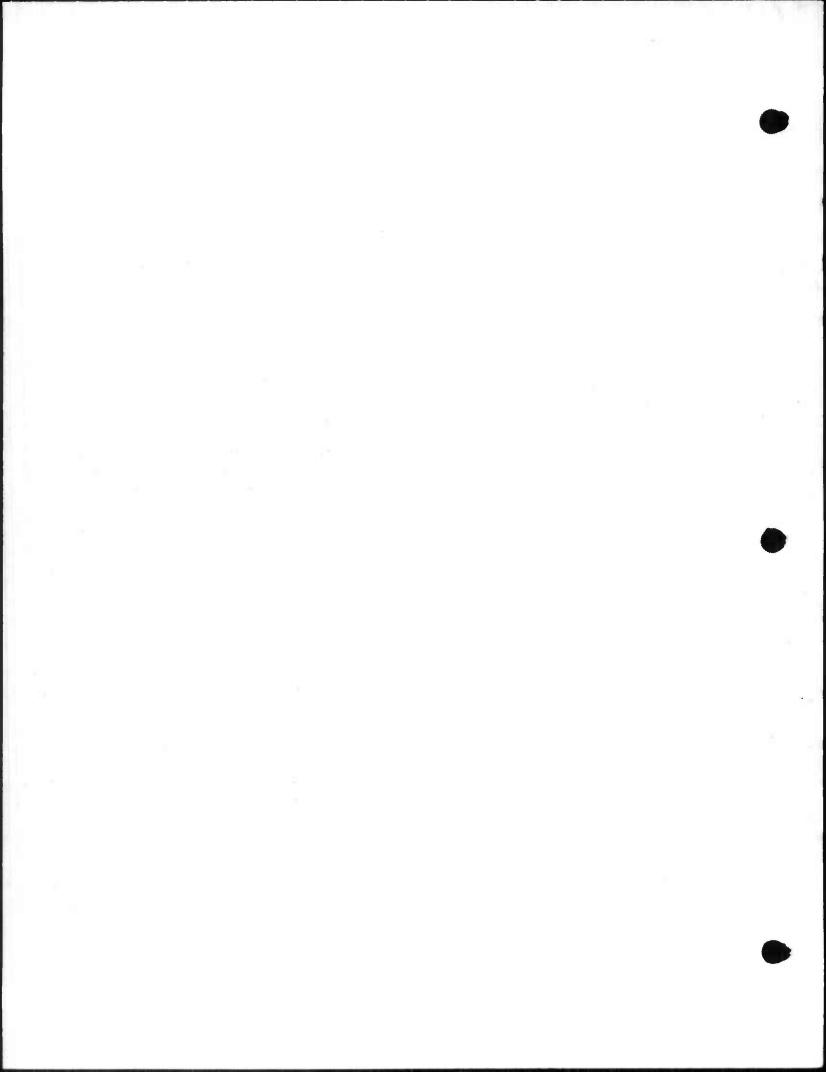
31133 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day 96 **Physician** MAZUY Hanes a. 4:50 AM 10 -15 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Stella Maris Hospice TOWSON MIS Baltimore 5. Social Security Number If Under 24 Hrs. Hours Min. 8. Date of Birth Month, Day, Year, NOV. 18, 1910 If Under 1 Year 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 218-10-6719 Months 1□M 2▼F Days 85 Yrs. Director MARYIANC Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner mant be notified at 10d. Inside City Limits NIA Baltimore 1 Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1362 Andre street 21230 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marital Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify à 3√Widowed 4 □ Divorced Specify: White Year or Detes: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) 10+4 Homemaker s 1 and 2 should be filed w f Health and Mental Hygier fem 27 is marked other th NIA OWN Home 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Elizabeth Burke Kedchurch Edward 19e. Informant's Name/Relationship (Type, Pnint) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 and 2 s Depertment of Health an important: if item 27 is 1 any injury or other traus once. Sniadach/Daughter Court, Nancy 14 farwell Baltimore, MD 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 12 Burial 2 Cremetion 3 Removal from State New Cotheolea Cemetery Oct. 18, 1996 Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Charles L. Stevens Fuveral Home, Iv. 21. Signature of Funeral Service Licenses 1501 E. FORT ALENUE, Baltimore, MD 21230 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdled or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) l vascely accide 3 weller Examiner Due to (or as a consequence of) Examiner or Attending Physician: The law requires that the death certificate be axecuted -transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Due to (or es e consequence of). physicien ar Box 68760, Physician/Medical Due to (or as e consequence of): 88 ettending for use as P.O. F Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? 2 1 Yss 2 No 3 Probably Onknown should be det Division of Vital Records. by Completed 24b. Were autopsy lindings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 cartificate 1 Yes 2 No 1 ☐ Yes 2 No Be 25. Was cese referred to medicel examiner? 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 20 No Certification: To this filled In by the funeral 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Neturai 5 Pending death. To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fo 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 ☐ Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medical Descritifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) and manner as stated.

2 Medicat Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and archess of gerson who completed cause of death (Item 23a) (Type, Print) 9712 Road Balto, MD Relair 33 Registrar's Signature 31. Date filed (Month, Day, Year) State 7 1996 Registrar



ij.	ŝ
8	-41
į	ĕ
2	E
5	5
8	R
ş	2
ŝ	mpletniy
Ē	2
Ę	8
1000	3
8	5
o St	physican
ğ	
Ŗ.	Вириаци
ě.	8
8	8
Ė	ā
ij	E
n i	뀰
ij.	8
Ĕ	ŧ
ğ.	H
8	20
ė	rificate
Š	ij
2	65
E	ਜ

	1 - FOR STATE REGISTRAR	STATE OF MARYL			OF HEALI		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					4	2. DATE OF DEATH		3. TIME OF DEATH
	ELIZABETI	4	Mc	FAI	DDEN			6 9	3. TIME OF DEATH
		S. SEX B. AGE	(in yrs. lest birthday)	-		DER 24 HRS.	7. DATE OF BIRTH	L a Bu	RTHPLACE (State or Foreign
		□ M 2 XXF	58 YRS.	MONTHS	DAYS HOUR	s mm.	April 4,	1938 Ne	ew Jersey
	80. FACILITY NAME (If not institution, give street	it and number)		9b. CITY,	TOWN OR LOC	ATION OF DI	EATH	9c. COUNTY O	F DEATH
E	3754 Beech Avenue			Bal	Ltimore	2		N/A	
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CI	TY, TOWN OF	R LOCATION				10d. INSIDE CITY
E	N/A		111	Baltim					LIMITS?
A	Maryland N/M 100. STREET AND NUMBER			Jai Cil	101. ZIP C	ODE		10a, CITIZEN O	F WHAT COUNTRY?
ER.	3754 Be	ech Avenue			2	1211		U.S.	
FUNERAL DIRECTOR	11. MARITAL STATUS 1	WAS DECEDENT EVER I	N U.S. ARMED	t3. W	AS DECENDEN	T OF HISPAI	NIC ORIGIN? (Specify Ye		ACE — American Indian, leck, White, etc.
BY F	t Never Married 2 XX Married 3 Widowed 4 Divorced	FORCES? t YES	ATES Y NO	1	yes, specify C	iben, Mexico 10 Specif	m, Puerto Rican, etc.)		eck, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)	16a. DECEDENT'S	work done do	CUPATION uring most of wo	rking	16b. KIND OF BU	SINESS/INDUSTRY	Υ
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)							
N N	17. FATHER'S NAME (First, Middle, Last)		Home Ma	ker	1			Residenc	e
					16. M		ME (First, Middle, Malden	Surname)	
8	Unknown 19e. INFORMANT'S NAME (Type/Print)		19h MAIL IN	ADDRESS	(Street and Num	Unkn	OWN Route Number, City or You	- Orto 70 0-41	
2	Maurice T. McFadde	n (Huchand					ltimore,Ma		
	20a. METHOD OF DISPOSITION	201	PLACE AND DATE				DATE 20c. LO		
	1 Buriel 23 Cremetion 3 Remove 4 Donation 5 Other (Specify)	of from State cen	reen Mou	other plece)	meterv			•	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /	LCCH HOO	22. N	AME AND ADD	RESS OF FA	CILITY A. Alan	Seitz.	Jr. Funeral
	> a ale s	leite h		Hom	e.3818	Rola	nd Avenue,	Balto	MD 21211
	23. PART I. Enter the diseases, or con	nplications that causes	the deeth. Do						
	anock, or neart rangre. Lis	t only one cause on a	ach line.		ne mode or	aying, suc	ir as cardiac or resp	natory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	ALUTE	MYN	DR.	DiAL	T		- 1	Onset and Death
ŀ	resulting in death)	ACUTE DUE TO (OR AS A	CONSEQUENCE	NF):	0 700 0	-11	V FARCE /	10N	12hrs.
z		Chroni DUE TO (OR AS A Chroni Chroni DUE TO (OR AS A	C RE	NAC	Fo	1/40	·C		10-15448
음 l	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):	, «	4	•		
2	CAUSE (Disease or injury	Chronie	MA	CROCK	ytu	Ahl	EMIA		5-10 411
	that initiated events reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE	F):	2405				140
CERTIFICATION	d	10/1/846	/ ^	-0 -4	SISE				10 40)
AL.	PART II. Other aignificant conditions of	contributing to deeth b	ut not reaulting	in the und	erlying caus	given in	Part I. 24s. WAS AN	AUTOPSY 2	46. WERE AUTOPSY FINDINGS
5						,	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					/				OF DEATH?
ä	DID TOBACCO USE CONTRIE	BUTE TO CAUSE O	F DEATH Y	ES 🗆 N	O UN	ICERTAIN	V D		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE OF DEA			/			
YS.	11 VES 2 □ NO 1	☐ Inpatient 2 ☐ ER/Outp	atient 3 🗆 DOA	OTHER:		Residence	6 Other (Specify)		14
F	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 2	BC. INJURY AT	/	28d. DESCRIBE HOW I	NJURY OCCURED	
B	1 Netural 5 Pending 2 Accident Investigation	N. A.		AM	1 YES 2	NO	\sim	. A ·	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	ally) A	street, factor	y, offica		281. LOCATION (Street e City or Town, State)	and Number or Run	al Route Number,
E			N: A					N. A	1
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIA EXAMINER: C	N: To the best of my know On the basis of examination							e(s) and manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	0				CENSE NUN			
BE	(Women A. d	Kion	, mD.		1	02	5 77	►/O	ED (Month, Day Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATN (ITEM 27) (Type	/	. ^	90	N. Bena		3ALTO 21231
1	31. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE	1 11	0.	10	70. 10.00 19	very 10	11/011 -1 431
	OCT1 7 1996	32 REGISTRAR'S SIGN.	Brokes	,					



State of Maryland / Department of Health and Mental Hygiene 9.6

					Ce	rtificate o	f Death	R	leg. No.	0	01100
	Dhusia		1. Decedent's Nama (First, Middle, Last	0				2. Data of Dea Month		Yaar	3. Tima of Death
0	Physic /Medi		THURMAN	E		llX		OCTOBER	15	1996	7.55 AM
3	Exami		4a. Facility Nama (If not institution, giva	street and number)			4b. City, Town, or	Location of Death	4c. County	of Death	
			Good Samaritan Hos				Baltimor			N/A	
	Funeral Director		5. Social Security Number 6. Sa 212-07-9391 15 Usual Residence of Dacedant	7. Aga (In 20 M 20 F	yrs. last birthday Yrs.) If Under 1 Ya Months Day			, Year) 5,1913	9. Birthple Count M1SS	ace (Stata or Foreign ry) issippi
	and and		10a. Stata 10b. County	10c	c. City, Town or L	ocation				10	d. Inside City Limits
	Many	lo	Maryland N/A	Ba	altimore						1⊠Yaa 2□No
	158 100 100	rec	10e. Street and Number			10f. Zip Code	9	1	Og. Citizen of V	Vhat Count	n/?
	h with	0	5920 Yorkwood Ro	oad		2123	39		United	State	S
Maryland 21215-0020	filed within 72 hours after death with the Maryland Hyglene. ther than "naturs!", or flerma 23a or 28a-f show ont, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status 1 Navar Marriad 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar Armed Forces? 1 ☐ Yas 2 💆 No If Yas, Giva Yaar or Datas:	in U,S. 13.	Was Dacedant of If Yas, specify C	of Hispanic Orlgin? (Suban, Maxican, Puar No Specify:	Specify Yas or No- to Rican, atc.)		e - Amarica ck, Whita, a Whi	itc.
5-0	72 ho	Completed by	15. Decedant's Edu (Specify only highast grad		16a. Dece	edant's Usual Occ	cupation na during most of wo ired)	rking	16b. Kind of Bu	usinass/Ind	ustry
21	ibin P	nple	Elemantary/Secondary (0-12)	Collega (1-4or 5+)				rking	0.1 - 3		151 45 55
12	ygier Yer th	Ö	9		Ship	yard Wor	1		Steel	_	try
and	S a S	a	17. Fathar's Nama (First, Middla, Last) George	Nix			18. Mother's Na	me (First, Middla,	Ma <i>idan Sum</i> am Nix	ia)	
2	d 2 should be filled within and Mental Hyglene. 7 Is marked other than traumatic event, the M	2									
Ma	2 2 2 2		19a. Informant's Name/Ralationship (7) Thelma M. Nix/		5920	Yorkwo	eet and Number or Road				d 21239
	Health France 27		20a. Mathod of Disposition						20c. Location -		
Baltimore,	Pages nent of I int: If he iry or o		1 X Burlal 2 ☐ Cramation 3 ☐ F	Tarrioval Irom Stata		osition (Name of matory or other p	1				
	artme ortan		4 □ Donation 5 □ Other (Specify) 21. Signatura of Funaral Sarvice Licens				rial Gardens drass of Facility Lec			-	
Ba	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other to		Duan a Willer	m	!	5305 Harf	ford Road I	Baltimore,	Maryland		
,	Physician		23a. Part1. Enter the disease, or compl shock, or heart failure. List only of	lcetions that caused the c na causa on each lina.	daeth. Do not an	tar tha mode of o	dying, such as cardia	c or raspiratory arr	est,		Approximata Interval Between Onset and Death
	/Medical Examiner	Н	immediata Causa (Final disaasa or condition	. PANCRS	EATIC	CA	NCER			(NKNOWN
	LAGITINICI	L.	rasuiting in death)	Due	to (or as a consa	quenca of):					
	bed isit	in a		b						1	
0,	icata be executed physician and s the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury	Due	to (or as a conse	quanca of):					
68760,	tificata b vg physic as the b	Aedicai	that initiated avants reaulting in death) Last	Dua t	to (or aa a conse	quance of):					
Box (ding Jsa a			d							
ă	seath cer attendin	Iclai	Part II Other significant conditions soon	stationation to all oats but and	hanna data — to dhan a		eles la Deal	ash Dida			
P.0.	the carbe	Physician	Part II. Other significant conditions cor					450			the cause of death?
φ, σ	ned l	by P	CIRRHOSIS,	CORONAR	Y AI	2TERY	DISEASE	,	46 Z 140	3 1100	iory 4 goalinnown
Division of Vital Records,	law requires that the death certificata be executed as been signed by the attending physiclan and a 2 should be detached for use as the burla-transit	Completed b	SEPSIS, RENTAL	FAILURE	,			24a. Was a perfor	in autopsy med?	ava	ra autopay findings liable prior to apletion of causa aath?
Re	0 - 5	mo						1 U V	as 202No		Yas 2DNO
ta	iclan: The certificata rector, pag	Be C	25. Was casa rafarred to medical				26 Place of De	eth (Check only or			140 252110
<u> </u>	Physician: rthis certific rtal director,	To B	axaminar? 1 ☐ Yas 2 ☑ No	Hospital:	2 ER/Outpatle	nt 3 DOA	Where	toma 5 ☐ Raside		ar (Specify	1
0	g Ph er thi		27. Mannar of Deeth	28a. Data of Injury (Month, Dey Yea				28d. Dascribe h			
Ö	Attending or death. ector: Atter by the fune	atio	1 Netural 5 ☐ Pending 2 ☐ Accident invastigation	(MOIIII, Dey Yea	(r) Injury		Yas 2 No				
Divis	2 4 4 6	Certification:	3 Sulcida 6 Could not be 4 Homicide datarmined	28a. Place of Injury - / building, atc. (Sp	At homa, farm, st pecify)	raat, factory, office	08	28f. Location (S City or Town		er or Rural	Routa Number,
	Hospital A hours a Funeral C	edical (29a. Cartifiar 1 Certifying Physical (Check only one)	sician: To the best of my ner: On the basis of exan end manner stated.	knowledge, daet nination and/or in	h occurred at the	time, date end plece y opinion, death occu	e, end due to the curred at the time, d	ause(s) end ma ete and place, i	nner as sta and due to	ited. the cause(a)
1	1000	Me	29b. Signatura and titla of couliner	marrier diated.		29c. Lice	ensa number	2	9d. Data signed	d (Month, D	ley, Year)
(12.		Maralup		M.D		P0823		CTOBER		
			30. Nama and eddress of person who co	omplated cause of death							. , , , ,
8	3		AAAAA	PTA	G0	OD SA	MA RITA	N HO	SPITA	_	
	Sta Registr		31. Data filed (Month, Dey, Year)	32. Registrar'a S							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

						ver anic	ale UI	Dealli		Reg.	No.		
Physic /Med		1. Decedent's Neme (First, Midd Louis		Proi	etti				M	ete of Deeth lonth	Dey	Yeer 1996	3. Time of Death 11:30 A.
Exam		4e. Facility Neme (If not institution 44 Springhill		,				4b. City, Town		of Deeth	4c. Count		
Funera		5. Social Security Number	6. Sex 1 ☑ M 2 ☐ F	7. Ag	e (In yrs. last birtho	Month	der 1 Year as Days	If Under 24	Hrs. 8. De	ete of Birth	ear)	9. Birthp Coun	ece (Stete or Foreign
Directo		213-34-5532 Usuel Residence of Decedent		9	1				1	0-12-1	.905	Ita	тту
Marylar a-f show	ctor	Maryland Balt	imore		10c. City, Town o							11	0d. Inside City Limits 1 Yes 2 No
라 다. 82 P 28	Director	10e. Street end Number				10f.	Zip Code			10g.		What Coun	try?
a 23		8360 Old					2123					S.A.	
n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show solical Exactions must be notified at	by Funeral	11. Marital Stetus 1 Never Merried 2 Mer 3 Widowed 4 Divorced	ried 1 Tye If Yes,	Forces?	Ever in U.S.			dispenic Origin en, Mexican, P Specify:	? (Specify Y uerto Rican,	'es or No- , etc.)		ce - Americ ick, White, o fy:	
d within 72 hours afgiene.	eted	15. Deceder (Specify only highs	nt's Education	nd)	16e. D	ecedant's U	sual Occup	petion during most of d)	working	16b	. Kind of B	usinass/Ind	ustry
withii ene. than	Сотріете	Elementery/Secondery (0-12)	1	a (1-4or 5)+)	fa. DO NOT elf Em				F	'ood F	Broker	
ラチモ		17. Fethar's Nama (First, Middle,	Last)			ETT EM	Prove		Nama (First	t, Middle, Meid			
D 2 0 0	To Be	Enrico	Proiett	i						a Magg		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SPEE	1	19e. Informant's Neme/Reletions			19b. M	feiling Addre	ss (Street	end Number o	r Rurel Rou	te Number, Ci	ity or Town	, State, Zip	Code)
1 and 2 s Health ar em 27 is	١.,	Rose J. Seri	o (Daugh	ter)	44	Spri	nghil	1 Farm	Court	, Hunt	Val	ley,	Md. 21030
es 1 and of Health I Item 27 r other t		20e. Method of Disposition			20b. Piece of D cemetery,	isposition (for cremetory of	leme of r other ple	ca)	Det	20c	Location	- City or To	wn, Stete
Pages nent of I ant: If Ite ury or o		1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S		m Stete	Dulaney	v Vall	ey Me	m. Gar	ds 101	19-96 I	imon	ium, N	Maryland
permit. Pages Department of Important: If It any Injury or o		21. Signeture of Funerel Servica	Licansee S. B.	wool	ly. In.	Ruck	Towso	ss of Fecility on Fune Road,				1	
Physician /Medical Examiner		23e. Pert1. Enter the diseese, or shock, or heart failure. List Immediate Ceuse (Final diseese or condition resulting in daeth)	complications that only one cause of		the death. Do not ne.	ymph	oma	ng, such es car	rdiec or resp	elretory errest,			Approximate Interval Between Onset and Deeth
acuted and transit	amine	Sequentially list conditions,	b		Due to (or es e cor	sequence c	f):						
n certificata be exe anding physician a use as the burial-	Ē	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	· ·										
es that the death certificate be executed igned by the attending physician and be datached for use as the burial-transit	Physician/Medical Examiner	that initieted evants resulting in deeth) Last	d		Due to (or es e con	sequenca o	f):						
atten for u	clan												
that the d	by Physi	Part II. Other algorificant condition Anylo	idasis			e underlying	g cause giv	ren in Pert I.	2	23b. Did tobac	2 No		the cause of death?
v requir been s should	Completed b								2	4e. Wes an au performed		eve	ra autopsy findings ilable prior to apletion of cause eeth?
The ata h	EO									1 🗆 Yes	2 No		Yes 2□ No
ysician: The lav is certificata has director, paga 2	Be (25. Was case referred to medica exeminer?						26. Pleca of	Deeth (Che	ck only one)			
hysic this co	2	1 ☐ Yas 2 No		Inpatie				4 LI NUISIT	ng Home 5	M Residence	8 🗆 Ott	ner (Specify)
Attending Physician: ir death. ector: After this certificity by the funeral director.	ertification:	27. Menner of Deeth 1 Netural 5 Pendir 2 Accident Investi	g (Me	te of Injui onth, Des	Year) 28b. Tim (Year) Inju		28c. Injur Wor 1 🗆	y et k? Yes 2□No	28d. D	escribe how it	njury occur	rred	
To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After thi completely filled in by tha funeral	0	3 Suicide 6 Could determ	inad 208. Pl8	ca of Injuiding, etc	iry - At home, ferm, :. (Specify)	street, fect	ory, office			ocation (Street ity or Town, St		ber or Rural	Route Number,
the Hosp in 24 hou the Fune apletely fil	edical	29a. Certifier 1 Certifyin (Check only one) 1 Medical	Examiner: On the	basis of anner sta	f my knowledga, di examinetion end/o ted.	r investigetio	on, in my o	pinion, deeth o	ece, end du eccurred et ti	e to tha cause ha tima, date	e(s) and me and piece,	enner as sta and due to	nted. the ca <i>u</i> se(s)
To To	×	29b. Signeture and title of certifie	150			2	9c. Licens	e number 14290	S	29d.	11	ab (Month, L	Day, Year)
0		30. Name and address of person	who completed ca	use of da	eth (Item 23e) (Ty	pe, Print)					, 1		
9		Timothy K	rohe, M.I)	Green S	pring	Stat	ion Ho	opkins	Build	ing S	Suite	200

Jikia Tavidson Randose

DHMH 16 Rev 6/95

negotipe vanodi et grandleger Harries Askel Achieved Achieve

State of Maryland / Department of Health and Mental Hygiene 96 31137

Spring to the control of the control						Cei	rtificate c	t Death		Reg. No.		
Application Proposal Propos		Dhuala	ion	1. Decedent's Nama (First, Middla, Last)						Vans	3. Tima of Death
49 February Name (Prince Assistance of Death Section 1) FORTHONIO 1988 A PENERAL NAME OF THE PAIR ALL STATES AND ALL STATES ADMINISTRATION OF THE PAIR ALL STATES AND ALL				TINA PROVE	EAUX				A . 1 1 .		1996	17:40
Social Security Number Social Security Num	y			4a. Facility Nama (If not institution, giva	straat and number)			4b. City, Town,	or Location of Daa	th 4c. County	y of Death	
DIRECTION TO State and Number 100, this doctory Limits 100, this docto				JOHNS HOPKIN	S HOSPITAI	_		BALTIMO	RE	Bak	timas	20
ElementspuSeconday (o.12) College (1-40r 5-) This is DO NOT use review? Amend and the Number of Paul Republic Summers Amend and the Number of Republic Summers		Director		220-78-7635		0.1			Hrs. 8. Data of B. Min. Month, D.	irth Pay, Year) 4, 1969	9. Birthpla	ca (State or Foreign
Bemeratepy/Secondary (o.12) College (1-4or 5-) Me Do Use of Deposition (Name of Language of Plan Informative Name (First, Middle, Last) 18. Monthar's Name (First, Middle, Mission Surrama) 18. Monthar's Name (First, Mission Surrama) 18		the Maryland 28a-f show	ector	Maryland Baltim	off R	OSIDA	le					1 ☐ Yas 2 ♠ (No
Bemeratepy/Secondary (o.12) College (1-4or 5-) Me Do Use of Deposition (Name of Language of Plan Informative Name (First, Middle, Last) 18. Monthar's Name (First, Middle, Mission Surrama) 18. Monthar's Name (First, Mission Surrama) 18		seth with	eral Dir	4 Pareham Circ	le Apt. 1-D)	216	237	2/0 1/1	US	SA	
ElementspuSeconday (o.12) College (1-40r 5-) This is DO NOT use review? Amend and the Number of Paul Republic Summers Amend and the Number of Republic Summers	0020	lours aftar di iral', or Herr Examiner	by	1 Navar Married 2 Marriad	1 ☐ Yas 2 🔼 No If Yas, Giva		f Yas, specify C	uban, Maxican, P	r (Specify Yas of N uarto Rican, atc.)	Bia	ck, Whita, at	c.
17. Sighthar's Name (First, Modile, Last) 18. Morhar's Name (First, Modile, Last) 19. Informent's Name/Fieldshoriship (Type, Priy) 19.		within ene. than	omplete	(Specify only highast grade	a complated)	(Giva	kind of work do	na during most of	working	AMERI	CAN PARS	Red
20. Method of Disposition (Name of Language of Section 1) 21. Section 1 Sec		od fa b	Be	Allan Mahon	184			Joy	C. S.	mooth	Le R	
23a. Part I. Enter the disease, or commission shock, or heart feature. List only one ceuse on each line. Physician IMedical Examiner Physician IMedical Examine		is 1 and 2 and 2 and 4 a		Allan Mahone 20a. Mathod of Disposition	y Hather	18 R	ainfloc sition (Name of	ver Pa	4 #20	3 Spa	PKS, 1	Md 21150
23a. Part I. Enter the disease, or commission shock, or heart failure. List only one ceuse on each line. Physician IMedical Examiner Physician IMedical Examine	Ë	Pag ment ant: if		4 ☐ Donation 5 ☐ Othar (Spacify)	CV	ans Fun	epal Chap	WI-BELAN	996	FORIST	Hill.	Mapylano
Physician /Medical Examiner Medical Examiner	Ba	Depart Import eny in		21. Signature of Funeral Service (conflict	100	22	Nama and Add	trass of Facility Napl Lapl	of Chim	e8	mm	1 21093
Maddleal Examiner Madd				23a. Part1. Enter the disease, or complishock, or heart failure. List only or	cations that caused the dec a ceuse on each line.	eth. Do not ante	ar tha moda of d	lying, such as car	diec or rasplratory	arrest,	ir	itarvai Between
Sequentially list conditions, if any, leading to immediate any, leadin		/Medical		disaasa or condition				ATIC 7	FAILUR	E	5	
Cause (Disease or Injury tresulting in death) Last Due to (or as a consequence of): Due to (or as a conseq	-	outed ansit	aminer	Sequentially jist conditions	HEPATI	TIS E	3 1113	FECTIO	N	V-1		
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1	0,	e exe		if any, laading to immadiata cause. Entar Undarlying								
Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1	6876	ficata b physic is the b	edica	that initiated events	Dua to (or as a consequ	iance of);					
Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1												
The state of the s	m	d for	icia	Port ii Other efanificant conditions con	tributing to death but not an	authina la shaura	de de la companya	-base to Book t	l not mu			
24a. Was an autopsy findings available prior to completion of cause of death? 1 Yas 2 No 25. Was case referred to medical axaminar? 1 Yas 2 No 25. Was case referred to medical axaminar? 1 Yas 2 No 26. Place of Death (Check only one) 27. Magner of Death (Check only one) 28. Describe how injury occurred work?	P.0	that the ed by the datach		Tat II, Other agriculture conditions con	moung to death but not is	soling in that ur	danying causa	givan in Part I.		1		
1 Anatural 5 Panding Invastigation 3 Suicida 4 Homicida 5 Panding Invastigation 3 Suicida 4 Homicida 5 Panding Invastigation 3 Suicida 4 Homicida 5 Panding Invastigation 2 Saa. Plece of injury - At home, farm, streat, factory, office 281. Location (Street and Number or Rural Routa Number, City or Town, Stata)	lecord	aw requir as been s 2 should									comp	ebla prior to plation of causa
1 Anatural 5 Panding Invastigation 3 Suicida 4 Homicida 5 Panding Invastigation 3 Suicida 4 Homicida 5 Panding Invastigation 3 Suicida 4 Homicida 5 Panding Invastigation 2 Saa. Plece of injury - At home, farm, streat, factory, office 281. Location (Street and Number or Rural Routa Number, City or Town, Stata)	E /	E e e	ပ္ပ						1)3(Yas 2 No	1 🗆 Y	as 2000
1 Anatural 5 Panding Invastigation 3 Suicida 4 Homicida 5 Panding Invastigation 3 Suicida 4 Homicida 5 Panding Invastigation 3 Suicida 4 Homicida 5 Panding Invastigation 2 Saa. Plece of injury - At home, farm, streat, factory, office 281. Location (Street and Number or Rural Routa Number, City or Town, Stata)	Vita	ertific setor,	Be	axaminar?	and the transfer of the transf				Death (Check only	one)	-	
1 Anatural 5 Panding Invastigation 3 Suicida 4 Homicida 5 Panding Invastigation 3 Suicida 4 Homicida 5 Panding Invastigation 3 Suicida 4 Homicida 5 Panding Invastigation 2 Saa. Plece of injury - At home, farm, streat, factory, office 281. Location (Street and Number or Rural Routa Number, City or Town, Stata)	5	hysi this c		TE Fas ZIANO	1 Inpatiant 2L	1	3LJ DOA	4 Li Nursin				
28a. Piece of injury - At home, farm, streat, factory, office Second Street and Number or Pural Pouta Number,	sion	leath. lor: Aftar the funar	cation:	1 Natural 5 Panding Invastigation	(Month, Day Year)	injury	M 1	□Yas 2□No	28d. Dascribe	how Injury occur	red	
29a. Certifilar 29a. Certifilar (Check only one) 20a. Madical Examiner: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) and manner as stated. 20a. Certifilar (Check only one) 20a. Certifilar (Check only one)	DİA	urs efter c rai Direc lled in by		4 Homicida datarmined	building, etc. (Speci	ify) 			City or To	wn, Stata)		
		the Fune		one) 2L] Madical Examin	er: On the basis of examina	owledga, daath ation and/or inv	astigation, in my	opinion, daath o	ece, end due to the ccurred at tha tima,	dete and place,	and dua to th	a cause(s)
29b. Signatura and titia of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year)	Ş	To	Σ	29b. Signatura and titla of certifiar	Wedank	o my	10					
(1) THOUSER 11, 1116		20		- Tarrent	or appen		KS	5-00	00	OCTOB	ZK 11	,1116
JATHUN ANDRELL RES-000 OCTOBER 11, 1996 30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print) KATHERINE L. WIDNELL TOWER 110/JHM1/600 NWOLFEST/BALT, M		W				m 23a) (Type, F	Print)	110/51	+m1/600	ONWOL	FEST	-/BALT., M

State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 1.per DR.G-740 10-17-96 eoh 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Year UGGLES **ELMER** RUGGLES 96 1138 OC /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Hospital of Gel ELKTON MD If Under 1 Year If Under 24 Hrs. 8. Dele of Birth Months Days Hours Min. 8. (Month, Day, 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) Months Days 10M 20 F 12029 73 Director 3/ - KENTUCKY Usual Residence of Decedent death with the Meryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits ortant: If itam 27 is marked other than "natural", or items 23s or 28s-f shot injury or other traumstic event, the Medical Examiner must be nothed at OUEEN ANNES INGLE-SIDE MP 1 Yes 2 No Director 10e. Street and Numbe 10f. Zlp Code 10g. Citizen of What Country? CK COVNER ROAD 21644 8201 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after c Department of Heelth and Mental Hygiene. If them 27 is marked other than "natural", or then any Injury or other traumatic aware. 1 Nes 2 No 1943 1 Never Merried 27 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: WHITE þ 1946 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired)

RD TCKYADT 15. Decedent's Education from highest grade completed 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) BRICKYARD WORKER & CARPENTER 10 N/A HOME CONSTRUCTION 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be EARL RUGGLES LOUISA JANE MADDEN 19e. Informent's Name/Reletionship (Type, Print) (WIFE) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) MRS. ALVENIA RUGGLES 820 MERRICK CORNER ROAD, INGLESIDE, MD. 21644 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 12 Burial 2 Cremetion 3 Removel from State VETERANS CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 10/15/96 CROWNSVILLE, MD. 21. Signature of Funeral Service Licensel 22. Name end Address of Facility SINGLETON FUNERAL HOME, SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel 2-3 HRS disease or condition resulting in deeth) a SpanTanzous lensian Examiner Examiner iclan and buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of) physician a P.O. Box 68760. Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by to d be detect 1 Yes 2 No 3 Probably 4 Unknown Bipolar disurder Division of Vital Records. by 24a. Wes en eutopsy 24b. Were autopsy findings available prior to Completed completion of cause of death? 20 No 1 Yes certificate To the Hospital or Attending Physician: within 24 hours after death.

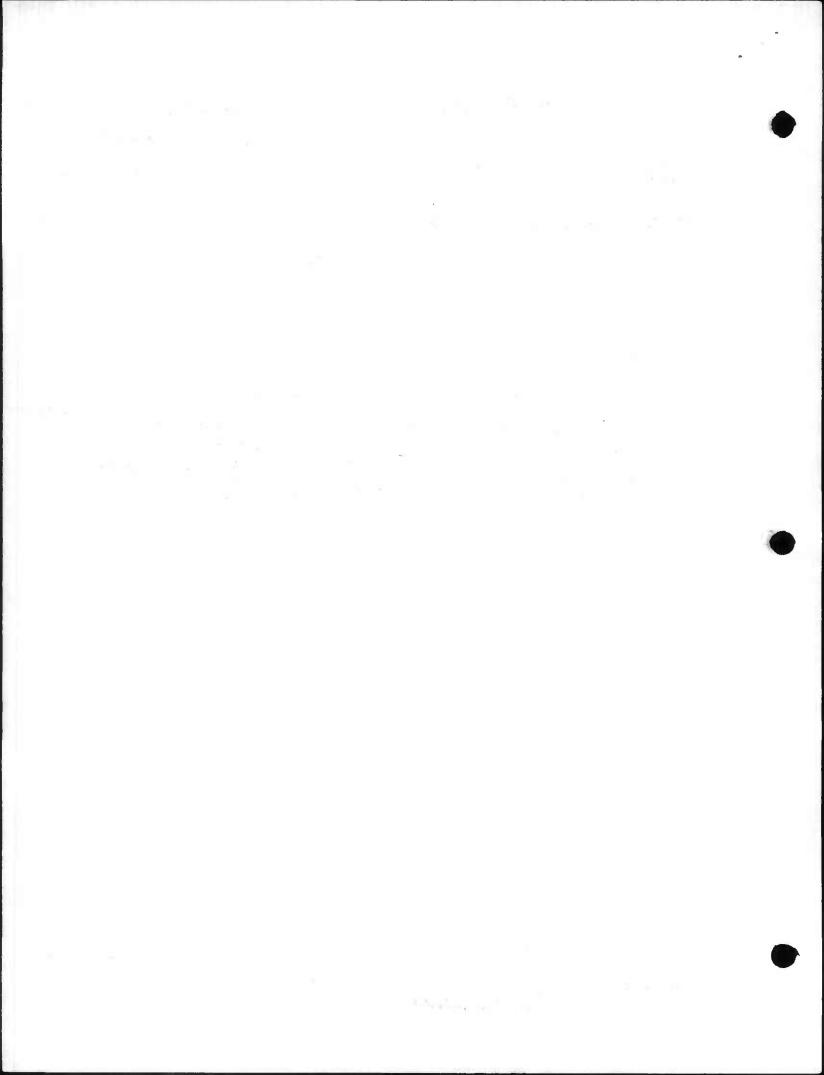
To the Funeral Director: After this certifica 25. Was case referred to medical Be 28. Pleca of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 27. Manner of Death 28d. Describe how Injury occurred Certification: 28b. Time of 1 Neturai 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, ferm, straef, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homlcide edical 10 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier 29d. Dale signed (Month, Dey, Year) 29b. Signeture and title of certifier 29c. License number 30055 20, Name and address of person who complete use of deeth (Item 23e) (Type, Print) ART S 111 W. High S+ EIKTON, Md 21921 M. 31. Dete filed (Month, Day, Year) OCT 1 7 1990 Jula Jay don handall State

DHMH 16 Rev 6/95

Registrar

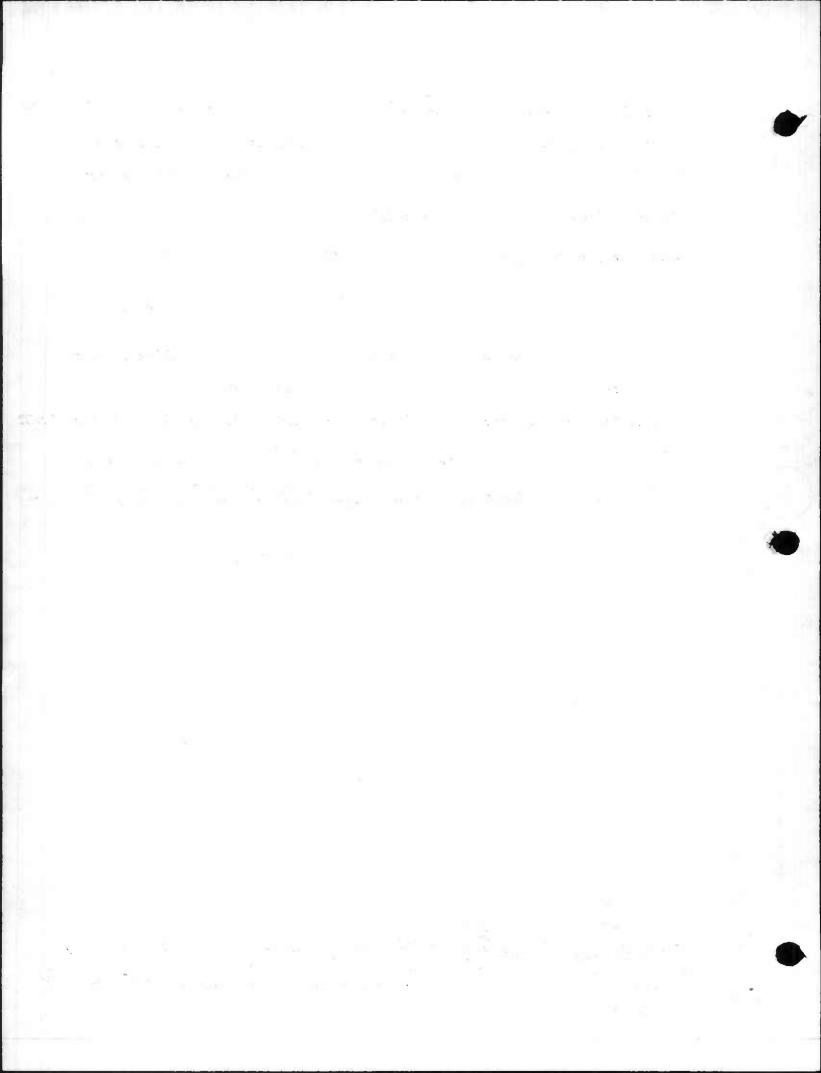
State of Maryland / Department of Health and Mental Hygiene 96 31139

						Cert	ificate of	Death		Reg. No.		0 2	
п			1. Decedant's Nama (First, Middla, Last)		0				2. Data of C			. Tima of Death	
	Physic		JANE CORDA	IER /	RODEA	4EA	VER		OGOD	er 15	1996	8:11 PM.	
	/Medi Exami		4a. Facility Nama (If not institution, give str					4b. City, Town,	or Location of Dea			0 17 77 47	
4	Exami	iei	ER FALLSTON	GEN	Host	2 7.					rfor	11	
1			5. Social Security Number 6. Sax		a (In yrs. last bii		If Undar 1 Yaar		HIS & DOLONE				
	Funeral		ADA		_	Yrs.	Months Days		Ain. (Month, L	Day, Year)	Country)	(State or Foreign	
	Director	ļ	Usual Rasidence of Decedant		2				OCLIF	1917	LUCHU	GAN	
	pua *		10a, Stata 10b, County		10c. City, Tow	n or Logs	ation				104	Inside City Limits	
	arylan show	7	00 =0 011	\	Carlo Control Control							1 Yas 2 No	
	the Ma	Sch	MARFORE)	BALL	ועור							
	£ 8	Director	10e. Street and Number				10f. Zip Coda			10g. Citizen of	What Country?	,	
	₹ 23 ×		3214 CTU 272U	MAY			210	113		U.S	.A.		
	iter deal	Funeral	11. Marital Status	Was Decedant I Armed Forcas?	Evar In U,S.	13. W	as Dacedant of I	Hispanic Origin?	(Specify Yas or Nuarto Rican, atc.)	14. Rac	ea - Amarican fi ck. Whita, atc.	ndian,	
0	or it		1 ☐ Navar Marriad 🎏 Married	1 Yas 2X	No		□Yas 2111 No		,	100000			
21215-0020	d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene. 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Evantine, must be notified at	by	3 Widowed 4 Divorced	Yaar or Datas:				эрвону.		Specif	TIKW	5	
5	72 h	Completed	15. Decedant's Educa (Specify only highast grada of	ion	16a.	Deceda	nt's Usuai Occup	pation	warking	16b. Kind of B	usinass/Industr	ry	
21	within lene. then r	ple	Elementary/Secondary (0-12)	Coliega (1-4or 5	(+)	lifa. DO	nd of work dona O NOT usa retire	ed)	WOIKING				
21	filed within Hyglene. ther than "	No.	13785-	HYRS.		6	molt 75	5		HOUSE	UIFF		
b	事事	Be	17. Fathar's Nama (First, Middla, Last)					18. Mothar's i	Nema (First, Midd				
ā	should be nd Mental marked o	To E	FRANK PORDI	75 B				SHS	0 2:11				
Maryland	2 should be filed and Mental Hygl • marked other numatic event, I		19a. Informent's Name/Ralationship (Type	Print)	196	. Maiiing	Addrass (Street		Rural Routa Num	ber, City or Town.	Stata. Zio Coo	del avos	
Ž	and 2 saith ar n 27 le		ELLI O BEDEHER	WAR.	10	2111	112021	(A 1.10V	BALDI	50 D	- A. A	-	
a)	-155		20a. Mathod of Disposition	1121	20b. Place o	Disposit	tion (Name of	I I WHY	Date	20c. Location	City or Town		
2	Peges ent of h nt: If he		1 ☐ Burial 2 Cramation 3 ☐ Ran	noval from Stata	EVANS	rv. crama	tory or othar pla	CO)	CC1. 17		~		
Ballimore,	Hemit Peges Description of I Important: If he any injury or o		4 Donation 5 Othar (Spacify))	3770	Sil	10 4 m	(- 10, 7	1669,	BELAIR	1 IARY	LAND	
ag/	Importing once		21. Signature of Funaral Sapitor Henses			22.1	Nama and Addre	APILOF	22mills				
-	MO E N O		May The day	h		50	325 706	7	0 = 150	miror			
			23a. Part1. Enter the disaasa, or complica	tions that saused	tha daath. Do	not enter			diec or respiretory	arrest,	Apa	proximata	
4	Physician		shock, or haart feilura. List only ona	au on aach lir	18.						Inte	ervai Between sat and Death	
U	/Medical		Immediate Causa (Final	Λ.				A					
В	Examiner		disaasa or condition rasulting In death)					LY A	2 TERY	DISCA) G		
	1 6 4	ē			Dua to (or as e	conseque	ence of):				i		
	per tise	듣	b	AJW	0,								
	certificate be executed ding physician and ise as the buriel-transit	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying									1		
9	be e ician burie		Cause (Diseasa of Injuly								į		
68760	ohys the	/Medical	that initiated evants rasulting in daath) Last	1	Dua to (or as a	consaqua	ince of):						
	certific rding p	Me									ì		
Вох		an/	6										
	0 0 0	Physician	Part II. Other significant conditions contril	outing to death be	ut not rasulting in	tha und	lerlying causa gir	van in Part I.	23b. Die	d tobacco use co	ntribute to the	cause of death?	
P.0	requires that the de sen signed by the hould be deteched	γh	- 10						10	Yes 2□ No	3 Probabl	y 42 Unknown	
	s the	by F	SPC	24 34	PASS S	will thy							
of Vital Records,	suire n sig									s an autopsy		eutopsy findings	
00	v require been si should	Completed							per	formad?	comple	oia prior to etion of cause	
Re	The lew ste hes b page 2 s	ם									of daat		
<u>=</u>									1 🗆	Yas 2No	1 □ Ya	as 2M-No	
<u> </u>	Physician: The this certificate ral director, par	Be	25. Wes casa rafarred to medical axaminer?						Daath (Check only	ona)			
7	physic this c	2	1 A Yas 2 No Hos	pitei: 1 ☐ Inpatia	nt 2 ER/Ou	tpatiant	3□ DOA Oth	har: 4 Nursin	g Homa 5 ☐ Ra	sidanca 6 □Oth	ar (Specify)		
	After the	:uc	27. Manner of Death 1 BNaturel 5 □ Pending	28e. Deta of Injur (Month, Day	y 28b. 1	Time of njury	28c. Inju	ry at rk?	28d. Describe	how injury occur	red		
.0		ati	2 Accident invastigation	NA		MA		Yas 2 No		\sim 4			
Division	or Attendation after deati	ertification:	3 ☐ Suicida 6 ☐ Could not ba datarminad	28a. Place of Inju		rm, stree	t, factory, office		28f. Location	(Straet and Num! own, Stata)	per or Rural Ro	uta Number,	
	s after	Cer	, _ , , , , , , , , , , , , , , , , , ,	bolloling, ato	. (Opacity)	18	VA		Only of T	NA			
	splt noun fille		29a. Cartifiar 1□ Certifying Phyalci	an: To tha best o	of my knowledge	, deeth o	occurred et tha ti	ma, data and pla	aca, and dua to the		annar as stated	d.	
	Fu Fu letel	edical	(Check only 2 Madical Examiner one)	On the basis of and mannar sta	examinetion an	d/or inva	stigation, in my o	opinion, daaih o	ccurred at the time	a, date and place,	and dua to tha	cause(s)	
	To the Mospital or within 24 hours after To the Funeral Dir completely filled in	Me	29b. Signatura and titia of certifiar				29c. Licans	sa number		29d. Data signe	d (Month, Day.	Year)	
	⊢≯⊢ŏ			A.	Δ	-		OCMO	ا ا				
	111		- yours	41	DM			O CMI	5	OCT	161	994.	
	10		30. Nama and address of person who comp							_ 1 10	0201	.7.	
			9 PRASHU 181	3 BEZA	nn M	0 1	-ALLS	100 m	402101	17 410	8146	1766	
	Sta		31. Deta filed (Month, Day, Year) 0071 7 1996	32. Registra	r's Signatur	6							
	Registr	ar	OCTI / 1990			-74							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					aryland / i	Certificate				Reg. No.	6	311	40	
п	Physic	ian	Decedent's Name (First, Middla, Las	0					2. Date of De Month	Day	Year	3110	of Death	
	/Medi		KUTH .	<i>B</i> .	SP	IER	_,		OCT	10	96	01:	40 AM	
	Exami	ner	4a. Facility Name (If not institution, giva	street and numbar)			4t	b. City, Town, or I	ocation of Deat	h 4c. County	of Death			
			Suburban Hospita	1				Bethesda	a	Mont	gomer	У		
	Funeral		5. Social Security Number 6. Sa		a (In yrs. last bii		ear eys	If Under 24 Hrs. Hours Min.	8. Data of Bir (Month, De	th Year)	9. Birthpl	aca (Sta	ta or Foreign	
	Director		110-26-8647 Usual Residence of Decedent	M 2CXF	83	Yrs.	leys	riouis Will.	Jan. 2	1913	New Y	ork		
	and w		10a. State 10b. County		10c. City, Tow	n or Location					10	od Inside	City Limits	
	e Mary	Director	Florida Broward		Lauderhill							es 2 No		
	th 20 a	- Jre	10e. Street and Number	10f. Zip Code					10g. Citizen of	0g. Citizen of What Country?				
	th w	a	3750 Inverrary Dr	ive. Apt.	23X	331	.39			U.S.A.	S. A.			
	eep E	Funeral	11. Marital Status	12. Was Dacedent Armed Forces?		13. Was Deceden	of His	spanic Origin? (S	pecify Yes or No		ca - America			
020	within 72 hours after death with the Maryland ene. then "natural", or items 23s or 28s-f show its Medical Exeminer must be notified at	by Fu	1 Never Married 2 Married	1 Yes XXIII	No _		s Decedent of Hispanic Origin? (Specify Yes or ss, specify Cuban, Mexican, Puerto Rican, etc.) Yes 202.No Specify:) Black, White, etc. Specify: White		etc.		
Ö	hou	8	15. Decedent's Edu		160	Decedent's Usual O	ocupa	tion				h i mêm e		
21215-0020	d within 72 ho piene. r than "natur r a Medical	Completed	(Specify only highest grad	rada completed) College (1-4or 5+)		(Give kind of work don		one during most of working atired)		16b. Kind of Business/Industry				
	2 should be filed with and Mental Hygiene. Is marked other than reumatic event, or a M	5		3 Years		Teacher				Public	Scho	ols		
nd	tal Hyg d othe	Be	17. Father's Nama (First, Middle, Last)					18. Mother'a Nam	ne (First, Middle	Meiden Sumar	ne)			
Maryland	should be filed of Mental Hygi marked other imatic event, t	ို	David Bartel					Mo11y	Tarnoy					
lar	d 2 should th and Mer 7 is marks traumatic		19a. Informant's Neme/Relationship (7)	vpe, Print)	19b	. Mailing Address (S	treet a	nd Number or Ru	ral Route Numb	er, City or Town	Stata, Zip	Code)		
	DECT		Fern S. Blumson,	Daughter	58.	l7 Edson I	ane	e, Apt.	103, Rockville, Maryland			20852		
more,	permit. Peges 1 end Department of Healt Important: If Item 2 any Injury or other once.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ F		20b. Place of cemeter	Disposition (Neme of processing), crematory or other	of r place	10/13	Date / 1996	20c. Location	City or Tov	wn, Stata		
重	It. P		4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licans		Mount	Judah Cen		ery		Brookly	n, Ne	w Yo	rk	
Ba	Deparation of the policy of th		Samulal C	State.		22. Name and A STEIN HE	BRE	EW MEMOR						
ed.			232 CARROLL STREET, N.W., WASHINGTON, D.C. 200 239. Part1. Enter the diseasa, or compilications that caused to death. Do not anter the mode of dying, such as cardiac or raspiratory arrest, interval Between interval Between											
	Physician		snock, or neart tallure. List only o	ne causa on each lir	16							Interval E Onset an		
7	/Medicai		Immediate Cause (Final disease or condition	115100	7 40 50	201	4-	WA 17	1			2 3	AVC	
	Examiner		resulting In deeth)			CAL /	15	rvip+101	MA		-	0 /	11/5	
_	7 5	ner			(- (4	on boddon of only					1			
	ificate be executed g physician and as the burial-trensit	Examiner	Sequentially list conditions,	0. ————	Due to (or as a	consequenca of):								
ò,	e exe sian a unial-		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying											
68760,	hysic the b	edical	Cause (Diseese or Injury thet Initiated events rasulting In daath) Last	s	Due to (or as a c	onsaquenca of):								
	\$ 0 d	-												
Вох	death cer e ettendir ed for use	lan/		d										
	the et the of	Sici	Part II. Other significant conditions con	ntributing to death bu	it not resulting Ir	the underlying caus	a giver	n in Part I.	23b. Did	tobacco use co	ntribute to	the caus	e of death?	
P.0	that the de led by the deteched	Physician/N							10	Yes 2 No	3 Prob	ably 4	Unknown	
of Vital Records,	8 6 9	1 by									T			
0	v requires been sign should be	Completed							24a. Was	an autopsy rmed?	avai	ilabie pric	y findings or to	
ec	0 0 N	np l									of d	pletion o	r cause	
=	Page Page	Co							10	res 2 KNO	10	Yes 2	□ No	
ij	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?					26. Place of Deal	th (Check only o	nne)				
<u> </u>	Physic this ce al dire	2	1 Yes 2 No	lospital: 1 Inpatier	nt 2 ER/Ou	patient 3 DOA	Other	: 4 ☐ Nursing Ho	ome 5 Resid	denca 6 Oth	er (Specify))		
0	ding Ph h. After thi funeral		27. Menner of Death 1 ☐ Netural 5 ☐ Pending	28a. Dete of Injur (Month, Day		lme of 28c.	Injury e Work?			now Injury occur				
9	Attending or death. actor: After by the fune	atic	Accident Investigation	Oct 7	96 190			es 2,2000	FELL ,	Down	4 5	TEI	PS	
	er de	ertification:	3 Sulcide 6 Could not be datermined	28e. Placa of Inju	ry - At home, far	m, street, factory, of	ice		28f. Location (S City or Tox	Street and Numb	er or Rural	Route N	ım <i>ber</i> ,	
ā	s off	Cer		RENA	i SANCE	COPPELLA	R	ESOR T		IICAN.	Reru	BLIC	4	
	To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: Affer completely filled in by the funer	edical	29e, Certifier (Check only one)	lictan: To the best of	my knowledge, examination and	death occurred at th	e time	date and place.	and due to the	cause(s) and ma	nner as sta	ted		
	ithin mpie	Mec	29b. Signatura and July of certifier	and manner stat	led.	A 29c. Lic				29d. Date signe				
	F ≱ F 8		10 /	7///	1.1	1				Al -	a (month), D	uy, rear,	1	
	1	-	Huch	le	111	00	7	099		UCT	10	- 5	6	
	/		30 Nama and address of person who co	mpleted cause of the	- 1	TENWOOD	K	a of	STHE	DI M	10 2	08	1	
	Sta	te	31. Date filed (Month, Dey, Year)	9 32. Registra		- Coop	7		(1114)					
	Registra	ar	UCI 1 7 1996	grane would	on-Hande	OK.								



State of Maryland / Department of Health and Mental Hygiene

				,		ificate of	Death		Rag. No.	6 3	1141		
Physic	ian	Decadant's Nama (First, Middla,	Last)		5-	D		2. Data of De Month	Day	Yaar	3. Tima of Death		
/Med		BERTRAM			UEI.	DLIT2		OCT	13 1	996	10:53 Am		
Exam	iner	4a. Facility Nama (If not institution,	giva straat and number,)			4b. City, Town, or L	ocation of Daat	th 4c. County	y of Death			
		Holy Cross H	ospital			Without a War	Silver	Spring	Mon	tgome	ry		
Funera		5. Social Sécurity Number 5 7 8 5 0 1 7 2 0	6. Sax 7. A	ga (In yrs. last i 58	birthday) Yrs.	Months Days		8. Data of Bir (Month, De	rth ay, Yaar)	9. Birthplac	ce (Steta or Foraign		
Directo		Usuai Rasidance of Dacedant	ΛΛ	70	113.			May 7	1938	New	York		
and water		10a. Stata 10b. County		10c. City, To	own or Loca	ation				100	f. Inside City Limits		
Mary 4 sh	ō	Maryland Mont	comery	S 11 1	zer S	Spring					1 □Yas 2 □ No		
the	Director	10e. Street and Number	gomery	DII	/ 61 .	10f. Zip Coda			10g. Citizan of What Country?		11		
3a o							205						
within 72 hours after death with the Maryland siene. Then "naturel", or items 23a or 28s-f show the Madrical Evarrant in the Incillad	Funeral	604 Silversto	12. Was Dacadant	Evar In U.S.	13. W		905 Hispanic Origin? (Spoan, Maxican, Puarto	acify Yas or No	U S	A - Amarican	Indian.		
affer a		1 ☐ Navar Married XXMarrie						Rican, atc.)	Bla	ck, Whita, ato			
d within 72 hours af giene. or then "natural", or	by	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva Yaar or Datas:		1[☐ Yas 2🏋 No	Specify:		Specify	y: Whi	te		
72 hc natur	Completed	15. Decedant's	Education	16	a. Deceda	nt's Usual Occu	pation	,	16b. Kind of B	usinass/Indus	stry		
within ene. than	ple	15. Decedant's Education (Specify only highast grada complated) Elamantary/Secondary (0-12) Collega (1-4or 5+)							. 1				
200	Con		4	(Compu	iter C	onsultan	ultant Self			yed		
	Be	17. Fathar's Nama (First, Middla, La	est)				18. Mothar's Nam	a (First, Middla	, Maidan Suman	na)			
d 2 should be file th and Mental Hy 7 is marked oth traumatic event	2	Maxime Seidl	itz				Jean	nette	Carlip	h			
2 sh and la m		19a. Informant's Name/Ralationship	p (Type, Print)	18	9b. Mailing	Address (Stree	t and Number or Rur	Rurel Routa Number, City or Town, Stata, Zip Coda)					
and ealth m 27		Surrell Seid	litz/Wife				tem 10a-	f					
permit. Pages 1 and 2 should be Department of Health and Menta Important: If them 27 te marked any Injury or other treumatic or each		20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3	B Removal from Steta	Cemai	tery, crama	tion (Nama of story or other ple		Data	20c. Location -	,			
Semit. Pages 1 a Department of Hea mportant: if item iny injury or othe		4 ☐ Donation 5 ☐ Othar (Spe	ocity)	King	g Dav	vid Me	m Gdns	10/15	Falls	Churc	h, VA		
Departit Departimbor Important in		21. Signature of Funaral Sarvice Li	nerista 1	// /		Nama and Addr		1	TT -	2.0	0016		
20540	-	Henry	Ives Pearson Funeral Homes 22046 472 N. Washington St Falls Church, VA Approximate Inhock, or heart failure. List only one cause on each line. Approximate Interval Between Control and Pearls and										
		tia. Part1. Enter the diffesa, or co	omplications that cause	d the death. Do	o not enter	tha mode of dy	ing such as cardiac	or raspiratory a	rrast,	A	pproximata itarval Batwaan		
Physician	li.		,							Ö	nsat and Death		
/Medical Examiner		disaesa or condition a. MYUM) IN INFORM CON									sho		
LAGITITIES		rasulting in daath)	и.	Dua to (or as									
D ji	line		b. Sppn	c SHO	CIC						21/13		
and and -tran	хал	Sequantially list conditions, if any, laading to Immediate cause. Enter Undertying Cause (Disease or influry that initiated avents rasulting in death) Last Dua to (or as a consequence of):											
ficate be ex physician is the burial	<u>=</u>								1	DAM			
The law requires that the death certificate be executed the has been signed by the attending physician and page 2 should be detached for use as the burial-transit	dic	that Initiated events resulting in death) Last Dua to (or as a consequence of):											
ding I	Me		d										
ath cert attendin for use	ian									1			
the de	ysic	Part II. Other significant conditions		_		arlying causa gi	ven in Part I.	23b. Dld	tobacco use co	ntributs to th	ne causs of death?		
that the deeped by the a	H.	Acute Pena	Inlas e	,				1 🗆	Y88 2 No	3 Probat	oly 4□ Unknowr		
v requiras that the death cer been signed by the attendir should be detached for use	d by		e lature					040 18/00	an autono.	24h Wara	autopsy findings		
he law requiras the has been signe	Completed	Swort G	Il lynn	shaha	3				an autopsy ermed?	availa	ble prior to		
has has be 2 s	Id I		0 1							of das	ath?		
		JANDPIUS						10'	Yas 250No	1 🗆 Y	as 2□ No		
ysicien: The law s certificate has t director, page 2 s	Be	25. Was casa refarred to medical axaminar?	Hospital:			0	26. Placa of Deat	h (Check only o	ona)				
	2	1 ☐ Yas 2 No 27. Mennar of Deeth	Inpatie			3LI DUA			danca 6 Oth				
ling I After funer	Certification:	1. Natural 5 ☐ Pending	28a. Date of Inju (Month, Da	y Year) 28b.	Tima of Injury	28c. Inju Wo		28d. Dascribe i	how injury occur	red			
death tor:	cat	2 Accidant invastigat 3 Sulcida 6 Could not	be on Diagram	- A. L			Yas 2 No	001 1 6 6	O				
or A affer Direct in by	뒾	4 ☐ Homicida datarmine	ad Zoa. Flace of inj	c. (Spacify)	rarm, straa	t, factory, offica		City or To	Street and Numb vn, Steta)	er or Hural H	outa Number,		
pital ours eral filled		29a. Certifiar 1 Certifying I	Dhusiaian Ta the back	-4 t tt-	4 - 4								
Hos Fun Fun	edical	(Check only 2 Medical Ex	Physician: To the best of aminer: On the basis of and mennar sta	t axemination a	ga, death o nd/or invas	ccurred at tha ti stigetion, in my o	ma, dete and placa, opinion, deeth occurr	and dua to the ed at the tima,	cause(s) end ma deta and pleca,	inner as stete and dua to th	d. a cause(s)		
To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	M	29b. Signatura and title of cartifiar	The man su	utou.	-	29c. Licans	sa number		29d. Data signa	d (Month. Da	v. Year)		
F 3 F 8		(1) WAAA). (Tt			The	15.5		10110	1	., .		
70		20 Name and oldered	000	County design		UM	47		10 11:	796			
00		30. Nama and eddrass of person wh	o completed cause of d	naath (Itam 23a)	(Type, Pri	Int)	1 CTA	0 1	2001	()	100		
0		31. Data filed (Month, Day Year)	32 Baniste	ar's Signetura	VI	MODIU	12 UIL	W 1	CHO!	e 1	14)		
Sta Regist	rar	31. Data filed (Month, Day, Year) OCT1 7 1996	Julia Var	dson-Ran	delle								
3.0.			# [J]		1000								

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 1 1 4 2

			ITEM: 27 perDR. G-740 1 1. Decedant's Name (First, Middle, Last					Death		Reg. No.		1146	
п	Physic	ian	Paul L. Schult						2. Dete of De Month	Bay	1496	3. Time of Death 11:55 PM	
	/Medi		As Frailly Many Washington					4b. City, Town, or				11.33 11	
	Exami	ner		terment with				Baltimo		N/			
h	Funeral		Union Memorial Ho 5. Sociel Security Number 6. Se	x 7. Aga (//	n yrs. last birthdey,		er 1 Year	If Under 24 Hrs	8. Deta of Bir	th		ace (State or Foraig	
	Director	Г	218-32-1057	M 2□F	59 Yrs.	Months	Days	Hours Min.	(Month, Da 5/31/1		Mary		
	Maryland f show	tor	10a. Steta 10b. County	10	Oc. City, Town or L						10	d. Inside City Limit	
	1 the	Director	Maryland N/A 10e. Street and Number		Baltimo		ip Code	ode		10g. Citizen of	N?		
	N with		3531 H	ickory Aver	nue			2121	1	U.S.	Α.		
020	be filed within 72 hours after death with the Manyland tial Hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Exeminer nurst be notified at	by Funeral	11. Meritel Stetus 1 Nevar Married XM Married 3 Widowed 4 Divorced	12. Was Decedent Eve Armed Forcas? 1 ☐ Yas 2 ☐ No if Yas, Give Yaer or Datas:	or in U,S. 13.	If Yas, specify Cuban, Mexican, Puarto Rican, atc.)				- 14. Ra Bia Specia	ace - American Indien, liack, Whita, atc. city: White		
O	2 ho	B	15. Decedent's Edu	cation	16a. Dece	dent's Us	ual Occup	pation		16b. Kind of B			
21215-0020	within 7 ene. than 'n	Completed	(Specify only highest grad	e completed) Collega (1-4or 5+)	lifa.	DO NOT	ork dona use retire	during most of word)	rking	Self-Employed Columbia Graph			
0	Hygi dher int.		17. Fathar's Nema (First, Middla, Last)		Prin	iter		18. Mothar's Nar	na (First, Middla,		capnics		
Maryland		To Be	Peter Schultz					Marga	ret Pea	rce			
ary	d 2 should th and Mer 7 is marke traumatic	-	19a. Informent's Name/Raiationship (Ty	rpe, Print)	19b. Maii	ing Addra	ss (Street	and Number or Ru			, State, Zip	Code)	
	1 and 2 s Health ar em 27 is other trau		Rosalie Schultz (Wife)	3531	Hick	ory A	Avenue, E	Baltimor	e, Mary	land 2	21211	
altimore,	ages 1 and of He		20a. Mathod of Disposition 1 Burial 2 Cremetion 3 F 4 Donation 5 Othar (Specify)		20b. Place of Disponental Communication Comm	matory or	other ple		Data		ocation - Cify or Town, Stata		
Bafti	permit. Pages 1 and 2 Department of Health : Important: If New 27 is any Injury or other tra		21. Signeture of Funarel Sarvice License	1-4	Green Mo	2. Name	nd Addra	ass of Facility A.	Alan Se	itz,Jr.	Funer	Maryland ral Home	
1			23a. Pert1. Enter tha diseasa, or compleshock, or heart failura. List only of	Deck (d Avenue				d 21211 Approximate	
	Cate be executed by physician and brysician and sthe burial-transit sthe burial-transit	Examiner	Immediata Causa (Finel disease or condition rasulting in death) Dua to (or es e consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of): Dua to (or as a consequence of):										
Box 68760,	death certificate be executed e attending physiclan and of for use as the burial-transit	Physician/Medical	Cause (Disaesa or Injury that initiated evants resulting in deeth) Last		e to (or es a consec	quence of):						
	0 0	sici	Part II. Other significant conditions cor	tributing to death but n	ot rasulting In tha L	ındarlying	causa gi	van in Part I.	23b. Did tobacco use contribute to the cause of death				
, P.O.	es that the de igned by the a be detached	by Phy								Yea 2□ No	3 Prob	ably 4 Unknow	
Records,	aw requires been s	Completed t								an autopsy rmed?	CONT	re autopsy findings ilabla prior to apletion of cause eath?	
		Con							10	Yas 2 No	10	Yas 200 No	
113	ician: The	Be	25. Was case ratarred to madical axaminer?	A COLOR DE					ath (Check only o	ona)			
ion of Vital	Phys ral di	ation: To	1 Yas 2 No 27. Menner of Death 1 Naturel 5 Panding 2 Accidant investigation	fospital: 1 ☐ Inpatient 28a. Deta of injury (Month, Day Ye	2 ER/Outpatie 28b. Tima o Injury		28c. inju		ng Homa 5 Rasidance 6 Othar (Specify) 28d. Dascribe how injury occurred				
DIVISION	E Pitt	Certification:	3 Sulcide 4 Homicida - Street Homicida - Street Homicida	ry, office					Route Number,				
	Hospital 24 hours Funeral etely filled	edical	29a. Cartifiar (Check only one) 1 Certifying Phys	nician: To the best of m	amination and/or in	h occurre	d at tha tii n, in my c	ma, data and piace pinion, deeth occu	, and due to tha rred at tha tima,	cause(s) and m data and place,	anner as sta and dua to	ated. tha cause(s)	
	within 2 To the comple	Mec	29b. Signatura end titia of certifiar	end mennar stated	-	2:	c. Licans	e number		29d. Dete signe	ed (Month. D	Pay, Year)	
	F ≯ F ŏ		0 - 14	Cla- W	10		^			,	1		
,			30. Name and addrass of person who co	mplated causa of daeth	(Itam 23a) (Type,	Print)	U	50396 en St. E) 14	10/10	2/20	1	
			20 nald Freuder		22 S	outh	Gre	enst. t	ta 1th mor	emr)	1120	1	
	Sta Registr		31. Data filed (Month, Day, Year)	Registrar's	fandelle								

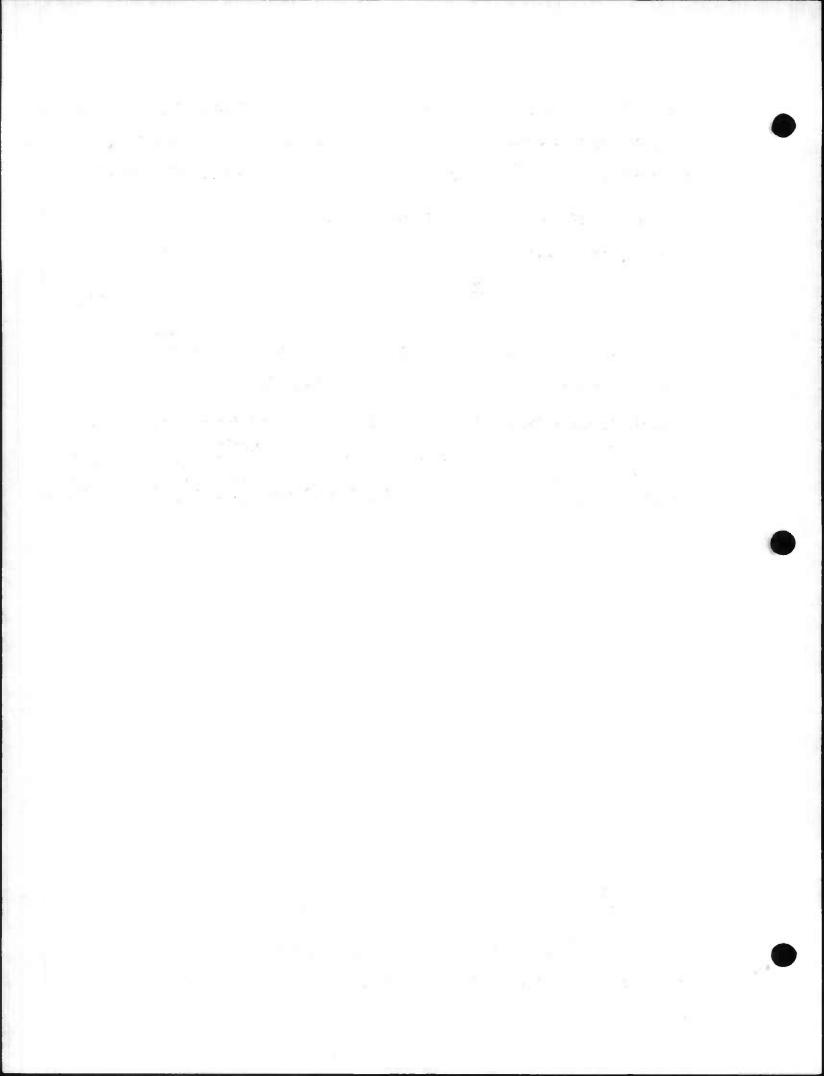
= 2 ×

Please Type or Print in Black Indelible Ink. Assure Ali Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 3 1 4 3

				Otato of M	arylaria / i	Certificate of			eg. No.	01140			
	Dhusia		1. Decedent's Neme (First, Middle, L	ast)				2. Date of Deat	th Dey Yeer	3. Time of Deeth			
	Physic /Medi		Mabel Stockley					October		1600			
	Exami		4e. Facility Name (If not institution, g	THE WASHINGTON TO THE PARTY OF			4b. City, Town, or L		4c. County of Death				
L		Deaton Nursing Home Baltimore								'A			
	Funeral Director			Sex 1 ☐ M 2 💆 F	ge (In yrs. lest bii 76	Yrs. If Under 1 Year Months Deys		8. Date of Birth (Month, Dey Jan • 2]	9. 8intr (1920 W.	plece (Stete or Foreign Virginia			
	Pu .		Usual Residence of Decedent		10 00 =								
	Maryle H show	tor	MD 10b. County N	/A	10c. City, Tow Ba	1timore				10d. Inside City Limits 11 Yes 2 □ No			
	or 28	Direc	10e. Street and Number	10f. Zip Code		1	10g. Citizen of What Country?						
	23a	-	4122 Woodhave				216		USA				
020	d within 72 hours after death with the Maryland jiene. r than "natural", or Nerns 23a or 28a-f show the Medical Examinet rust be notified at	by Funeral Director	11. Meritel Status 1 □ Never Merried 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces' 1 Yes 2 If Yes, Give Yeer or Detes:	?	13. Wes Decedent of If Yes, specify Cut		ecify Yes or No- Rican, etc.)	14. Race - Amer Black, White Specify: B1				
O	2 ho	8	15. Decedent's I	. Decedent's Usual Occu	pation		16b. Kind of Business/Industry						
21215-0020	within 7	Completed	(Specify only highest g	College (1-4or		16a. Decedent's Usual Occupation (Give kind of work done during most of wo life. DO NOT use retired) Nurse			State Hos	Hospital			
	THE R. LEWIS CO., LANSING, MICH.		12th 17. Father's Neme (First, Middle, Las			Nuise	18. Mother's Nem	o (First Middle I	Maidan Cumamat				
Maryland	S to b	Be C	John Edmonds					h Drake	The second secon				
7	2 should and Men is marke numetic	2	19e, Informent's Neme/Reletionship		104	Mailing Address (Stree	et and Number or Rural Route Number, City or Town, Stete, Zip Code)						
N	aith ar 27 is r trau		Jean A. Stock	to., MD	21216								
altimore	ges 1 If them or othe		20a. Method of Disposition 1 XBurial 2 Cremation 3 4 Donation 5 Other (Spec			Disposition (Name of ry, crematory or other plus imore Nat:			20c. Location - City or 1	rown, Stete			
altir	parmit. Pa Departmen Important: any injury anse.			-	11	22. Name and Addr	ress of Fecility						
B	18118		22. Name and Address of Fecility LEROY O. DYETT & SON FUNERAL HOME, P.A 4600 LIBERTYHEIGHTS AVE., BALTO. 21207										
			234 Part 5 fer the disease, shoot of heert fellure. L/ t only	nplications thet cause y one ceuse on each I	d the deeth. Do	not enter the mode of dy	ring, such es cardiec	or respiratory arr	est,	Approximate Interval Between Onset and Death			
0	Physician /Medical		Immediate Cause (Finet	AA 0	1:0	140 . D	1:00 - 10		i t	Groot and Doug.			
	Examiner		disease or condition resulting in deeth)		Dun to for any	stem D consequence of):		4	1				
	p =	ner		Pul.	M 0 M Q 3	z embo	liam		1	Aboute 2 mil			
	and -trans	Examiner	Sequentially list conditions,		Due to (or es a	consequence of):				Aboute 2 mil			
60,	be ex ician burial		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events	o. Myc	xerol	ial Ing	larchiz	m		Imonth			
68760,	eath certificate be executed ettending physician and for use as the burial-transit	edical	resulting in deeth) Last	V	Due to (or as a t	consequence or).							
Box	nding use e	n/M		noex her	ncpares	Memnyo	eningiona 3 mots						
	death e ette d for	Icla	Part II. Other algorificant conditions	contributing to death h	out not resulting l	n the underlying cause o	iven in Pert I	23b Did to	bacco use contribute	to the cause of death?			
P.0	thet the dead by the detached	Physician/N	& o. Oin	la encua o	On A	alia bot	20 1		. /	obably 4 Unknown			
	signed be de	by	in succert a	agreen G	eux	ause	. 1						
of Vital Records,	redu	Completed	Premon	ia sec	onder	y to as	biration	24a. Was a perform	ned?	Vera sutopsy findings vailable prior to completion of cause			
Rec	sician: The law certificata hes b lirector, page 2 s	Idm				0			- 0	of death?			
a		e Co	25. Wes case referred to medical					1 🗆 Ye		☐Yes 2☐No			
>	Physician: r this certific ral director,	To B	exeminer?	Hospitel:	ent 2□ER/Ou	utpetient 3 DOA Ot		th (Check only on	ence 6 Other (Spec	rifie)			
	g Phys er this neral di		27. Menner of Deeth	28e. Dete of Inju	ıry 28b.	Time of 28c. Inju			ow Injury occurred	ny)			
io	Attending ir death. actor: After by the fune	atlo	1 Neturei 5 Pending 2 Accident Investigetion	on	iy roar)		Yes 2□No						
Division	or Attender de viracte	Certification:	3 Suicide 6 Could not determined	4 Zoe. Piece of in	jury - At home, fa c. (Specify)	rm, street, fectory, office	•	28f, Location (St City or Town	reet and Number or Ru n, State)	ral Route Number,			
	phai c		29e. Certifier 1 Certifying P	busisless Table base	-6 1 1 - d								
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical		miner: On the basis of end menner st	f examination an	d, deeth occurred at the tid/or investigation, in my	opinion, deeth occur	red et the time, d	ete end place, and due	to the cause(s)			
	withir To th	Me	29b, Signature and title of certifier	e _	•		se number	2	9d. Date signed (Month	i, Day, Year)			
	1		er			D	4497	Soc	tober 11	1996			
	5		30. Name and eddress of person who	completed cause of	~	(Type, Print)	5 Hass	DiTIAC	DR GLE	N BURNIE			
	Sta	te	31. Dete filed (Month, Day, Year)	# 32. Begiste		mey 52	J 1103	11110	The Mut	21061			
	Registr	_	OCT1 71996	gula vaire	ar's Signature	a prison							

State of Maryland / Department of Health and Mental Hygiene 96 31144

						Cert	ificate of	Death	R	eg. No.		01177
	11		1. Decedent's Name (First, Middle	, Last)					2. Dete of Dee	th		3. Time of Death
	Physic		KATHLEEN	ANN	SAYRI	E			Month October	16, 1°	996	10:50 P.M
	/Medi Exami		4a. Facility Neme (If not institution					4b. City, Town, or I		4c. County		20100 2 11
1	EAUTH		Stella Maris	Haspina				Towson		Balti	mate	
Н	Funeral		5. Social Security Number		ge (In yrs. last bir		If Under 1 Yee	r If Under 24 Hrs.	8. Dete of Birth			blece (State or Foreign
	Director		538-52-3058	1□M 2(7)F	43	Yrs.	Months Deys	Hours Min.	8. Dete of Birth (Month, Day) May 15,	Year) 1953	Coun	ington
		Usual Residence of Decedent										srigicon
	show		10a. State 10b. County		10c. City, Tow	n or Loca	tion				1	Od. Inside City Limits
	Mar d	ģ	Maryland Baltim	ore	Baltimo	re						1 ☐ Yes 2XX(No
	7 28 1 28	Director	10e. Street and Number				10f. Zlp Code		1	0g. Citizen of	What Coun	itry?
	3a o									U.S.A.		
	deetl mm 2	Jers	11. Maritel Stetus	12 Was Dogodest	Ever In U,S.	13. Wa		Hispanic Origin? (S ban, Mexican, Puert	pecify Yes or No-		e - Americ	an Indian,
0	ours after deeth with the Maryla al', or frems 23a or 28a-f shor Examinet mast be notified at	by Funeral	1 □ Never Married 2 Marri	Armed Forces	No				o Rican, etc.)	Bla	ck, White,	etc.
21215-0020	"natural", or		3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1L	JYes XIX No	Specify:		Specif	r: WI	hite
9-0	2 ho	Completed	15. Decedent	s Education	16a.	Deceder	nt's Usual Occu	pation		16b. Kind of B	usiness/inc	dustry
21	nin a	ple	(Specify only highes Elementary/Secondary (0-12)	College (1-4or	5+)	life. DO	NOT use retir	during most of wor ed)	\$ S	ocial S	ecuri	ity
21	d withir giene. rr then	DO:	-12-	-2-	Cla	rims	Repres	entative	A	dminist	ratio	on
pc	事事	Be	17. Father's Name (First, Middle, L	.ast)				18. Mothar'a Nan	ne (First, Middle, I	Malden Sumar	ne)	
la	should be filed of Mental Hygi marked other imatic event, t	TOE	Arthur Conant					Irene Mu	sulf			
Maryland		-	19e. Informant's Name/Relationsh	ip (Type, Print)	19b	. Meiling	Address (Stree	and Number or Ru	ral Route Number	, City or Town	State, Zip	Code)
	5章75		Craig L. Sayr	e (Husband)	364	42 Cl	i kmar	Road - Ba	ltimore.	Marulo	ind 2	1244
e,			20e. Method of Disposition		20b. Place of		ion (Name of tory or other pl	T		20c. Location		
Baltimore,	8 = 5		1 ☐ Burial ★A Cremation 4 ☐ Donetion 5 ☐ Other (Sp						7,1996 H	amnstoo	d M	anuland
≣	permit. Pe Departmen Important: any injury		21. Signature Funeral Strylog-L		Lavior		emation Name end Add	rees of Eacility	•			
Ba	Dep dans	L	The state of	· /				1. m P 11 ama	11824 Re			
-		16	Jangu no	mont)					Reisters.	town, 1	laryle	and 21136
		"	23m. Party. Enter the disease, or on the same and the control of the same and same a	my one ceuse on each i	d the death. Do i ine.	not enter	the mode of dy	ring, such as cardied	or respiretory arr	est,	1	Approximate Intervei Between
	Physician /Medical		Immediate Course (Fig.)	n.t	141	0		1 0-			1	Onset end Death
1	Examiner		Immediate Cause (Finel disease or condition resulting in death)	. Meta	alalis	02	reas	e can	res		1	3 years
			Todaking in Coatily		Due to (or as a							0
	be sit	Examiner		b. ———							1	
	and I-tran	хал	Sequentially list conditions,		Due to (or as a	conseque	nce of):					
50,	oe ey		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	,							- 1	
68760,	death certificate be executed teather and soften use as the burial-transit	Medical	that initiated events resulting in death) Last	V.	Due to (or as a c	conseque	nce of):					
9 x	ding p	Me		d								
Box	eath c	an		<u> </u>								
o.	e de the s	Physician	Part II. Other significant condition	e contributing to death b	out not resulting in	the unde	erlying ceuse g	iven in Part I.	23b. Did to	bacco use co	ntribute to	the cause of death?
Φ.	that the de led by the a deteched t	P							1 🗆 Y	00 2□ No	3 Prot	bably 4 Unknown
Ś	20 8	by										
Records,	v requires been sign should be	Completed							24a. Was a perform		ave	ere autopsy findings allable prior to
00	aw 2 s	ple										mpletion of cause death?
	0 - 0	O							1 🗆 Ye	s 20 No	10	Yas 2 No
VItal		Bec	25. Was cese referred to medicel				•	26. Place of Dea	th (Check only on	e)		
	Physician: this certific ral director,	0	examiner?	Hospital:	ent 2 ER/Qu	tpatient	3 DOA				er (Snecih	W) Hospice
of		n: 1	27. Manner of Deeth	28a. Date of Inju (Month, Da		Time of	28c. Inju		28d. Describe ho			/ Hospice
Division	5 . 5 5	atlo	1 Naturel 5 Pending		ly Year)	njury		ork?]Yes 2 ☐ No				
18	Attendir death	fice	3 ☐ Suicide 6 ☐ Could no	and 288. Place of in	jury - At home, fa	rm, street	t, fectory, office		28f. Location (St	reet and Numb	per or Rura	I Route Number,
ă	d in the	Certification:	4 Homicide	building, et	c. (Specify)				City or Town	n, State)		
	• Hospital or Attendi 24 hours after death • Funeral Director: A letely filled in by the f		29e. Certifier 12 Certifying	Physician: To the best	of my knowledge	. deeth o	ccurred at the t	lme, date and plece	end due to the co	ause(s) and m	enner as st	tated
	Fulletely	edical	(Check only 2 Medicat E	xaminer: On the basis o and menner st	f examinetion en	d/or inves	stigation, in my	opinion, death occu	rred at the time, d	ate and place,	and due to	the ceuse(s)
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	Me	29b. Signeture end title of certifier				29c. Licen	se number	2	9d. Dete signe	d (Month, I	Day, Year)
	->-0		Wp. An OC	PEnia	000.1.		DE	750A2		10/17	10.	
,	10		20 Name and address of anni		tooth //www.com		رات ا	207		1	6110	
1	Da		DR. KENDALL FAU					., TOWSON	. MD 21	204		
	4		31. Date filed (Month, Day, Year)		rar's Signature	· vai	KD	- 1 TONDOIN	, 110 21	207		
	Sta Registi		00T1 7 100C	La Dai In	~ Randell							
	5		UC 11 1330	1								



State of Maryland / Department of Health and Mental Hygiene

a	S	p
---	---	---

Physician
/Medical
Examiner

Funeral Director

> Director MD.

the Maryland ns 23a or 28a-f show items ? 5 'naturel', The Medical than

21215-0020

Baltimore, Maryland

filed within 72 hours after death with other traumatic event, orth and Mentel F. Pages 1 and 2 should be nt of Health a if Item 27 is or other tra permit Page Department of Important: If any Injury or

Physician /Medical Examiner

The law requires that the death certificate be executed pue burial-tra ate has been signed by the attending physician page 2 should be detached for use es the buria certificate has or Attending Physicien: this After t death. Director: in by t within 24 hours after or To the Funeral Direct completely filled in by Hospital 94

Division of Vital Records, P.O. Box 68760,

Certificate of Death Decedent's Name (First, Middle, Last)
JEROME 2. Date of Death 3. Time of Death SANNER 12 Pay Month 199% 1625 P 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE 3811 CANTERBURY RD 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Yea. Birthpiaca (State or Foraign Country) Days Months 1 M 2 F Hours Yrs. 212-10-4187 09-20-1913 MARYLAND 83 Usuai Rasidence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A 1 Yes 2 No BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3811 CANTERBURY RD. 21218 U.S.A. Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Marriad 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 No 3 Widowed 4 □ Divorced Specify: WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Eiementery/Secondary (0-12) Coilege (1-4or 5+) 4+ MANAGED OWN AFFAIRS MANAGED OWN AFFAIRS 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be WILLIAM G. SANNER HELEN BLOME 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) FRED HINDLEY 2670 SEVEN MILE RD. SOUTH LION, MICHIGAN 20a. Method of Disposition 20b. Place of Disposition (Neme of cametery, crematory or other place) 20c. Location - City or Town, State 48178. Date 1 Burial 2 □ Cremation 3 □ Ramoval from Stata DRUID RIDGE CEMETERY 10/19/96 PIKESVILLE, MD. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funerai Sarvica Licansea 22. Nama and Address of Facility HENRY W. JENKINS & SONS CO. Kare III 4905 YORK rD. BALTO., MD. 21212. 23a. Part1. Enter the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory shock, or heart feilure. List only one cause on each line. Immediete Cause (Final disease or condition resulting in death) Due to (or as a consequence of) Sequantially list conditions, if any, leading to Immediate causa. Enter Underlying Cause (Disease or Injury that initiated events rasulting In daath) Last Due to (or as a consequence of) Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 X No 3 Probably 4 Unknown 1 Yes þ Completed 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 Tes t Yes 2 No Be 25. Was case referred to medical 28. Place of Death (Check only one) examiner? 1 Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 2 5 X Residenca 8 ☐ Other (Specify) 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Medicai Certification: 28b. Tima of 28d. Describe how injury occurred 1 Natural 5 Pending investigation Injury 81 1 Yes 2 Agaident 9 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify). Location (Street and Number or Rural Route Number, City of Jown, State) 28f. 4 ☐ Homicide Mome Ca 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the ceuse(s) and manner as steled.

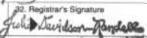
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, date and place, and dua to the cause(s) and manner stated. /Chack of 29b. Signature and title of certifie 29d. Data signed (Month, Day, Year) OCT 13, 1996 29c. License number

O.C.M.E

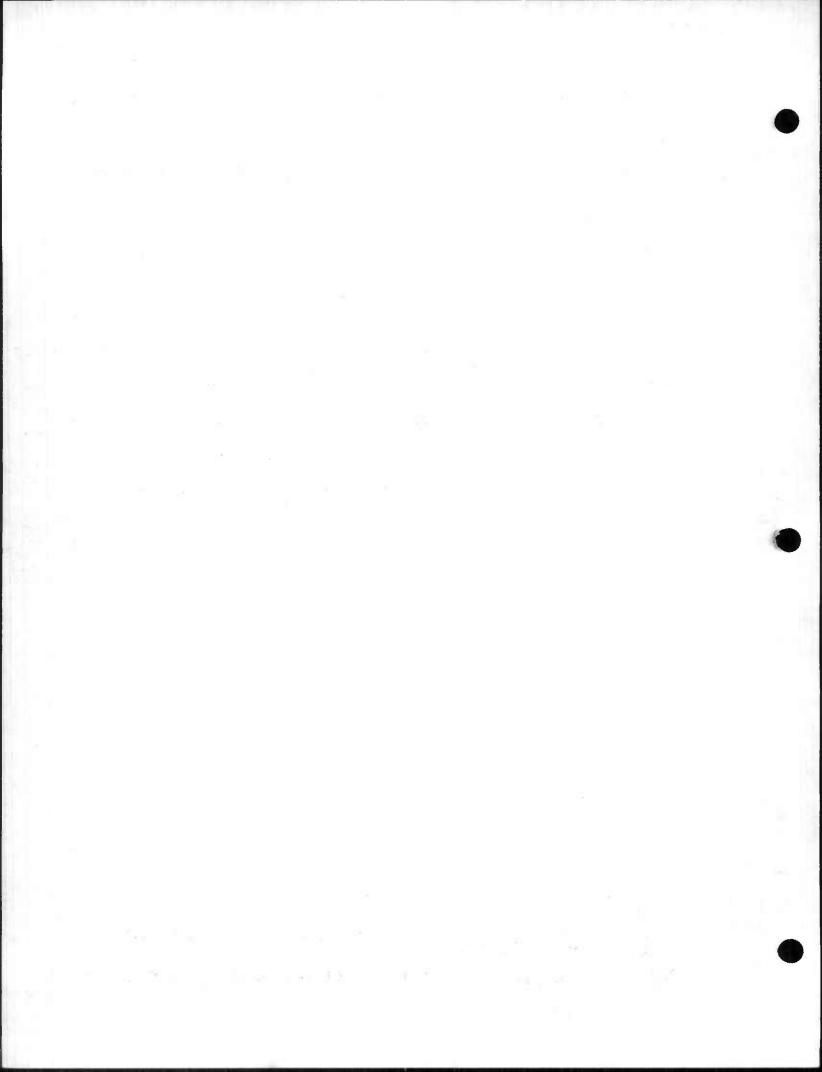
111 Penn Street, Baltimore, Maryland 21201

31. Date filed (Month, Day, Year) State Registrar

7 199

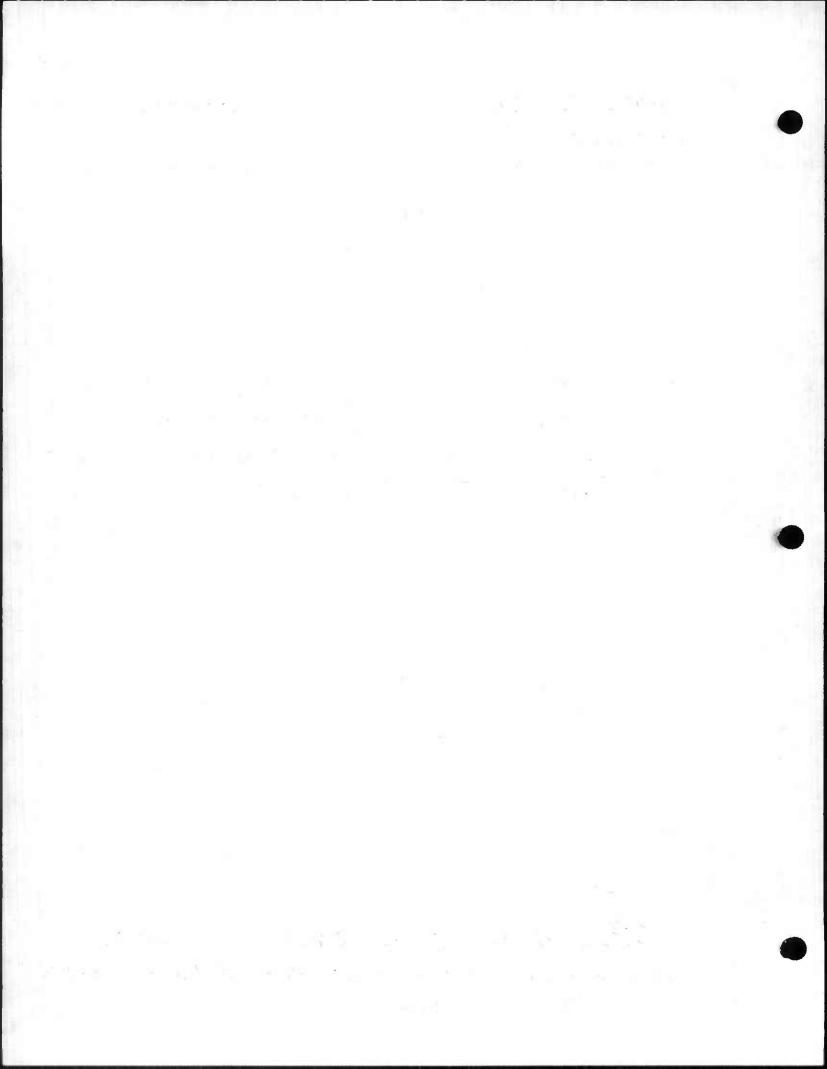


pleted cause of deeth (Item 23a) (Type, Print)



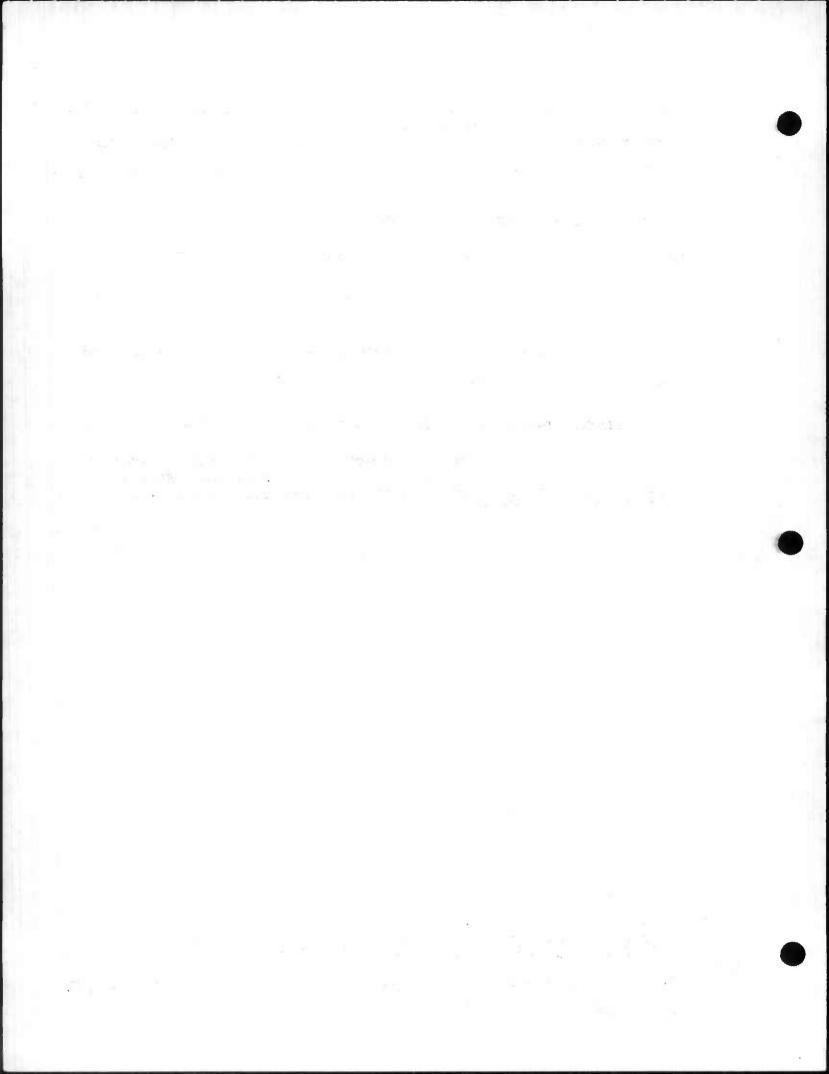
State of Maryland / Department of Health and Mental Hygiene 96

CATTIE F. 51 Month Catter F. 51 Month Catter F. 51 Month Catter				CE	ertificate c	of Death	1.0	Reg. No.		94
40. Specially share (first a features), pive street and number) 40. Special Specially share (first a features) 40. CRY, Town or Location of Death 41. Special Specially share (first a features) 50. Special Special Special share (first a features) 50. Special Special Special share (first a features) 50. Special Special Special share (first a features) 50. Special Special Special share (first a features) 50. Special Special Special share (first a features) 50. Special Special Special share (first a features) 50. Special Special Special share (first a features) 50. Special Special Special share (first a features) 50. Special Special Speci		1	4.4						Year	3. Time of Death
Social Search Number Search										
The Street and Number 100. City, Town or Location 100. City, Town or Location 100. City 100. Ci		5. Social Security Number 6. 217-07-1585	Sex 7. Age (In	- ~			Min. (Month, D	irth ay, Year)		iace (State or Fore itry) IANIWU
13. Nathal Status	or or	10e. Stata 10b. County					2		1	0d. Inside City Lin
16. Noted of BusinessAndustry 16. Noted of Such and Superior 16. Noted of BusinessAndustry 16. Noted of BusinessAndust	Direct	10e. Street and Numbar		22(11)	10f. Zip Code	9				itry?
16. Decedent's Education 16. Decedent's Suitable Competion 1	Funeral	11. Marital Status 1 Never Married 2 Married	12. Was Decedent Ever Armed Forces?	In U,S. 13.	Wes Decedent of If Yes, specify C	of Hispanic Origin uban, Mexican, F	? (Specify Yes or N Puerto Rican, etc.)	o- 14. Rac Bla	ce - Americ ck, White,	en Indian, etc.
Total Buriel 2 Cremation 3 Demonstration of State Gentley College College	ted by	3 Widowed 4 □ Divorced 15. Decedent's E	Year or Dates:	16a. Dece						
Total Surial 2 Cramation 3 Demoval from State A Donation 5 Other (Specify) Specify	Complet	(Specify only highest gr. Elemantary/Secondary (0-12)	College (1-4or 5+)				f working			
Table purise 2 Commention 3 Removal from State Comments Comment	To Be	17. Fether's Name (First, Middle, Last				Cath	nerive .	Seward	2	
The position 2 Comment 3 Removal from State 4 Donastion 5 Cholor 18 FG Bc, Himore A		Edward F. Sil	K, Jr	1203	3 Itull St	rect,	Baltimore	, MD	2123	6
23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate intermediate Cause (Fine) times due or conditions. Bay, leading to immediate Cause (Fine) disease or conditions. Bay, leading to immediate Cause (Fine) disease or conditions. Bay, leading to immediate Cause (Fine) disease or conditions. Bay, leading to immediate Cause (Fine) disease or conditions. Bay, leading to immediate Cause (Fine) disease or conditions. Bay, leading to immediate Cause (Fine) disease or conditions. Bay, leading to immediate Cause (Fine) disease or conditions. Bay, leading to immediate Cause (Fine) disease or conditions. Due to (or as a consequence of): Cause (Fine) disease or conditions. Due to (or as a consequence of): Cause (Fine) disease or conditions. Due to (or as a consequence of): Cause (Fine) disease or conditions. Due to (or as a consequence of): Cause (Fine) disease or conditions. Due to (or as a consequence of): Cause (Fine) disease or conditions. Due to (or as a consequence of): Cause (Fine) disease or conditions. Due to (or as a consequence of): Cause (Fine) disease or conditions. Due to (or as a consequence of): Cause (Fine) disease or conditions. Cause (Fine) disease or conditions. Due to (or as a consequence of): Cause (Fine) disease or conditions. Cause (Fine) disease or conditions. Due to (or as a consequence of): Cause (Fine) disease or conditions. Cause (Fine) disease or conditions		1 Burial 2 Cremation 3 C 4 Donation 5 Other (Special	Removal from State	Saltimore	= Nationa	I Com.		_		
23a. PAPT: Enter the disease, or complications that caused thy death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximat Interval Bate Once and Immediate Cause (Finel disease or condition resulting in death)	SUCE	21. Signature of the sales of the	200		charles u	. Steven	S Flueral	Home,	IN	21227
Sequentially list conditions, it consists to manufacture of the first training of events resulting in death plant to find the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the find of the course of the course of the course of the course of the find of the course of th	_			leath. Do not en	iter the mode of d	lying, such as ca	rdiac or respiratory	arrest,		Approximata Interval Batweer Onset and Deat
Sequentially list conditions, and consequence of the course er	disease or condition	a. Dua	ngestru 10 (or as a conse	quance of):	Trada	"//"			Sym	
Cause (Disease or injury initiated events resulting in death) Lest Due to (or as a consequence of): d. Cause (Disease or injury initiated events resulting in death) Lest Cause (Disease or injury initiated events resulting in death) Lest Cause (Disease or injury initiated events resulting in death) Lest Cause (Disease or injury initiated events resulting in death) Lest Cause (Disease or injury initiated events resulting in death) Lest Cause (Disease or injury initiated events resulting in death) Lest Cause (Disease or injury initiated events resulting in the underlying cause given in Part I. Cause (Disease or injury initiated events resulting in the underlying cause given in Part I. Cause (Disease or injury initiated events resulting in death) Lest Cause (Disease or injury initiated events resulting in the underlying cause given in Part I. Cause (Disease or injury initiated events resulting in death) Lest Cause (Disease or injury initiated events resulting in death) Lest Cause (Disease or injury initiated events in Part I. Cause of Death (Check only one)	Examin	Sequentially ilst conditions, if any, leading to immediate				tols,	rellati	•		3 yrs.
Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Devention Developing D	Medicai	Cause (Disaasa or injury that initiated events resulting in death) Lest	C. Due t	o (or as a conse	quence of):					
24a. Was an autopsy performed? 24b. Were autopsy performed? 24c. Place of Death (Check only one) 25c. Was cese referred to madical examiner? 1 Yes 2 No	sician	Part II. Other significant conditions of	dontributing to death but not	resulting in the u	underlying ceuse	oiven in Part I.	23b. Did	tobacco use co	ntribute to	the cause of de
24a. Was an autopsy performed? 24b. Were autopsy evallable prior to completion of or of death? 25. Was case referred to madical examiner? 1 Yes 2 No		Dementia:	3					/		
25. Was case referred to madical examiner? 1				4			24a. Was	s an autopsy ormed?	eva cor	illable prior to
examiner? Color Content Conte			X				10	Yes 2 10	10	Yas 2□ No
27. Manner of Daath 27. Manner of Daath 28. Date of Injury 27. Manner of Daath 28. Date of Injury 3	00	examiner?	Hospital:		-7	When				
29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledga, death occurred at tha tima, date and place, and due to the cause(s) and mannar as stated. 29a. Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar as stated. 29b. Senature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 10/16/56 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)		27. Manner of Daath 1 ☐ Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Year		of 28c. In	ury at ork?)
29a. Certifier (Check only one) 29a. Certifier (Check only one) 1 ertifying Physician: To the best of my knowledga, death occurred at tha tima, date and place, and due to the cause(s) and mannar as stated. 29b. Senature and tilling the certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)	Certific		288. Place of Injury - A	t homa, farm, st ecify)	reet, factory, offic	е	28f. Location (City or To	Street and Numb wn, State)	er or Rura	Route Number,
30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)		Medical Exam	nner: On the basis of exam	knowledga, deat ination and/or in	h occurred at tha vestigation, in my	tlma, date and p	ace, and due to the occurred at the time,	cause(s) and ma date and place,	innar as st and due to	ated. the cause(s)
30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)		29b. Signature and stages certifier	den		29c. Lice		-	29d. Dete signe	(Month, L	Day, Year)
Man 1. Deunis 101 E, 1 at 1 me 1/4010 1100 CIL	2		completed cause of death (item 23a) (Type,	Print)			the 1	ms	21230



State of Maryland / Department of Health and Mental Hygiene 96 31117

					C	ertificate	of	Death		F	Reg. No.	20	01141
	. 1	1. Decedent's Name (First, Middl	e, Last)							2. Dete of Dea	ith	40.00	3. Time of Deeth
Physic /Medi		OLGA	J.		SOHL					Month OCTOBER	Dey 14, 1	Year 996	6:45 P.M
Exami		4a. Facility Name (If not institution	n, give street and	number)SP		CENTER		4b. City, To	wn, or L	ocation of Death		y of Deeth	
		GENESIS ELDER						ANN	IAPOI	TS	ANNE	ARUN	DFI.
Funerai		5. Social Security Number	6. Sex	7. Age (In	yrs. last birthd	ay) If Under 1		If Under	24 Hrs.	8. Dete of Birth	1	_	place (State or Foreign
Director		051-14-6085 Usuat Residence of Decedent	1□ M 2⊠ F	76	Yrs	Months	Days	Hours	Min.	(Month, Day 09-15-	(, Year)	NEW S	ntry)
72 hours efter death with the Maryland nature!, or items 23s or 28s-f show does Examiner must be notified as		10a. State 10b. County		100	c. City, Town or	Location						T	10d. Inside City Limits
feh eds	0	MARYLAND AN	NE ARUNI	\ET		GLEN BUF	TING	r					1 ☐ Yes 2 ☑ No
28e	Director	10e. Street and Number	NE ARONE	/ELI		10f. Zip C	_				10g. Citizen of	Mines Cons	•••
With the second													noyr
23 au	6	7632 BALTIMORE				210			1.0.10	- '4' - \	U.S.A		
To Ber	Funeral	11. Marital Stetus	Armed	ecedent Ever Forces?	in U,S. 1	If Yes, specify	Cub	an, Mexicar	n, Puerto	ecify Yes or No- Ricen, etc.)		ce - Amen ack, White,	can indlen, etc.
jiona. r than "natural", or items 23a or 28a-f ehow The Medical Examiner must be notified at	by	1 □ Never Merried 2 □ Marr 3 ☑ Widowed 4 □ Divorced	If Yes,	s 2 □ No Give X r Dates:		1 ☐ Yes 25	No	Specify:			Speci	ty: WI	HITE
natur	Completed	15. Deceden (Specify only highes	's Education of grade complete	d)	(G.	cedent's Usual (done	during mos	t of work	king	16b. Ktnd of I	Business/In	ndustry
than than	dmc	Elementery/Secondary (0-12)	Coltege N/A	(1-4or 5+)		e. <i>DO NOT u</i> se RTMENT N					GROCE	ERY S	TORE
other other		17. Fether's Neme (First, Middle,			DEEA	KIMENI I	15774		ar's Nam	e (First, Middle,			LOKE
2 D 0	To Be	JOHN	,	HOLUB				ALB		e (r ir st, reliciole,		MIEZ	
tam 27 is marke other traumatic		19a. Informant's Name/Relations	hip (Type, Print)		19b. Ma	ailing Address (S	Street	and Numb	er or Rui	rai Route Numbe	r, City or Town	, Stete, Zij	o Code)
27 ls		JEAN M. SNYDER	(DAUGHT	TER)	763	6 B & A	ВО	ULEVA	RD.	GLEN BU	RNIE. N	1D. 2	1060
of Health Itam 27 r other tr		20a. Method of Disposition			b. Plece of Dis	sposition (Neme	of			Date	20c. Location		
Department of important: If i any injury or once.		1 Burtal 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (S)				rematory or othe			DK 1	0/17/96	CIEN DI	IDNITE	MD
ortar injui		21. Signature of Funerel Service			TEN NA					NGLETON			
any ir		1 / /	11 1	1 11	(()					W., GLE			
		Michael	6 3	affle	1 m							LE,MD	. 21001
		23a. Part1. Enter the disease, or shock, or heart failure. Liat	only one ceuse of	each line.	death. Do not	enter the mode of	of dyli	ng, such as	cardiac	or resptretory arr	rest,	1	Approximete Interval Between
rsician ledical		Immediate Cause /Final				1 ,1		0					Onset and Death
aminer		Immediate Cause (Final disease or condition resulting in death)	a. C (MICE	r of	the		rai	10	reas			2 years
	-	Toolang III doday		Due	to (or as a con:	equence of):						ŧ	
sit	Examiner		b			<u></u>						1	
physician and s the buriel-transit	xan	Sequentially list conditions, if any, leading to immediate		Due	to (or as e cons	sequenca of):							
clan		cause. Enter Underlying Cause (Disease or injury	c										
the	edicai	that initiated events resulting in death) Last		Due t	o (or as a cons	sequence of):							
attending ph d for use as th	3		d										
ned by the atten detached for u	Physician	Pert II. Other significant condition	ns contributing to	death but not	resulting in the	underlying cau	se niv	en in Part i		23h Did to	obacco usa ci	antribute t	o the cause of death?
by th	hys	and the state of t				. Shaping odu	- Ain	SHALL GILL			es 2 No	3 Pro	
5.0	by P			-						101	20 10	00110	- The other
0 0										24e. Wes a	in autopsy	24b. W	ere autopsy findings relieble prior to
8 CA	piet									perior		CO	empletion of cause death?
page 2	Completed									1 🗆 Y	es 20 No		☐ Yes 2☐ No
certificate rector, pag		25. Was case referred to-medical						oc bla	of Doct				_ 105 ZUN0
	o Be	examiner?	Hospitat:] lenetie=t	оП ED/O	iont all co-	Oth	or:		h (Check only or		10	
5 70	: To	27. Manner of Death	11	Inpatient e of Injury	2 ER/Outpet 28b. Time			4 LE NU		ome 5 Reaide 28d. Describe he			(y)
After	tion	1 ■Natural 5 □ Pending) (Mo	onth, Day Yea		M ZGC	Injur Wor	k? Yes 2□		_ 30, 2000100 11	our injury occu		
y the	Ica	3 ☐ Suicide 6 ☐ Could n	ot be	ce of Inion	At home for			.00 2		28f Location /C	tract and No.	her or Du-	A Pouto Number
Direct in by	Certification:	4 ☐ Homicide determi	ned 200. Pla	ca of Injury • / Iding, etc. (Sp	ecify)	street, factory, o	iiiC0			City or Town	n, State)	ver or mult	al Route Number,
filled		20a Cartiliar	Dhualata: = ::	h	beaut t				1				
To the Funeral Director: A completely filled in by the f	edicai	29a, Certifier 1 ☐ Certifying (Check only one) 2 ☐ Medicai E	Physician: To the examinar: On the	ne best of my basis of exam inner stated.	knowledge, de ninetion and/or	ath occurred at t investigetion, in	ne tin my o	ne, dete an pinion, dee	d pleca, th occur	and due to the cared at the time, d	ause(s) and mate and placa.	enner es s and due to	tated. the cause(s)
o the	Mec	29b. Signature and title of certifier	anu ma	unio stated.		290 1	icens	e number		0	9d. Date sign	ad (Month	Day Year)
£ 8 ≒		No C	11. 1.		. 1	250. L	No.13	111 -	-		011		/
, \		eller.	Verla	Dun) MI		U	1163	3	1	Copi	w15	, 1996
V		30. Neme and address of person v	who completed ca	use of deeth (Item 23a) (Typ	e, Print)		. /		1	lis M		/ / /
		Teter F. VERKOU	W. M.C	20	03 ME	DICAL	P	LWY	/	mapo	tis M	02	1401
Sta	_	31. Date filed (Month, Dev. Year)	State 1 182.	Registrar's S	Ignature		-						
Registr	ar	OCIT 1 1930	Jane Carre	Don-Non	largo.								



State of Maryland / Department of Health and Mental Hygiene 96 3 | | 48

Certificate of Death

_					Cert	ificate of	Death		Reg. No.	-	71170
	Discont		Decedent's Neme (First, Middle, Last)	1				2. Dete of De	eth	Van-	3. Time of Death
	Physic /Medi		KArl Freder	ICK	Sch	lue +	er	Month	2 /5 ·	46	2141
	Exami		4a. Fecility Neme (If not Institution, give street en				4b. City, Town, or L				Annual Control of the
			6107 MedorA	Kd			LINTHI	cum	A	A	
	Funeral		5. Sociei Security Number 6. Sex	7. Age (In yrs. le		If Under 1 Year Months Deys		8. Dete of Birt (Month, Da	h v. Year)	9. Birthpl	ece (State or Foreign
	Director		213-70-1013	36	Yrs.			12/04/1		MARYL	
	and w.		Usuel Residence of Decedent 10a. Stete 10b. County	10c. City.	Town or Loca	ation				10	Od. Inside City Limits
	Many!	ō	MARKE AND ANNE ARTHUR								1 ☐ Yes 2Ã No
	the 1	Director	MARYLAND ANNE ARUNDEI 10e. Street end Number	LIN.	THICUM	10f. Zip Code			10g. Citizen of \	What Count	
	with Ma or	ā	6107 MEDORA ROAD			20 65 50				WHEN COUNT	191
	ne 2:	era		Decedent Ever in U,S	. 13. W	21090		pecify Yes or No-	U.S.A.	e - America	an Indian
Maryland 21215-0020	d within 72 hours effer death with the Maryland jiene. Than "nature!, or Items 23a or 28a-f ahow treament the notified at	by Funeral	Arme 1 Never Married 2 Merried 1 Yes	d Forces? 'es 2\lambda No s, Give or Detes:	lf '	Yes, specify Cub □ Yes 2፟፟M No	Hispenic Origin? (Spen, Mexican, Puerto Specify:	Rican, etc.)		ok, White, e	etc.
5-0	72 ho natur	Completed	15. Decedent's Education (Specify only highest grade comple	tod	18e. Decede	nt's Usuel Occup	petion		18b. Kind of Bi	usiness/Ind	ustry
7	within iene. than	g		ge (1-4or 5+)	life. Do	NOT use retire	duning most of work ad)	ang .			
2	Hygien Hygien ther th	S	12 NONE		MASTE	R PLUMBE			PLUMBIN		.DE
and	be filed that Hyg d other event,	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Nem	e (First, Middle,	Maiden Suman	10)	
Z	should be and Mental marked of umatic eve	P	ALBERT HERMAN SCHLUE	TER			DARLENE		HOMPSON		
Mai			19e. informent's Neme/Reletionship (Type, Print)	ATHER)	19b. Meiling	Address (Street	t end Number or Ru	ral Route Numbe	er, City or Town,	State, Zip	Code)
	1 end Health em 27 i		ALBERT HERMAN SCHLUE 20e. Method of Disposition			MEDORA R	ROAD LINT		MD 210		0
20	or or or		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel f		netery, crema	itory or other pla	ice)	Dete 10/17	20c. Location -	City or Tov	vn, Stete
Baltimore,	rtant Njury		4 Donetion 5 Other (Specify)	CHE				19617	BELTSVI	ILLE,	MD
Ba	permit. Peges 1 end 2 Department of Health Important: If Nem 27 is any Injury or other tra once.		21. Signature o Funerel Service Licensee	K//	22.1	Neme end Addre		INGLETON	N FUNERA	AL HON	1E. PA
			Timela X	Xhual	tu) 1	SECOND	AVE., S.	W. GLEN	BURNIE.		21061
			23. Pert1. Enter the disease, or complications to shock, or heart feilure. List only one ceuse	nat eaused the death. on each line.	Do not enter	the mode of dyl	ng, such es cardiec	or respiretory er	rest,		Approximete Interval Between
	Physician /Medical		Immediate Cause (Finei	,		, .	,	1		1	Onset end Deeth
	Examiner		disease or condition resulting in deeth)	SUNJA	0+ 1	LOUR	d C	hes	4		
		ē		Due to (or e	es e conseque	ence of):					
	uted ansit	Examiner	b	5		1 0				- 1	
Ć,	exect n and iel-tra	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	Due to (or e	es e conseque	ence ot):				1	
68760,	se be	edical	Cause (Diseese or injury that initieted events c	Due to (or e	s e conseque	ance of):					
	eath certificate be executed ettending physician and for use es the buriel-transit	2	resulting in deeth) Lest	540 10 (01 0	o o oonsoque	mos ory.				i	
OX	h cer endir	M/UB	d								
œ.	requires thet the death cer seen signed by the ettendin hould be detached for use	Physician/	Pert II. Other significant conditions contributing	to death but not result	ing In the und	leriying cause of	ven in Pert i.	23b. Dld t	obacco use co	ntributs to	the cause of death?
P.0.	by th	Į,				,		101	-		ably 4 Unknown
Ś	es the igned be de	by I									
Vital Records,	v require been si should	3							en eutopsy med?	24b. Wei	re autopsy findings liable prior to
ecc	2 S S	ple								CON	npletion of cause leath?
<u> </u>	The law ste has b	Completed						1 🗆 Y	es 2000	10	Yes 2□ No
ita	ysician: The I is certificate ha director, pege	Be	25. Wes case referred to medical exeminer?				28. Place of Deel	h (Check only o	ne)	1	
>	Physician: r this certific and director,	T0	Hospitei:	☐ inpatient 2☐ El	R/Outpetient	3□ DOA Oth	her: 4 Nursing Ho	ome 5 Resid	lence 6 Oth	er (Specify)
2	ng Pi		27. Member of Deeth 1 Neturei 5 Pending	ete of Injury 2 Month, Day Year)	8b. Time of injury	28c. inju	ry et rk?	28d. Describe h		-	
Sio	Attending or death. actor: After by the fune	catl	2 Accident investigation /0	15/96	3	M 1 🗆	Yes 2 21No	Sh.	0+ 5	e 15	-
Division of	frer d	Certification:	3 Suicide 6 ☐ Could not be determined 28e. P	iece of injury - At hom ullding, etc. (Specify)	e, ferm, stree	t, fectory, office		28f. Location (S City or Tow	m, State)		Route Number,
	urs a urs a ral D			Home					hicu		MD.
	To the Hospital or Attending Phwitin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29e. Certifier 1 Certifying Physician: To (Check only one)	e basis of exeminetio	edge, deeth o n end/or inve	ccurred et the til stigetion, in my c	me, dete end piece, opinion, deeth occur	end due to the o	cause(s) end me dete end pleca,	enner as sta	ited. the cause(s)
	ithin (Med	29b. Signeture end title of certifier	nenner steted.		29c, Licens					
	5 7 ¥ 7 8		114.11	Ime	2				29d. Dete signe		10 /-
	10		VVIII TY				, 000	7	10/	10	176
	11		30. Name and eddress of person who compared of	cause of deeth (item 2		int)	060 095 f	2	1 10 10	9	100
_	~		William De	JONE	5, m) (1	112	mer	ICA	2	1035

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedant's Name (First, Middle, Lest) 2. Date of Death 3. Time f th **Physician** MARVIN R STEINBERG OCT. 1996 5 AM /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 3007 CRESMONT AVE. BALTIMORE N/A 5. Social Sacurity Number 7. Age (In yrs. lest birthdey) If Under 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Dey, Year) SEPT. 10, 1929 Birthpiace (State or Foreign Country) **Funeral** ₩ 2□ F Months Days Hours MARYLAND 215-24-4876 67 Director Usuai Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examiner must be notified as MD N/A BALTIMORE 1 XYes 2 No Director 10e. Streat and Number 10f. Zip Code 10g. Citizen of What Country? 3007 CRESMONT AVE. permit. Pages 1 and 2 should be filed within 72 hours after death v. Department of Health and Mental Hygiene. Important: If from 27 is marked other than "natural", or froms 29a any Injury or other traumatic event, the Medical Examiner research. 21211 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ∑AYes 2 □ No If Yes, Give Yaar or Datas: KOREA 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Raca - American Indien. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 5+ ATTORNEY AT LAW 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Surname) Be ISRAEL STEINBERG DOROTHY PINKNER 2 19a. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) MRS. KATHRYN STEINBERG (WIFE) 3007 CRESMONT AVE. BALTIMORE, MD 20b. Place of Disposition (Nema of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 10/15/96 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE HEBREW REISTERSTOWN, MD 21. Signature SOL LEVINSON & BROS., INC. surs 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, allure. List only one cause on each line. Approximate Intervat Between Onset and Death **Physician** /Medical Immediate Ceuse (Final prespiratory. Examine Examiner Metastatic (olon (sicien end burial-trensit that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) physicien s the burial P.O. Box 68760, Physician/Medicai Due to (or as a consequenca of): 80 USB Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? signed by the detact 1 Yes 2 No 3 Probably 4 Unknown Records, þ Be Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? law regu been 異 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case efferred to medical 28. Piace of Deeth (Check only one) Other: 4□ Nursing Home 5 🗹 Rasidence 6 □ Other (Specify) 2M No Certification: To 1 7 Ye 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA er of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? or Attending effer death. Director: After Division Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) la by 28e. Piece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 - Homteide To the Hospital or within 24 hours eff To the Funerel Dic completely filled in Medical 29a, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner es stated. 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated. 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Dey, Year) 30. Name and address of person who compared of death (item 23a) (Type, Print) Dr. Martha Zieger 600 N. Wolfe St. Baltimore, MD 21205 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State Develor Rada Registrar

DHMH 16 Rev 6/95

and a second of the

State of Maryland / Department of Health and Mental Hygiene 96 3

Certificate of Death Film G740 item 12 per FH 10-23-96 rja 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 750pm **Physician** Month Year Siegel 1314 HENRY VI. 27 EGE
4e. Fecility Neme (If not institution, give street end number) oct 1995 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** LEVINDALE BALTIMORE N/A 6. Sex 1 M 2 □ F If Under 1 Yeer If Under 24 Hrs.

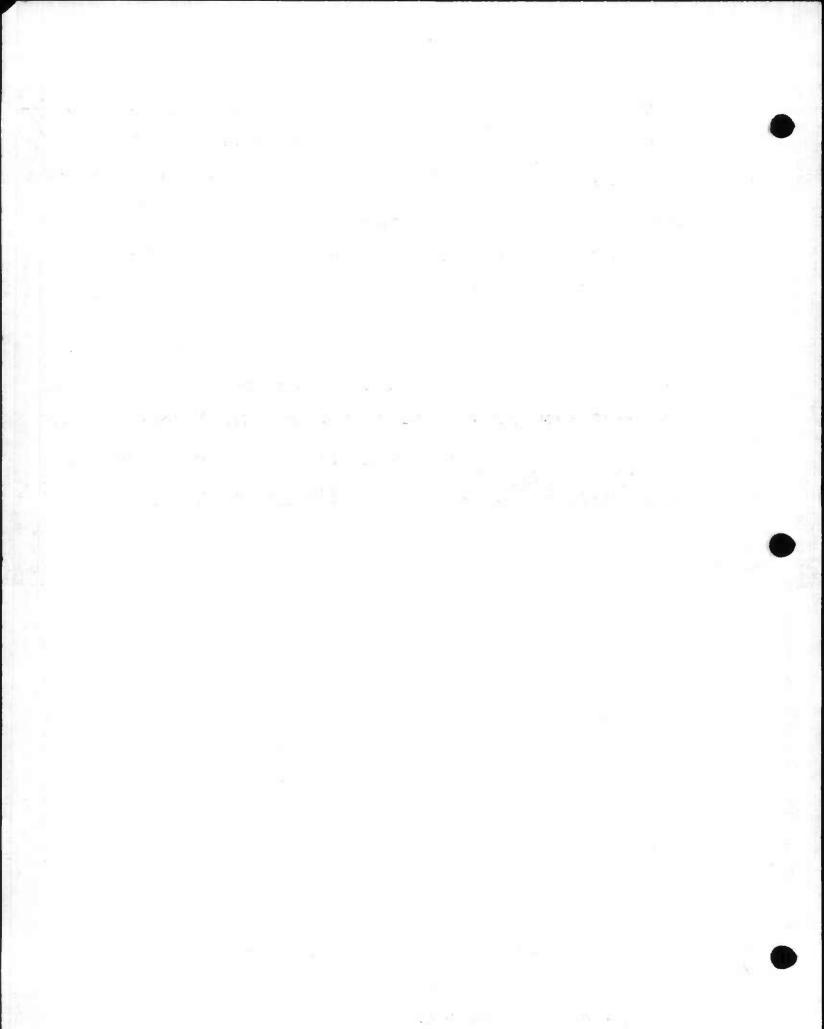
Months Deys Hours Min. 5. Social Security Number 8. Dete of Birth (Month, Day, Year DEC • 6, 1 Birthplece (State or Foreign Country)
 MARYLAND 7. Age (In yrs. last birthdey) **Funeral** Months Deys 73 Yrs. Director 219-16-4041 Usual Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits rel', or items 23a or 28a-f show Examiner must be notified at 1 Nes 2 No Director MARYLAND N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 111 HAMLET HILL RD., APT. 109 21210 USA permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health end Mental Hygiene. Important: if item 27 is marked other than "naturel", or items 23a any Injury or other traumatic event, the Medical Examiner mant Softee. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 长的Yes 223No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black White etc. 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: WHITE þ Specify 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) 5+ Elementery/Secondery (0-12) WRITER PUBLIC RELATIONS 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Be BARNET SIEGEL LAURETTA SCHWARTZ 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) MRS. SHIRLEY SIEGEL (WIFE) 111 HAMLET HILL RD., APT. 109 BALTO, MD 21210 20b. Plece of Disposition (Name of cametery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Surial 2 Cremetion 3 Removel from Stete ARLINGTON (CHIZUK AMUNO) 10/15/96 BALTIMORE, MD 4 Donetion 5 Other (Specify) 21. Signettun of Funeral Service Licenses 22. Neme end Address of Facility SOL LEVINSON & BROS., INC. 23a. Part1. Enter the disease, or complication up of caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest,

Approximate Approximate Shock, or heart feilure. Approximete Interval Between Onset and Deeth Physician /Medical immediate Cause (Final diseese or condition resulting in death) Cardio-pul moingr Examiner Examiner atherosclerote and I-transit certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of) physician a of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t d be detach 1 Yes 2 No 3 Probably 4 Unknown þ 24e. Wes an autopsy performed? 24b. Were autopsy findings avellable prior to completion of cause of death? Completed 20 No certificate 1 ☐ Yes 2 ☐ No transient schemic 25. Was case referred to medicel examiner? Be 28. Place of Death (Check only one) Hospitel: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 28e. Dete of injury (Month, Dey Year) Certification: 27. Menner of Death 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of _1 Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifier (Check only one)

1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) and menner as steted.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) and menner steted. Medical 29e. Certifier To the Within 2 To the 29b. Signature end title of certifier 29c. License number Lonsull 17:44907 1996 30. Name and address of person who combleted cause of death (item 23e) (Type, Print) elvedere 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State Sandy Randa Registrar

DHMH 16 Rsv 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 10a per F.H G-740 10-17-96 eoh 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Day Month Year SURASKY LEON 9:30 AMI OCTOBER 14 96 4a. Facility Neme (If not institution, give street and number) NORTHWESTHOSPITAL 4b. City, Town, or Location of Death 4c. County of Death CENTER RANDALLSTOWN BALTIMORE 7. Age (In yrs. last birthday) Months Days Hours Min. APR. 29,11943 5 Social Security Number 9. Birthplace (State or Foreign 1 XM 2□ F MARYLAND 214-03-3825 Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE BALTIMORE 1 Yas 2 No 10e. Street end Number 910 MILFORD MILL RD 10f. Zip Code 10g. Citizen of What Country? 910 MILDORDMIL 21208 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: WWII 11 Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Buainess/Industry MUNICIPAL EMPLOYEE'S Elementary/Secondary (0-12) College (1-4or 5+) CREDIT UNION CREDIT MANAGER 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) BENJAMIN SURASKY ANNA GREENSTEIN 19a. Informant's Name/Relationship (Type, Print) MRS. ELANA SURASKY 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 910 MILFORD MILL RD. BALTIMORE, MD 21208 (WIFE) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State OHEB SHALOM MEM. PARK 10/16/96 REISTERSTOWN, MD 4 ☐ Donation 5 ☐ Other (Specify) of Funeral Service Licenser 22. Name and Address of Fecility SOL LEVINSON & BROS., INC. wie 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 inter the disease, or complicators that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, or hour failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Finel & ATHEROSCLEROTIC CARDIOVASCULAR DISEASE YEARS diseese or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or es e consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DETIENTIA 24a. Was an autopay performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 1 ☐ Yes 2 ☑ No 28. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28a. Dete of Injury (Month, Day Year) 27. Manner of Death

Examiner physician is the burial-

Physician /Medical

> Examiner Physician/Medical igned l þ Completed Be Certification:

Physician

/Medical

Examiner

MD

Director

Funeral

p

Completed

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, it a Madical Examinal must be nothed at

should be filed within 7 and Mental Hygiene.

permit. Peges 1 and 2 should be filk Department of Health end Mental Hy Important: If item 27 Is marked other any injury or other traumatic event

the Maryland

Maryland 21215-0020

Baltimore,

Box 68760.

PO

Records,

Division of Vital

C

Deed To the Hospital or Attending Physician within 24 hours after death.

To the Funeral Director: After this cent completely filled in by the funeral direct

1 Natural

2 Accident

3 ☐ Suicide

29e. Certifler

Medical

4 I Homicide

State Registrar 29b. Signature and title of certifier KS.RAO.MI.D 29c. License number D43462

1 ☐ Yes 2 ☐ No

28c. Injury at Work?

1 Csrtifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(a) and manner ss stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. 29d. Dete signed (Month, Day, Year) OCTOBER 14 1996

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

28d. Describe how injury occurred

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

K. S. RAO, M. D. NORTH WEST HOSPITAL CENTER NANDALLSTOWN

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

31. Date filed (Month, Day, Year) 32. Registrar's Signature 7 1996 "don-Randell

5 Pending Investigation

8 Could not be determined

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Data of Death 3 Time of Death **Physician** 2:30pm Ε. Smith Carrie Lane 13 10 96 /Medicai 4a. Facility Name (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Lorien-Frankford Nursing Home Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Months | Days | Hours | Min. | N 0 V = 14, 1929 5. Social Security Number 213-26-9995 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foreign BALTIMORE, MD Funeral Months 1 M 2 CKF 66 Director Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 23a or 28a-f show 10d. inside City Limits event, the Medical Examiner must be notified at MD n/a Director BALTIMORE 1XXas 2 No 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country?
UNITED STATES 21206 AVENUE 5009 FRANKFORD death Funeral Rems ; 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ NA If Yes, Give 11 Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Biack, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiena. Important: If Rem 27 is marked other than "natural", or its any injury or other traumatic event, The Mandral Examine. 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: BLACK à 3 Widowed 4 Divorced Year or Datas Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Coilege (1-4or 5+) ASSISTANT HOSPITAL NURSING 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) BRYAN LAURA JOSEPH IANE N. 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5312 GOODNOW ROAD, BALTIMORE, MD #06-WILLIAM SMITH 20a. Method of Disposition

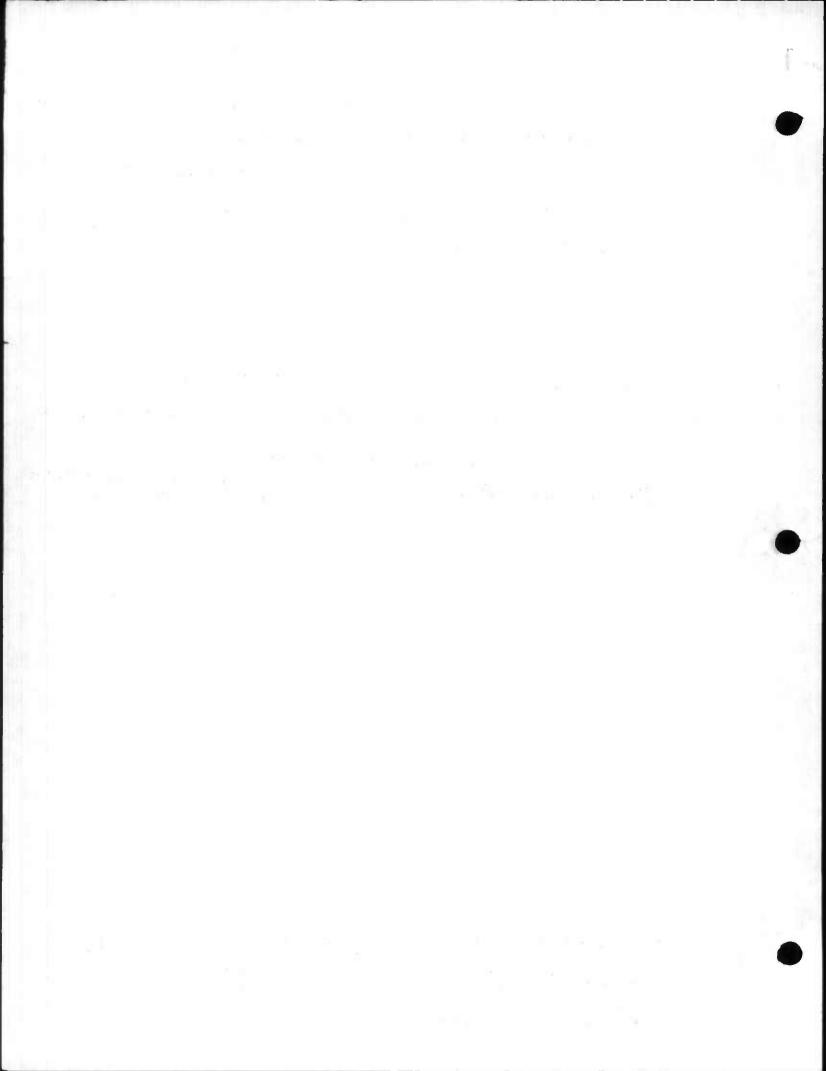
Y□NBuriai 2 □ Cremation 3 □ Removal from State 20b. Piaca of Disposition (Name of 20c. Location - City or Town, State cemetery, crematory or other place) 10 - 17CEMETERY BALTIMORE, MD 4 ☐ Donation 5 ☐ Othar (Specify) BALTIMORE 22. Name and Address of Facility 21. Signature of Funeral Service Licens Baltimore, Maryland 21202 WM. C. March FH 1101 E. North Avenue Part 1. Enter the disease, or complication, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervai Between Onset and Death Physician arcinemen Neck Immediate Cause (Final disaase or condition resulting in death) /Medical Examiner Due to (or as a consequence of): Completed by Physician/Medical Examiner siclan end burial-transit or Attending Physician: The law requires that the death cartificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): of Vital Records, P.O. Box 68760. that initiated events resulting in death) Last tha Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. dateched 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical examiner?

1 Yes 2 No Be 26. Place of Death (Check only one) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To this 27. Manner of Death tha funaral 28a. Date of Injury (Month, Day Year) 28c. injury at Work? 28b. Tima of 28d. Describe how injury occurred After t Division 5 Pending invastigation death. 1 ☐ Yes 2 ☐ No To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical complately (Check only one) 29b. Signatura and title of cartifier 29c. Licanse number 29d. Date signed (Month, Dgy, Year) VCIP. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 8903 HARTORD PUAD PATRICIO ci fo BACT-19 212 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Registrar

DHMH 16 Ray 6/95

0



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** 0 Thompson Vames October /Medical 96 10:04 AM 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Baltimere

Bultimere

ospital
7. Age (In yrs. last birthday) BON Secours Birthplace (State or Foreign Country) **Funeral** Months 1 MM 2□ F September 6,1921 2/6-/3-04/6 Usual Residence of Decedent Maryland Director 10a. State 10c. City, Town or Location 10b. County 28a-f show 10d. Inside City Limits Medical Examiner must be notified at Maryland
10e. Street and Number 1 Yes 2 No Funeral Director 10g. Citizen of What Country? items 23a or 1548n 21217 14. Race - American Indian, Bleck, White, etc. 12. Wes Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite any injury or other traumatic event, The Medical Eastrie 1 ☐ Never Married 2 ☐ Married 1 X Yes 2 Specify: Black 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorcad Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) 6 th Truck Driver 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be lames C. Thompson 2 anchouse thompson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mancy Thompson-Brother 1536 n. Fulton Itvenue, Baltimore Macylandian 200. Place of Disposition (Name of Date 200. Location - City of Town, Stete 200. Location - City of Town, 20c. Location - City of Town, Sfete

| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory or other pleca|
| Camelery, crematory of camelery Approximate Interval Between Onset and Death Physician Immediate Cause (Finel disease or condition resulting in death) a. Emphysema
Due to (or as a consequence of): /Medical Examiner Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In death) Last Due to (or as a consequence of) Box 68760, Due to (or as e consequenca of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Hypertension Records, 24b. Were autopsy findings aveilable prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? 2 1 No 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2€ No 27. Manner of Death Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Atter 5 Pending Investigation 1 Matural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete and piece, and due to the ceuse(s) and menner steted. 29e. Certifler Medical 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) OCT 14

BALT, MOZE

MO

BALTIMORE

DHMH 16 Ray 6/95

State

Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

ROLGIANO

32_Registrer's Signature

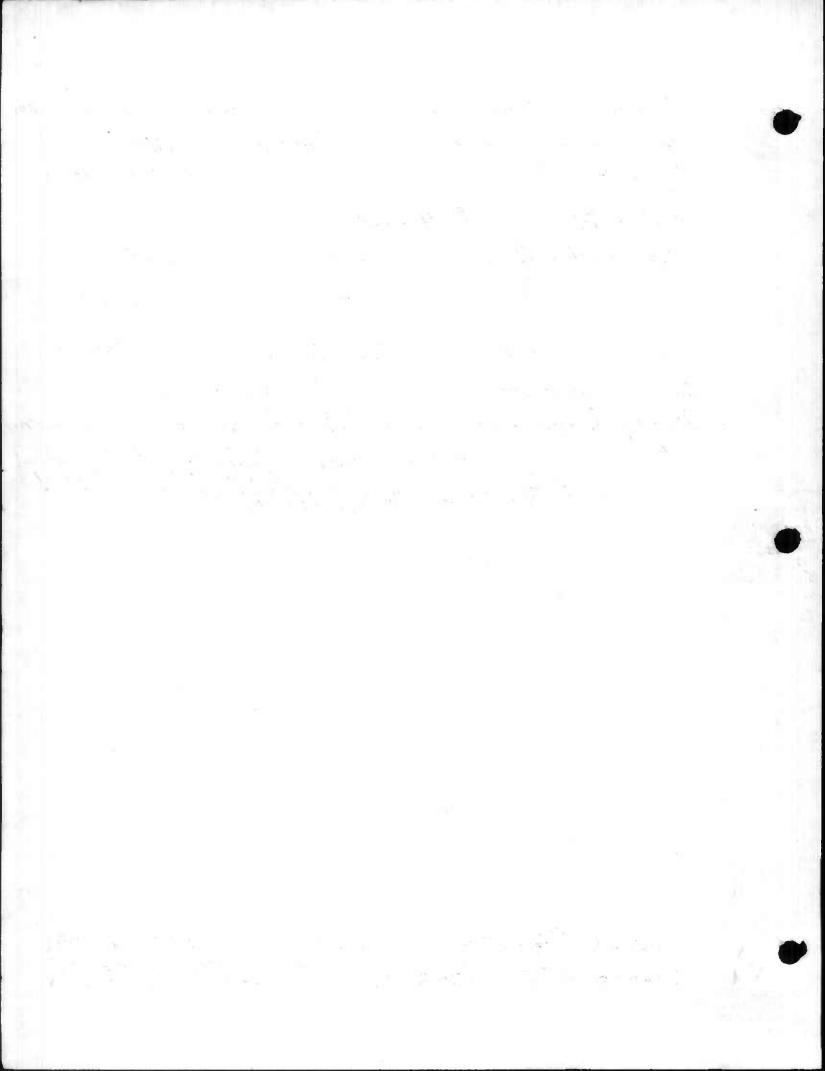
Wie Davidson

MY

B.

EDWARD

31. Date filed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 10/25/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month 3:07 AM OhN CARMERON October 1996 16 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death | FALLSTON | HUnder 1 Year | Hunder 24 Hrs. | 8. Date of Birth (Month, Day, Year) | S. P. L. 192 4c. County of Death Examiner GENERAL HOSPITAL 5. Social Security Number HARFORD 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 180 M 2□ F 76 Yrs. Director MARYLAND 215 14 53 94 Usual Residence of Dacedent 10a State 10b. County 10c. City, Town or Location 10d. Inaida City Limits man be notified at 1 ☐ Yes 2 No Director MARYLAND MARFORD FOREST 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? KOAC 1606 BALDWIR V-S-A Funeral 21020 11. Marital Statua 12. Waa Decedant Ever in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - Amarican Indian, Black, White, etc. traumatic event, the Medical Examiner filed within 72 hours after 1 Nevar Married 2 Married 1 ■ Yaa 2 □ No If Yes, Give Year or Dates: W. W. III 6 1 ☐ Yes 2 No þ Specify: 3 Widowed 4 □ Divorced WHITE "netural" Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) tal Hygiene. Elementary/Secondary (0-12) Coilege (1-4or 5+) MASONARY LOMPANY 124RS SELFEMP. -OWNER 17. Fathar'a Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Be Pages 1 and 2 should be in nent of Health and Mental I wit: If Item 27 is marked or CORKRAN COCHRAN FRANK 118001 12SAJSA 19a. informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21014 permit. Pages 1 and 2: Department of Health at Important: If Item 27 Is any Injury or other trau RING FACTORY 1600 MARY M. BICKFORD O BILAIR, MARILAND 20c. Location - City or Town, State 212 EAST 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition OCT. 19 1 Burial 2 Cremation 3 Removal from State Donation 5 Other (Specify) 1996 BELATIR ErORIAL 21. Signature of Funeral Service to 22. Nama and Address of Facility HAPIL - ON PIR. P.A. EVAN FUNKAL CHAPIL - ON PIR. P.A. 2 NEW PORT ORIVE FORWIT HIM MA 21020 MAPLAND WILL 23a. Part1. Enter the disease, or complications that baused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) neumonia 2 days **Examiner** Due to (or as a consequence of): , Attending Physician: The law requires that the death certificate be asscuted the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last physician Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 M Unknown þ 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed this certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 No ereprovescul 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After 1 Natural 2 Accident 5 Pending invastigation death. 1 Yes 2 No after death | Director: A d in by the f 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide ò To the Hospital or within 24 hours aff To the Funeral Of complately filled in 156. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to the causa(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner stated. edicai 29a. Certifier 29b. Signature and title of certifian 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar

State 31. Data filed (Month, Pay, Year) State OCT 1 71996

BONOVICH M.D. 754

who completed cause of death (Item 23a) (Type, Print)

Hickory Avenue

MARY AND 21014

Maryland

Baitimore,

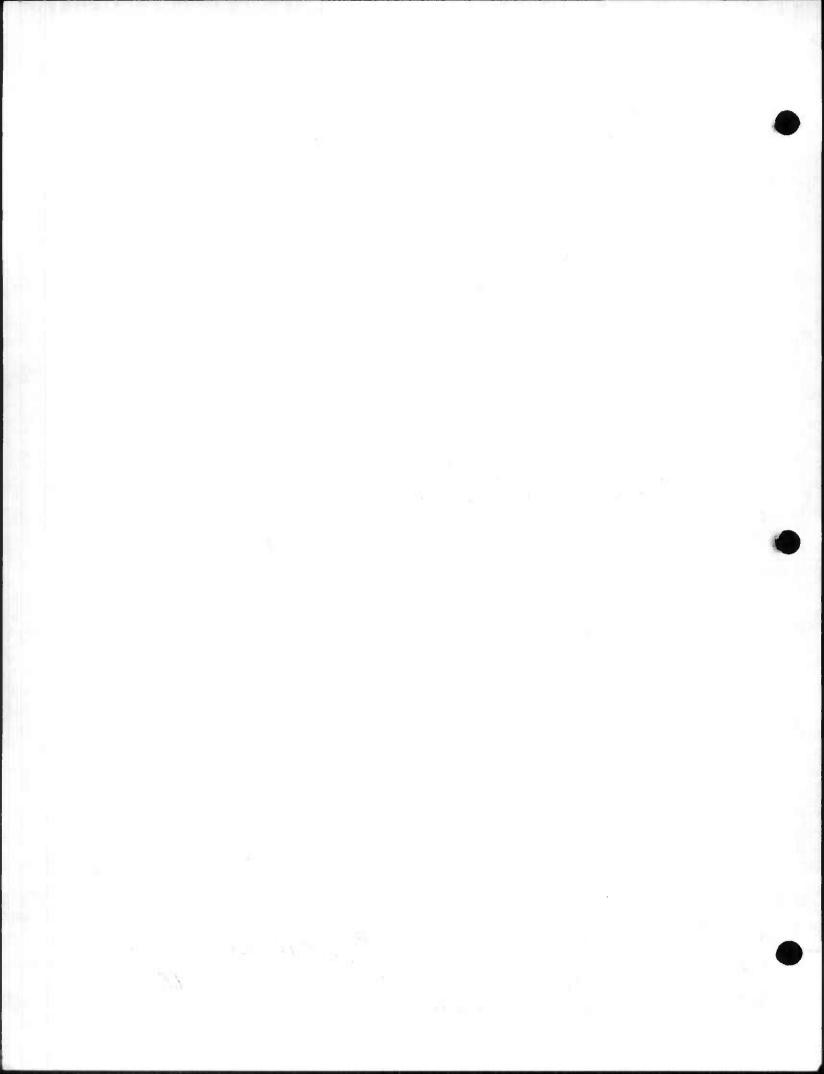
P.O.

Division of Vital

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		·	Certific	ate of Death	Reg.	No.	6 31	155
Physician	Decedent's Name (First, Middle, La	•			2. Date of Death Month	Dey	Yeer 3. 1	ime of Death
/Medical	Sharon Th	omas			october	15 K	196	820am
Examiner	4e. Facility Name (If not institution, giv	e street and number)		4b. City, Town, or L	ocation of Death	4c. County		
	Sinai Hospita	X		Balkin	will	Bal	timoru	? .
uneral director	018-24-1021	ex ☐ M 2 F 7. Age (In yrs	. last birthday) If Un Monti	der 1 Year If Under 24 Hrs. Days Hours Min.	8. Date of Birth (Month, Dev. Ye	1950	9. Birthplace (State or Foreign
ž	Usual Residence of Decedent 10a. State 10b. County	10c. C	ity, Town or Location				10d In	side City Limits
Examiner must be notified at by Funeral Director		140	NIA					Yes 200
ecti	10e. Street and Number	.170		7: 0 1				3,000 EMBO
ral Dir	10 Mount B	atten et	204	21207		U.	hat Country?	
t by Funeral Director	11. Marital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U Armed Forces? 1Yes _2 No If Yes, Give Year or Detes;	If Yes, s	cedent of Hispanic Origin? (Specify Cuban, Mexicen, Puerto 2 No Specify:	pecify Yes or No- p Ricen, etc.)		American Ind k, White, etc.	len,
Completed	15. Decedent's Ed (Specify only highest gra		16e. Decedent's U	sual Occupation	king 16t	. Kind of Bu	siness/Industry	
ompleted	Elementary/Secondary (0-12)	College (1-4or 5+)		work done during most of work Tuse retired)	9	A ()		
S	12+	NIA	Unemp	loyed		121	A	
e e	17. Father's Name (First, Middle, Last)			and a	e (First, Middle, Mai		9)	
2	John H. M	ccloud		Areth	na Bri	scoe		
	19a. Informant's Name/Relationship (Type, Print)		ess (Street and Number or Rui	ral Route Number, C	ity or Town,	State, Zip Gode	
	Hether Crit	terton-mon	3760	Columbus	or. B	alto	md 2	1215
	20a. Method of Disposition		Place of Disposition (i	Vame of	Date, 200	Location -	City or Town, S	ate
	Burial 2 Cremation 3 C	Hemoval IIoni State	ine M	emma IPK	10/18/96	unda	Ustour	md
	21. Signifiture of Funerei Service Licer		22. Name	end Address of Facility	1		11000	7770
spice	6 10.	It shows	ma	on F. It we	est			
	me	T. Mings	Jn 43	uo wabast	, ore			
	23a. Part1. Inter the disease, or com shock, in heart failure. List only	one cause on each line.	th. Do not enter the n	lode of dying, such as cerdiac	or respiratory arrest,		Interv	oximate ral Between
n	U		_				Unse	t end Deeth
al er	Immediate Cause (Finel disease or condition	. Pheum	oma					
	resulting in death)	u	or as a consequence	of):				
Examiner		. AIDS						
Ea	Sequentially list conditions,	Due to (or as a consequence	of):				
	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury							
Medical	that Initiated events resulting in death) Last	Due to (c	or as a consequence of	of):				
8	Todaking in obakin Last							
		d						
00	Part ii. Other significant conditions o	ontributing to death but not re-	sulting in the underlyin	a cause given in Part I	23h Did toha	CO Hee COD	tribute to the c	auee of death?
Physician	1/1/1/	During to double but not not	y the underlyin	g course given in rail i.		2□ No		4 ☐ Unknown
by P	ETUH				1 Y 98	2 LI NO	Probably	- U OHKNOWN
					24a. Was an e	utonsv	24b. Were au	opsy findings
Completed					performed	17	avallable	on of ceuse
ם							of death?	
ပိ					1 ☐ Yes	2 No	1 ☐ Yes	2□ No
Be	25. Wes cese referred to medical examiner?			28. Place of Deat	th (Check only one)			
To Be	1 Yes 2 No	Hospital: Inpatient 2	ER/Outpatient 3□	DOA Other: 4 Nursing Ho	ome 5 Residence	8 Othe	r (Specify)	
runeral	27. Menner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of injury (Month, Day Year)	28b. Time of Injury	28c. Injury at Work?	28d. Describe how I	njury occurre	ed	
Medical Certification	2 ☐ Accident Investigation		M	1 ☐ Yes 2 ☐ No				
Certification:	3 ☐ Suicide 8 ☐ Could not be determined	28e. Place of Injury - At h building, etc. (Special		ory, office	28f. Location (Stree City or Town, S		or or Rural Rout	Number,
e l	4 D Tomolog	building, etc. (Specia	19)		Oily of Town, 3	(410)		
	29a. Certifier 150 Certifying Ph	ysician: To the best of my kno	wiedge, death occurr	ed at the time, dete and place,	and due to the caus	e(s) end mer	nner es steted.	
edical	(Check only one) 2 Medical Exam	iner: On the basis of examina and manner steted.	ation and/or investiget	on, in my opinion, deeth occur	red et the time, dete	end piece, e	nd due to the o	iuse(s)
×	29b. Signeture end title of certifier		1	License number	29d.	Dete signed	(Month, Day, Y	ear)
	1 Carlos O B	mas MD	/	45 200110	ann 2 12	Lohon	15 V	all
	(army)	WIND.		240232168	9002 Oc.	USEIZ	10 10	10
7	30. Name and address of person who o	propleted cause of death (ber	m 23a) (Type, Print)	none MD	010	r t		
/	CACI WEST DE	navy ave.	, peculia	1000	1 2123	29.		
State	31. Date filed (Month, Day, Year)	reng Jan Registrar Signe	La Se					

DHMH 16 Rev 6/95



State of Maryland / Depa

artment of Health and Mental	Hygiene	96	31	15
rtificate of Death	Reg. No.	50	0 1	1 0

Month

Physician	
/Medical	
Examiner	

AVON SAMUEL 4e. Fecility Neme (If not institution, give street end number)

1. Decedent's Neme (First, Middle, Last)

TATES OCT 4b. City, Town, or Location of Deeth

Deys

2. Dete of Deeth 8, 1996

3. Time of Deeth 0748 AM

406 VALLEY MEADOW CIRCLE 6. Sex

1 Ø M 2 □ F

REISTERSTOWN

BALTIMORE

4c. County of Deeth

10g. Citizen of Whet Country?

USA

Funeral Director

28a-f show

"natural", or items 23a or 28a-f show

Pages 1 and 2 should be filed within 72 hours after of nent of Health and Mental Hygiene.
ant: If Item 27 is marked other than "natural", or itel ury or other traumatic event, the Medical Examines

permit. Page Department of Important: If I any Injury or once.

Physician /Medical

Examiner

bunal-transit

the

for use as

funeral director,

the

filled in by

24 hours e

To the I

or Attending Physician: The law requires that the death certificate be executed effer death.

Director: After this certificate has been signed by the ettending physician and

Box 68760,

P.0.

Division of Vital Records,

Examiner

Physician/Medical

by

Completed

Be

Certification: To

edical

Baltimore, Maryland 21215-0020

with the Maryland

death

216-52-4764 Usual Residence of Decedent 10e State 10b. County

5. Social Security Number

10c. City, Town or Location

Yrs

7. Age (In yrs. lest birthday)

47

If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 8. Date of Birth Month, Dey, Year NOV. 27, 1 ,7948 9. Birthplece (State or Foreign Country) Maryland

Director

Completed by Funeral

Be

Md.

Baltimore City

10d. Inside City Limits 1 X Yes 2 □ No

10e. Street end Number

1817 Riggs Ave.

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes:

21216 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

14. Rece - American Indian, Bleck, White, etc. Specify: Black

11. Maritel Stetus

1 Never Merried 2 Married 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed)

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementery/Secondary (0-12)

College (1-4or 5+) -0-

Laborer

10f. Zip Code

1 ☐ Yes 2 ☑ No

Carpet Installation

17. Fether's Neme (First, Middle, Last)

Samuel Tates

Unknown

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

Hampstead. Md.

19e. Informent's Name/Relationship (Type, Print)

1817 Riggs Ave.

Baltimore. 21216 Md.

Samuel Tates / Father 20e. Method of Disposition

20b. Plece of Disposition (Neme of cemetery, cremetory or other piace) Carroll Cremation

10-13-96

18. Mother's Neme (First, Middle, Meiden Sumeme)

20c. Location - City or Town, Stete

1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)

21. Signeture of Funeral Service Licenses

22. Name end Address of Fecility

Eline Funeral Home

11824 Reisterstown Road Reisterstown, Md.

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on each line.

· Atheroscieratic Cardiovascular Disease

21136

Immediate Ceuse (Finel disease or condition resulting in deeth)

Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest

Due to (or es e consequence of)

Due to (or es e consequence of)

Due to (or es e consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobecco use contribute to the cause of death?

2 1 No

1 Yes 2 No 3 Probably 4 2 Unknown

24e. Wes en eutopsy performed? Limited 1 Yes

24b. Were autopsy findings evelleble prior to completion of ceuse of deeth? 1 ☐Yes 2 ☐ No

25. Wes cese referred to medical examiner?

ACAYes 2 No

Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 28b. Time of Injury 28c. Injury et Work?

26. Plece of Death (Check only one) Other: 4 Nursing Home MAResidence 8 Other (Specify)

27. Menner of Deeth 1 (2Neture) 2 Accident 3 Sulcide

4 Homlcide

5 Pending Investigation 6 Could not be determined 28e. Dete of Injury (Month, Dey Year)

1 Yes 2 No Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28d. Describe how injury occurred

29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner es stated.

**Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated.

29b. Signeture end title of certifier

29c. License number O.C.M.E 29d. Date signed (Month, Dey, Year) OCT. 8, 1996

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Ctrahus C Padrato MD 111 Penn Street, Baltimore, Maryland 21201 S. Radentz, Strphyn MP

31. Dete filed (Month, Dey, Year)

7 1996

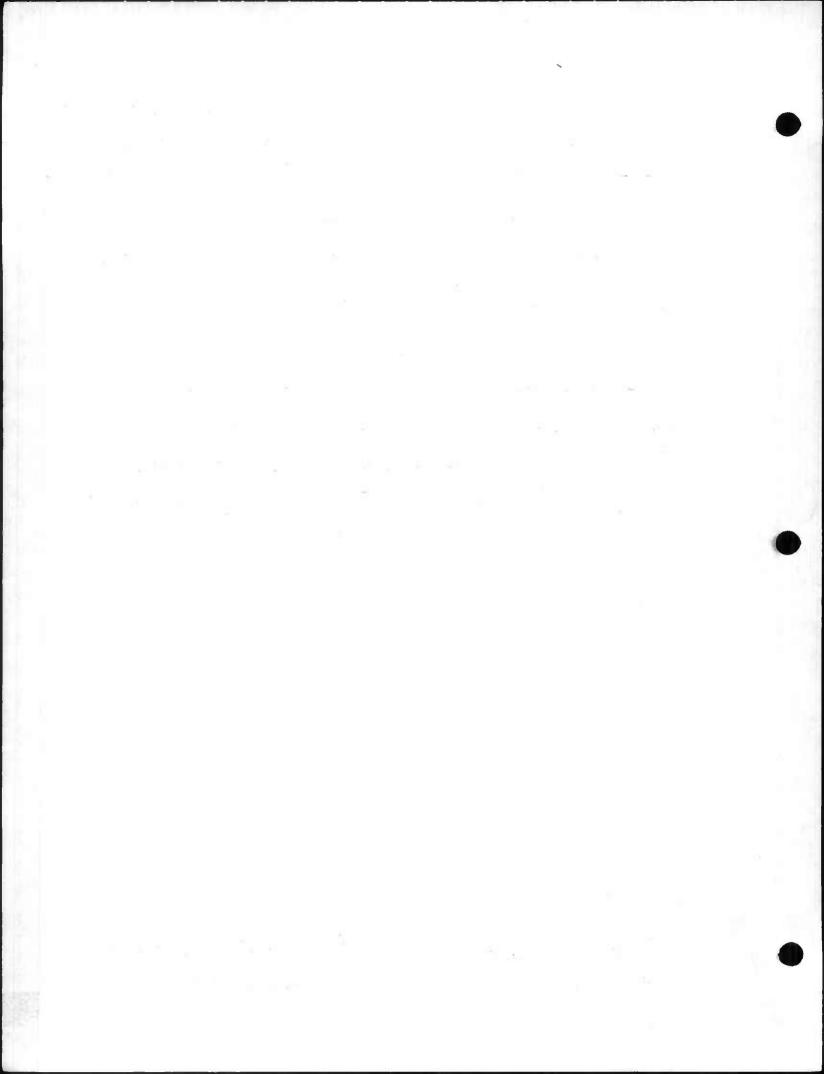


State Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 31157

Physicia				0	0	to UI	Death		Reg. No.		
/Medica	-	Decedent's Neme (First, Middle, I	Last) Ali	се		vanDy	yk .	2. Dete of De Month Octob	Dey	Yeer 1996	3. Time of D 4:00
Examine	_	4a. Fecility Neme (If not institution, g	give street end numbe	r)		4	b. City, Town, or I				
		2802 Page Drive	9				Dunda	Pb	Ra	etimo	40
Funeral				ge (In yrs. lest birthd		r 1 Yeer	if Under 24 Hrs.				
irector		215-52-4916 Usuel Residence of Decedent	1□ M 2√F	92 Yrs	Months.	Deys	Hours Min.	June June	30, 1904	Netl	iece (State or ity) rerland
Mow #		10e. Stete 10b. County		10c. City, Town or	r Location					1	0d. Inside City
23a or 28a-f show	io l	larup and	Baltimore	2		Du	ndalk				1 ☐ Yes 2
728	Director	Maryland 10e. Street end Number			10f. Zi	p Code			10g. Citizen of	What Coun	try?
S ag		0600 D 0. 1					222				•
2 2 2	era	2802 Page Drive	12. Wes Deceden	t Ever in II S	3 Was Door		222	nacit. Van ar Ne	United	STATI ce - Americ	
or items	Funeral	1 ☐ Never Married 2 ☐ Married	Armed Forces	?	if Yes, spe	ecity Cube	ispenic Origin? (S on, Mexicen, Puert	o Rican, etc.)	Ble Ble	ck, White,	
0	by	3 ☑ Widowed 4 ☐ Divorced	If Yes, Give		1 🗆 Yes	201(No	Specify:		Specif	y:	
			Year or Dales				15.00			wh.	
2 4	Completed	15. Decedent's (Specify only highest g	Education grade completed)	16e. De	ive kind of w	ork done	etion during most of wor f)	king	16b. Klnd of B	usiness/Inc	dustry
han M. M.	ם	Elementery/Secondary (0-12)	College (1-4or	5+))			.,	
5 2		6 Years			Homemo	irer				n Hom	e
To p	m	17. Fether's Neme (First, Middle, Las	*				18. Mother's Nen			ne)	
stie i	2	Pieter-Gouke Wit						e vanEy			
EE		19e. Informent's Neme/Reletionship	(Type, Print) Vau	ghter 196. M	eiling Addres	s (Street e	and Number or Ru	ral Route Numb	er, City or Town	Stete, Zip	Code)
er tr		Mrs. Geertina M	. Koelbl	280:	2 Page	Driv	ve Dundo	ilk. Mar	uland	21222	
of the		20e. Method of Disposition		20b. Place of Dis	sposition (Ne	me of	1	Date	20c. Location		
7 or		VCXBuriel 2 □ Cremation 3 4 □ Donetion 5 □ Other (Spec									
iniu a	-	21. Signeture Fineral Service Lice		Sacred	Ht. 06	Jesu	us Cem. 1.0	1/17/96	Balti	more,	_MD
Important: If item 27 is marked other than "natur any injury or other traumatic event, I'm Medical once.		1)							
		Chedan	2 1/2	>	7922	Wise	Funeral Ave. Di	indalk.	Marulan	d' 21	222
		23a. Part 1. Enter the disease, or oo shock, or heart taliure. List on	plicetions thei cause	d the deeth. Do not line.	enter the mo	de of dying	g, such es cerdiec	or respiretory a	rresi,		Approximete Intervei Betwe
sician		1		- A							Onset end De
edical	1	immediate Cause (Finel disease or condition	1	twoerd	us	1/4				i	21.11
miner		resulting in deeth)	a	Duran and a soon	company of						264
i i	je l			77	300000000						-
isua.	Examiner	Sequentially list conditions	b	Due to (or es a cons	sequence of)	,					
ne te		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury			37					1	
nd e	Cai	thei initieted events	C	Due to (or as e cons	conunction of h						
ding physician and use es the buriel-trensit	9			Due to (or as e cons	sadnauca oi).						
		resulting in deeth) Lest									
	. T	resulting in deeth) Lest	d							1	
in or in	5		d							1	
0 0	ysici	Pert ii. Other significant conditions	dcontributing to death (out not resulting in the	e underlying (ceuse give	en in Pert i.	23b. Did	lobacco usa co	ntributs to	the cause of
0 .			d	oul not resulting in the	e underlying o	ceuse give	en in Pert i.	23b. Did			the cause of a
be detached for u	2		dcontributing to death	oul not resulting in the	e underlying (ceuse give	en in Pert I.		. /		
be detached for u	2		dcontributing to death (Dul not resulting in the	e underlying o	ceuse give	en in Pert i.	1 🗆	Yes 2 No	3 ☐ Prob	ebly 4 Ur
be detached for u	2		d	Dul not resulting in the	e underlying o	ceuse give	en in Pert I.	1 🗆	Yss 2 No	3 ☐ Prob	re autopsy find illeble prior to inpletion of cau
ge 2 should be detached for u	2		dcontributing to death (oul not resulting in the	e underlying (ceuse give	en in Pert I.	1 - 249. Wes	Yss 2 No en eutopsy med?	3 Prob	re autopsy find illeble prior to appletion of cau leath?
ge 2 should be detached for u	Completed by	Pert ii. Other algnificant conditions	d	oul not resulting in the	e underlying o	ceuse give		24e. Wes perfo	en eutopsy med?	3 Prob	re autopsy find illeble prior to inpletion of cau
cermicate hes been signed by the atter rector, page 2 should be detached for u	be completed by	Part II. Other significant conditions 25. Was case referred to medical exeminar?	Hospital			Othe	26. Plece of Dee	24e. Wes perfo	en eutopsy med? /es 2 ANo	24b. We ave con of c	re autopsy fincialeble prior to appletion of cauleath? Yes 2 No.
his certificate has been signed by the atter al director, page 2 should be detached for u To Be Completed by Physician	to be completed by	Pert ii. Other significant conditions 25. Was cese referred to medical exeminer? 1 Yes 2 (No	Hospitel: 1 Inpati	ent 2 □ ER/Outpat	ient 3□ Do	Othe Ac	26. Plece of Dee	24e. Wes perfo	en eutopsy med? /es 2 ANo vne)	3 Prob	re autopsy fincialeble prior to appletion of cauleath? Yes 2 No.
Il director, page 2 should be detached for L	to be completed by	Pert ii. Other significant conditions 25. Was cese referred to medical exeminer? 1	Hospitel: 1 ☐ Inpati	ent 2 ☐ ER/Outpat	lient 3□ DC	OA Other	26. Plece of Dee	24e. Wes perfo	en eutopsy med? /es 2 ANo	3 Prob	re autopsy fincialeble prior to appletion of cauleath? Yes 2 No.
funeral director, page 2 should be detached for the To Be Completed by Physician	to be completed by	25. Was cese referred to medical exeminer? 1 Yes 2 (No 27. Menner of Deeth 1 Naturel 5 Pending investigation	Hospitel: 1 Inpati	ent 2 ☐ ER/Outpat	ient 3□ Do	OA Other	26. Plece of Dee	24e. Wes perfo	en eutopsy med? /es 2 ANo vne)	3 Prob	re autopsy fincialeble prior to appletion of cauleath? Yes 2 No.
funeral director, page 2 should be detached for up the superior of the completed by Physician Ion: To Be Completed by Physician	to be completed by	Pert ii. Other significant conditions 25. Was cese referred to medical exeminer? 1	Hospitel: 1 Inpati	ent 2 ☐ ER/Outpat	ient 3 Do	OA Othe 28c Injury Work 1 U	26. Plece of Dee	24e. Wes perfo	en eutopsy med? /es 2 No one) dence 6 Oth now injury occur.	3 Prob	re autopsy find illeble prior to appletion of cau leath?
funer in seminateries been signed by the atter- funeral director, page 2 should be detached for unit of the completed by Physician	to be completed by	Pert ii. Other significant conditions 25. Was cese referred to medicel exeminer? 1	Hospitel: 1 Inpati	ent 2 ER/Outpat ury 28b. Time Injury jury - At home, ferm,	ient 3 Do	OA Othe 28c Injury Work 1 U	26. Plece of Dee	24e. Wes perfo	en eutopsy med? /es 2 No one) dence 6 Oth now injury occur.	3 Prob	re autopsy find illeble prior to appletion of cau leath?
funeral director, page 2 should be detached for the funeral director, page 2 should be detached for Iton: To Be Completed by Physician	Certification: 10 be completed by	Pert ii. Other significant conditions 25. Was cese referred to medical exeminer? 1	Hospitel: 1 Inpati 28a. Dete of Injunction be 28e. Piece of in building, e	ent 2 ER/Outpat Iny 28b. Time Injury jury - At home, ferm, ic. (Specify)	ient 3 Do	OA Other	26. Plece of Dee ir: 4 □ Nursing Ho et :7 //es 2 □ No	24e. Wes perfo	en eutopsymmed? Yes 2 No	3 Prob 24b, We ave con of c 1 C er (Specify red	re autopsy find illeble prior to appletion of cau leath? I Yes 2 No
leyfilled in by the funeral director, page 2 should be detached for Ilcal Certification: To Be Completed by Physician	Certification: 10 be completed by	Pert ii. Other significant conditions 25. Was cese referred to medical exeminer? 1	Hospitel: 1 Inpati 28a. Dete of Inj (Month, Da) be 28e. Plece of ind building, e	ent 2 ER/Outpat Iry Ity Year) 28b. Time Injury Jury - At home, ferm, Inc. (Specify) of my knowledge, de of examination end/or	ient 3 Do	OA Other	26. Plece of Dee ir: 4 □ Nursing Ho et :7 //es 2 □ No	24e. Wes perfo	en eutopsymmed? Yes 2 No	3 Prob 24b, We ave con of c 1 C er (Specify red	re autopsy find illeble prior to appletion of cau leath? I Yes 2 No
tely filled in by the funeral director, page 2 should be detached for the funeral director. To Be Completed by Physician	redical certification: To be completed by	25. Was cese referred to medicel exeminer? 1 Yes 2 No 27. Menner of Deeth 1 Naturel 5 Pending investigation of determined 3 Sulcide 6 Could not a determined 4 Homicide 1 Cartifying P	Hospitei: 1 Inpati 28a. Dete of Inj (Month, Di 28e. Piece of In building, e hysician: To the best minar: On the basis of	ent 2 ER/Outpat Iry Ity Year) 28b. Time Injury Jury - At home, ferm, Inc. (Specify) of my knowledge, de of examination end/or	ient 3 Do	OA Other	26. Plece of Dee or: 4 □ Nursing Ho et :7 fes 2 □ No e, dete end plece, inlon, deeth occur	24e. Wes performent the (Check only of the Check only only only only only only only only	en eutopsymmed? Yes 2 No	3 Prob 24b. We ave con of c 1 C er (Specify red per or Rural penner es steend due to	re autopsy find illeble prior to appletion of cau leath? I Yes 2 No.
tely filled in by the funeral director, page 2 should be detached for the funeral director. To Be Completed by Physician	redical certification: To be completed by	25. Was cese referred to medicel exeminer? 1	Hospitei: 1 Inpati 28a. Dete of Inj (Month, Di 28e. Piece of In building, e hysician: To the best minar: On the basis of	ent 2 ER/Outpat Jry aty Year) 28b. Time Injury jury - At home, ferm, ic. (Specify) of my knowledge, de of examination end/or eled.	streel, fectors eth occurred Investigation	OA Othe 28c. Injury Work 1 Y y, office et the time, in my op	26. Plece of Dee if: 4 □ Nursing He et :7 fes 2 □ No e, dete end plece, inion, deeth occur number	24e. Wes performent to the (Check only of the Check only of the 28d. Describe 28d. Describe 28d. Location (City or Townered et the time,	en eutopsymmed? Yes 2 ANo yes 3 ANo yes 4	3 Prob 24b. We ave con of c 1 C er (Specify red enner es strend due to d (Month, L	re autopsy find illeble prior to appletion of cau leath? I Yes 2 No. Route Numbe ated. the ceuse(s)
tely filed in by the funeral director, page 2 should be detached for Italian Certification: To Be Completed by Physician	medical certification: 10 be completed by	Pert ii. Other algnificant conditions 25. Was cese referred to medicel exeminer? 1 Yes 2 (No) 27. Menner of Deeth 1 Naturel 5 Pending investigation of the determined determined 3 Sulcide 6 Could not a determined determined 299. Certifier (Check only one) 299. Signature and little of certifier	Hospitel: 1 Inpati 28a. Dete of Inj. (Month, Di 28e. Plece of in building, e hysician: To the best minar: On the basis of end menner si	ent 2 ER/Outpat Jry aty Year) 28b. Time Injury jury - At home, ferm, ic. (Specify) of my knowledge, de of examination end/or eled.	streel, fectors eth occurred Investigation	OA Othe 28c. Injury Work 1 Y y, office et the time, in my op	26. Plece of Dee if: 4 □ Nursing He et :7 fes 2 □ No e, dete end plece, inion, deeth occur number	24e. Wes performent to the (Check only of the Check only of the 28d. Describe 28d. Describe 28d. Location (City or Townered et the time,	en eutopsymmed? Yes 2 ANo yes 3 ANo yes 4	3 Prob 24b. We ave con of c 1 C er (Specify red enner es strend due to d (Month, L	re autopsy find illeble prior to appletion of cau leath? I Yes 2 No. Route Numbe ated. the ceuse(s)
termined in by the funeral director, page 2 should be detached for using the funeral director, page 2 should be detached for use the funeral director. To Be Completed by Physician	medical certification: 10 be completed by	Pert ii. Other significant conditions 25. Was cese referred to medical exeminer? 1	Hospitel: 1 Inpati 28a. Dete of Inj. (Month, Di 28e. Plece of in building, e hysician: To the best end menner st	ent 2 ER/Outpat Jry aty Year) 28b. Time Injury jury - At home, ferm, ic. (Specify) of my knowledge, de of examination end/or eled.	streel, fectors eth occurred Investigation	OA Othe 28c. Injury Work 1 Y y, office et the time, in my op	26. Plece of Dee if: 4 □ Nursing He et :7 fes 2 □ No e, dete end plece, inion, deeth occur number	24e. Wes performent to the (Check only of the Check only of the 28d. Describe 28d. Describe 28d. Location (City or Townered et the time,	en eutopsymmed? Yes 2 ANo yes 3 ANo yes 4	3 Prob 24b. We ave con of c 1 C er (Specify red enner es strend due to d (Month, L	re autopsy find illeble prior to appletion of cau leath? I Yes 2 No. Route Numbe ated. the ceuse(s)
refused in the first page 2 should be detached for the allege of the first page 2 should be detached for the first page 2 should be detached for the first page 2 should be detached for the first page 2 should be detached for the first page 2 should be formally page 2 should be formally page 2 should be formally page 3.	medical certification: To be completed by	Pert ii. Other significant conditions 25. Was cese referred to medical exeminer? 1	Hospitel: 1 Inpati 28a. Dete of Inj. (Month, Di 28e. Plece of in building, e hysician: To the best minar: On the basis of end menner si	ent 2 ER/Outpat Jry aty Year) 28b. Time Injury jury - At home, ferm, ic. (Specify) of my knowledge, de of examination end/or eled.	streel, fectors eth occurred Investigation	OA Othe 28c. Injury Work 1 Y y, office et the time, in my op	26. Plece of Dee or: 4 □ Nursing Ho et :7 fes 2 □ No e, dete end plece, inlon, deeth occur	24e. Wes performent to the (Check only of the Check only of the 28d. Describe 28d. Describe 28d. Location (City or Townered et the time,	en eutopsymmed? Yes 2 ANo yes 3 ANo yes 4	3 Prob 24b. We ave con of c 1 C er (Specify red enner es strend due to d (Month, L	re autopsy find illeble prior to appletion of cau leath? I Yes 2 No. Route Numbe ated. the ceuse(s)



96-5553-510

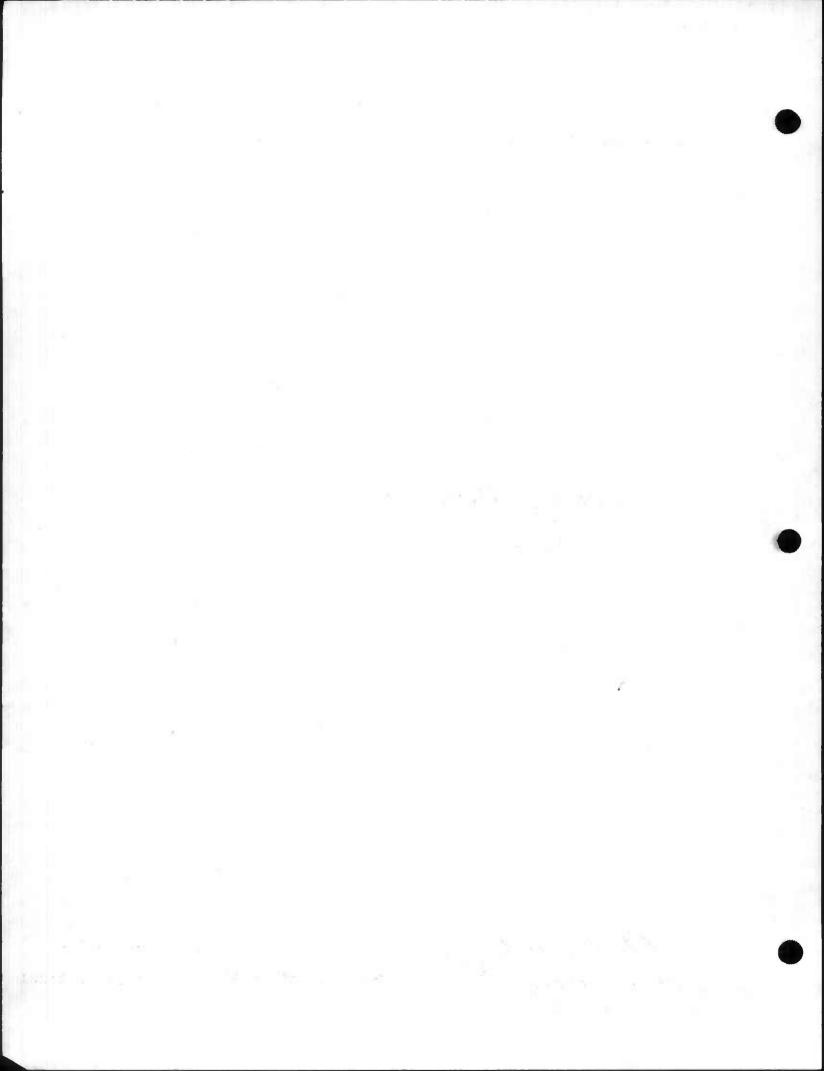
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

						3				
FilmG740	item 23a, part II	State of per ME	Maryland / D	epartment of Health and I Certificate of Death	Mental Hygiene	96	3	1	15	38
				Certificate of Death	Reg. No.				, ,	

hysic		Decedant's Neme (First, Middle, I PHYLLIS	Lest)			WHEE	ELER	2. Dete of Dee Month	Dey	Yaer	Time of Deeth
/Medi		4e. Fecility Neme (If not Institution, g	aive street and number	r)			4b. City, Town, or	SEPTEM:			:32P.M
Exami	ner	The second second		/						y or Deeth	
		MERCY MEDICAL 5. Sociel Security Number 6		ge (In yrs. last	t hirthday) If U	Inder 1 Year	BALTIMO		NA.	0 Pirthologo	Ctoto or Formian
ineral rector		21 d - 64 - 0471 Usuel Residence of Decedent	1.2	43	Yrs. Mor			8. Dete of Birt (Month, De) 0 7 2 9	y, Yeer) 53	Country)	(Stete or Foreign nd
a or 28a-f show	L	10e. Stete 10b. County		10c. City, T	own or Location						nside City Limits
E SE	Director	Maryland NA		Balt	imore					4	Yes 2 No
23a or 2		100. Street end Number 1 W. Franklin	Street	#514	101	f. Zip Code 2121	7		10g. Citizen of U	Whet Country?	
natural', or itema 23a Jical Examiner must i	by Funeral	11. Meritel Stetus 1	12. Wes Decedent Armed Forces 1	No		ecedent of I specify Cub as 2 \(\times\)No	Hispanic Origin? (Span, Mexican, Puerl Specify:	pecify Yes or No- lo Ricen, etc.)		ce - American Inck, White, etc. by: Blaci	
the Medical	Completed	15. Decedent's (Specify only highest g Elementery/Secondary (0-12)			-	of work done OT use ratire	petion during most of world)	rking	16b. Kind of B Super: HOU		hite
d other	Be	12 17. Fether's Neme (First, Middle, Lee Isaian Whee			Presse	e r	18. Mother's Nar	me (First, Middle,			
7 is marked traumatic e	2	19e. Informent's Neme/Reletionship			19h Mailina Ad-	trace /Ctra-	tend Number or Ri		Chi or Tour	State 7in Cad	a)
T Is		hinnie Hender		ster			m Avenu			, siere, zip Code , rid 2	
Important: if item 2 any injury or other once.		20e. Method of Disposition	,		e of Disposition etery, cremetory			Dete		- City or Town, S	
y or 11		1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Spec					etery 1	0/3/96			
important: any injury once.		21. Signature of Funerel Service Lic		11001				NITY FU			.10.
any i		6)	1 21/ 100	- ()			, 0				
-		23e Part Venter the disease, or co	mplications that cause	od the death E	2 103 Do not enter the		orth Av			more M	roximete
dician dical	ı	23e. Part. Enter the usease, or co according to the art before. List onl Immediate Ceuse (Finel disease or condition resulting in deeth)		LIVER_AN	Do not enter the	moda of dyi		or respiretory en		Appi	
dical niner	aminer	Immediate Ceuse (Finel disease or condition resulting in deeth)		LIVER ANDue to (or es	ND EARLY (mode of dyi	ng, such es cardled	or respiretory en		Appi	roximete vel Between
dical niner	al Examiner	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury	e. FATTY	LIVER ANDue to (or es	ND EARLY (s a consequence	moda of dyi	ng, such es cardled	or respiretory en		Appi	roximete vel Between
dical and street and s	Medical	Immediate Ceuse (Finel disease or condition resulting in deeth)	e. FATTY	LIVER ANDue to (or es	ND EARLY (moda of dyi	ng, such es cardled	or respiretory en		Appi	roximete vel Between
dical physician and need as the bunel-transit	Medical	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	e. FATTY b. ASTHMA c. d.	Due to (or es	ND EARLY (s a consequence e consequence	moda of dyi	ng, such es cardled	c or respiretory en	rest,	Appi Inter Onse	roximete vel Between
detached for use as the bunel-fransit	Physician/Medical	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	e. FATTY b. ASTHMA c. d.	Due to (or es	ND EARLY (s a consequence e consequence	moda of dyi	ng, such es cardled	c or respiretory en	rest,	Appi Inter Onse	roximete vel Between et and Death
s been signed by the attending physician and Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the should be detached for use as the buniel-transit of Should be detached for use as the should be d	by Physician/Medical	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	e. FATTY b. ASTHMA c. d.	Due to (or es	ND EARLY (s a consequence e consequence	moda of dyi	ng, such es cardled	23b. Did to	obacco use co ∕es 2□ No	Appinter Onse	cause of death? 4 Funknown atopsy findings a prior to
s been signed by the attending physician and Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the buniel-transit of Should be detached for use as the should be detached for use as the buniel-transit of Should be detached for use as the should be d	by Physician/Medical	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	e. FATTY b. ASTHMA c. d.	Due to (or es	ND EARLY (s a consequence e consequence	moda of dyi	ng, such es cardled	23b. Did to	obacco uae co ∕es 2□ No an autopsy	Appi inter Onse	cause of death? 4 Unknown utopsy findings a prior to ion of cause?
2 should be detached for use as the bunel-transit	Be Completed by Physician/Medical	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	e. FATTY b. ASTHMA c	Due to (or es	ND EARLY (s a consequence e consequence	CIRRHOS of): of):	IS OF THE L ven in Pert I.	23b. Did to	obacco uae co /es 2 No an autopsy med?	Appinter Onse	cause of death? 4 Unknown utopsy findings a prior to ion of cause?
director, page 2 should be detached for use as the bunel-transit or or	To Be Completed by Physician/Medical	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Wes case referred to medical exeminer? 1 2 Yes 2 No	e. FATTY b. ASTHMA c. d. contributing to death t	Due to (or es	DO not enter the ND EARLY (s a consequence e consequence e consequence)	CIRRHOS CIRRHOS of): of): of):	IS OF THE L ven In Pert I. 26. Place of December: 4 \(\) Nursing H	23b. Did to 1 D Y	obacco uae co /es 2 No an autopsy med? 'es 2 No	Applinter Inter Onse	cause of death? 4 Junknows stopsy findings prior to ion of cause?
director, page 2 should be detached for use as the bunel-transit or or	To Be Completed by Physician/Medical	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury the Initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Wes cese referred to medical exeminer? 12 Yes 2 No 27. Menner of Deeth 1 XNeturel 5 Pending Investigatian	e. FATTY b. ASTHMA c. d. contributing to death to the second of the s	Due to (or es	DO not enter the	CIRRHOS cof): of): of): of): DOA Ott	IS OF THE L ven In Pert I. 26. Place of December: 4 \(\) Nursing H	23b. Did to 100 years of 100 ye	obacco uae co /es 2 No an autopsy med? 'es 2 No ne)	Applinter Inter Onse	cause of death? 4 Unknown utopsy findings a prior to ion of cause?
director, page 2 should be detached for use as the bunel-transit or or	To Be Completed by Physician/Medical	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Wes case referred to medical exeminer? 12 Yes 2 No 27. Menner of Deeth 12 Neturel 5 Pending	e. FATTY b. ASTHMA c. d. d. contributing to death to the second of th	Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es Due to (or es	DO not enter the ND EARLY (s a consequence e consequence g in the underlying in the	mode of dyi	yen In Pert I. 26. Placa of Deather: 4 \(\text{Nursing H} \) 17. Place of The L	23b. Did to 100 performents to 1	obacco uae co /es 2 No an autopsy med? fes 2 No ne) ence 8 Oth ow Injury occur	Applinter Onse antribute to the conselection death per (Specify) and (Specify) and (Specify) and (Specify)	cause of death? 4 Unknown utopsy findings a prior to ion of cause? 2 No
Arrier ruis cernincale nas been signed by the attending physician and tuneral director, page 2 should be detached for use as the bunel-transit of the contract	Be Completed by Physician/Medical	Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Wes cese referred to medical exeminer? 1X Yes 2 No 27. Menner of Deeth 1X Naturel 5 Pending investigating 1 Nestigating 1 Nes	e. FATTY b. ASTHMA c. d. d. contributing to death to the second of th	Due to (or es Due to	Do not enter the ND EARLY (s a consequence e consequence e consequence g in the underlyi Coutpetient 3E b. Time of Injury M ferm, street, factors	CIRRHOS cof): of): of): of): pool Ott 28c. Inju Wo 1 Cotory, office	ven in Pert I. 26. Placa of Dether: 4 Nursing Hry et rk? Yes 2 No	23b. Did to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	obacco use co fes 2 No an autopsy med? fes 2 No ane) lence 8 Oth row Injury occur fireet end Numb m, Stete)	Applinter Onse antribute to the e The second of the seco	cause of death? 4 Unknown Un

State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1, Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth **Physician** Ohn 1:50 PM October /Medical 4e. Fecility Neme (If not institution, give street end number 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Baltimore Horbor Hospital Baltimore Center 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 6 Sex 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 10 M 2□ F Months Deys Yrs. Director 218-01-9866 JUNE 15, 81 MARYLAND Usuet Residence of Decadent 10a Stete 10h. County 10c. City, Town or Location 10d. fnstde City Limits rai", or items 23a or 28a-f show Examiner must be notified at Director 1 ☐ Yes 21 No MARYLAND ANNE ARUNDEL LINTHICUM 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 25 COLONIAL DRIVE 21090 U.S.A. Funeral 11 Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes XX No Specify: þ Specify: 3KI Widowed 4 □ Divorced WHITE Completed The Medical 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry L. Peges 1 and 2 should be filed within ' funent of Health and Mental Hygiene. fant: if item 27 is marked other than ", furry or other traumatic event, in a less CROWN CORK & SEAL Etementery/Secondery (0-12) College (1-4or 5+) 6 EXPEDITOR 17. Father's Name (First Middle Last) 18. Mother's Neme (First, Middle, Melden Sumame) Be HENRY BOWER WHIPPLE LENA CAROLINE KALINE 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JACQUELINE MILLER (DAUGHTER) 1304 ROUNDHOUSE COURT, SEVERN, MD. 21144 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ØCremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) CHESAPEAKE CREMATORY, INC. 10/16/96BELTSVILLE, MD. 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility eny ir SINGLETON FUNERAL HOME, 23e. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on an or line. S.W., GLEN BURNIE, MD. 21061 Approximate Interval Between Onset and Death **Physician** ng Cancer

Due to (or es e consequence of): /Medical Immediete Cause (Finel diseese or condition resulting to deeth) Examiner Obstructive Palmonary Disease Examiner buriel-transit Sequentielly tist conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Physician/Medical the Due to (or es e consequenca of): 98 980 to signed by the e Pert fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco usa contributs to the cause of death? 1/2 Yas 2 No 3 Probably 4 Unknown þ 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Completed Dage 2 2 No 1 ☐ Yes 2 ☐ No director, 25. Wes case reterred to medical Be 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 2 1 Yes 2 No nours after deeth.

neral Director: After this of filled in by the funeral di 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 5 Pending Investigation 1 Metural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homfcide To the Hospital o within 24 hours af To the Funeral DI completely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner as stated.

| Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and pleca, and due to the cause(s) end menner stated. 29e. Certifier Medical 29b. Signeture end little of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

State

31. Dete tiled (Month, Dey, Year)

OCT 1 7 1996 Registrar

32. Registrer's Stgneture was avidson

Harbor Hospital center 3001. S. Hanover St. Baltimore MD. 21225.

House 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

DHMH 16 Ray 6/95

the Maryland

with

filed within 72 hours efter death

"natural", or

then

21215-0020

Baltimore, Maryland

Departs

certificate be executed

lew requires that the death

The certificate

6

Box 68760.

P.O. 1

Records,

Division of Vital

pue

physician

peeu

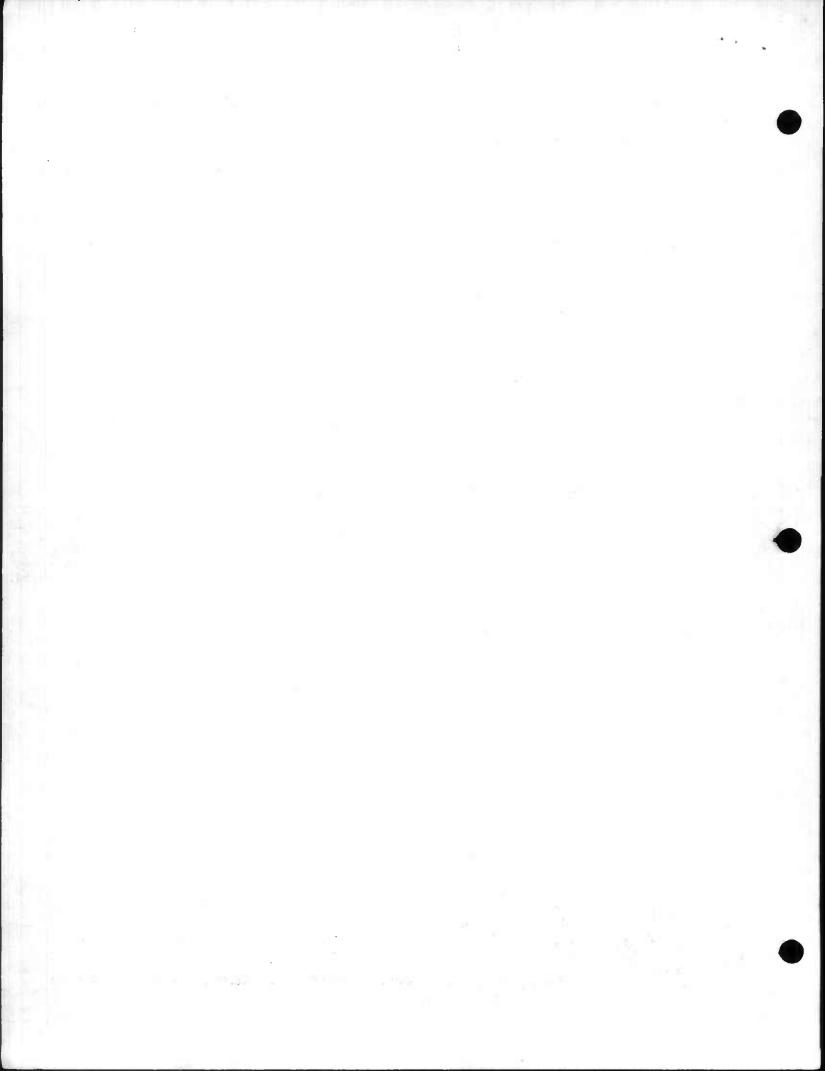
. . .

State of Maryland / Department of Health and Mental Hygiene ITEM: 7, 8, per F.H G-740 10-17-96 eoh Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** OCT. 12 Day MARY WOODS 1996 WILMA 8:36 AM. /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth ST. JOSEPHS HOSPITAL BALTIMORE 6. Sex If Under 1 Yeer 5. Sociel Sacurity Number 7. Aga (In yrs. last birthdey) 1934 9. Birthplece (State or Foreign Funeral 1□ M 2√ ₹ Deys Months 64 62 Yrs. Hours APR. 15, 1932 TENNESSEE Director 409-56-3767 Usuel Residence of Decadent the Maryland 10e Stete 10b. County 10c. City, Town or Location mast be notified at 10d. Inside City Limits Director MD N/a BALTIMORE 1 Xes 2□ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? death with THE 21218 4021 ALAMEDA Completed by Funeral Herra 2 12. Wes Decedant Evar in U,S. Armed Forces? 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indien. traumatic avent, the Medical Examiner Peges 1 and 2 should be filed within 72 hours after onent of Heelth and Mental Hygiena. Int: If Itam 27 Is marked other than "natural", or Ital Bleck, White, etc. 1 ☐ Yas 2 ☐ No.
If Yes, Give X X
Yeer or Detes: 1 □ Navar Married 2 □ Merried 21215-0020 1 Tes 2 No Specify: BLACK Specify: 3)□Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) College (1-4or 5+) th LABORER SOCIAL SECURITY Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be WILLIAM CARTER BETTY EDMONSON 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code, 19e. Informent's Neme/Reletionship (Type, Print) nt of Heelth a H Itam 27 is or other trai ALAMEDA, WOODS BALTIMORE, MD 21218 HELEN 20e. Method of Disposition 20b. Plece of Disposition (Neme of cematary, cremetory or other plece, 20c. Location - City or Town, Steta XCX8urial 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If any injury or once. CEM. GARRISON FOREST VA 10-18 OWINGS MILLS 4 ☐ Donetion 5 ☐ Other (Specify) 21. Sign ice Licenses 22. Nema and Addrass of Facility WM. NORTH AE. C. MARCH EH. - 1101 E. Pert1. Enter the disease, or complication whet caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrast, shock, or haart feilure. List only one cardiec on each line. Approximete Interval Between Onsat end Deeth **Physician** Immedieta Ceuse (Finel diseesa or condition rasulting in death) /Medical Examiner Due to (or es e consequence of) Examiner The lew requires that the death certificata be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last and Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, ettending physician for use as the buria Physician/Medicai Due to (or as e consequence of): signed by the et d be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Unknown 1 Yss 2 No 3 Probably by hes been signed age 2 should b 24e. Wes en autopsy performed? Completed 24b. Were autopsy findings sveilebla prior to completion of causa of death? this certificate Yes 2 No 1 Yes 2□ No I or Attanding Physician: after death. Be 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one, P Other: 4 Nursing Home 1 ¥ Yes 2 □ No 1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA 5 ☐ Residence 8 ☐ Other (Specify) funeral Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred Affer Naturel Accident 5 Pending Investigetion 1 ☐ Yes 2 ☐ No Director: 6 ☐ Could not be determined 3 Sulcide Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide within 24 hours aft To the Funeral DI completaly filled in Medical 29e. Certifier Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete and plece, and due to the cause(s) end mennar stated. \$ 29h. Sin usture and title of certifie 29c. Licanse number 29d. Data signed (Month, Day, Year) O.C.M.E. OCT. 13, 1996 leeth (Item 23a) (Type, Print) LOCKE 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Day Year) OCT1 7 1996

State Registrar

DHMH 16 Ray 6/95

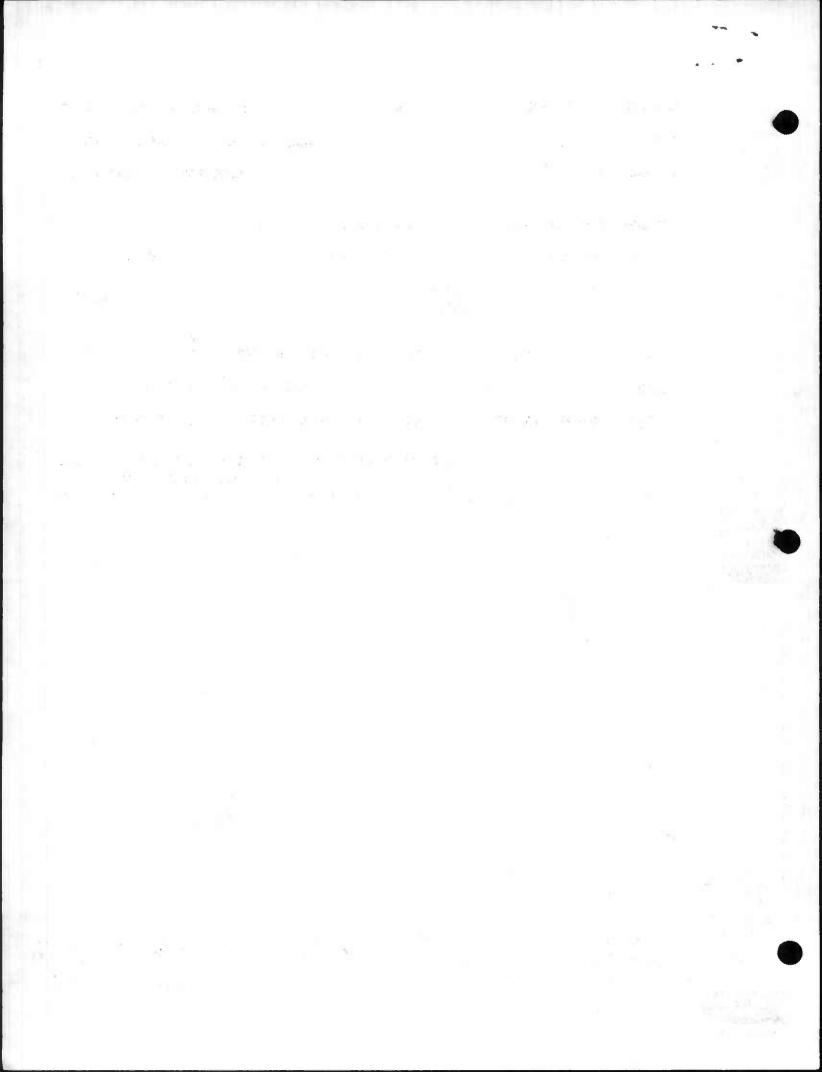


State of Maryland / Department of Health and Mental Hygiene 96 31161

								of Dea			Reg. No.		
sician	-	Decedant's Nama (First)	, Middle, La	est)						2. Deta of Dea Month	-	Yaar	3. Tima of Death
ledical		CHARLES		VARD		WAI	LKER			OCTOBE		996	5 PM
aminer	4	le. Facility Nama (If not in:	stitution, giv	a street and nu	um <i>ber)</i>			4b. Cit	y, Town, or Lo	ocation of Death	4c. Count	y of Death	
	I,	307 COLBY C							EN BUR			ARUNDI	EL
tor	1	5. Social Security Number 216-34-2000 Jsual Rasidance of Deced		Sax 1M 2□F	7. Age (In yrs. 59	last birthday) Yrs.	Months Do		nder 24 Hrs. urs Min.	8. Date of Birtl (Month, Day 4/26/1	y, Year)	9. Birthplac Country MARY I	ce (Stata or Foraig () LAND
Director			County		10c. Ci	ty, Town or Lo	ocation					10d	I. Inside City Limits
Director		MARYLAND AN	NNE AF	RUNDEL		GLE	N BURNI				10. 071	115	1 □ Yes 2 No
-uneral Dir			TROIT	,			10f. Zip Co				10g. Citizan of		/7
Funeral	-	307 COLBY (IRCLE	T	edant Evar in U	IS 13		060	c Origin? (Sp	olfu Vae os No		S.A.	Indian
þ		1 Nevar Married 2]		Armed Fo	orcas? 2□No 190 iva Detas: 1962	60-	If Yas, specify (xican, Puarto	ecify Yas or No- Rican, atc.)	Bla Specia	ick, White, etc	c.
Completed			cedant's E	ducation		18e, Dece	dant's Usual Oc	cupetion			16b. Kind of B	Jusiness/Indus	stry
a de	-	Elementary/Secondary (ade complated) College ((1-4or 5+)	lifa.	kind of work do DO NOT use re	na aunng tired)	most of work	ng	BALTIMO	ORE CIT	ΓY
ပ္ပ		10		N/A		EMER	GENCY V				FIRE DE		ENT
Be	î I	7. Father's Nema (First, N	fiddla, Last,							(First, Middla,			
2		AUGUST			LKER					HERINE			
		19a. Informant's Name/Ra			n (UITER)					I Routa Numbe			
	-	MARLENE ROS		WALKE			osition (Nama o		, GLEN	BURNIE			21060
	"	1 1 Burial 2 □ Cram	ation 3		Stata	cematary, crai	matory or othar	place)	1	Data	20c. Location		
	-	4 Donation 5 Ot	- ' '	•	HO	the first of the second	SS CEME			/18/96			RYLAND
once.		21. Signatura of Funaral S	ervice Licar	1588	11	1	SECOND	AVEN	acilitySINO	GLETON E	FUNERAL N BURNI	HOME, E, MD.	21061
	-			. 1	1. All 1	147			,	, , , ,			
an	1	23a. Part1. Enter the disease shock, or heart failure	ase, or com b. List only	plications that on a causa on a	caused the deat	100						i In	pproximata ntervat Batween Inset and Death
ai er e	1	23a. Part1. Enter the disac shock, or heart failure mmediate Causa (Finat disease or condition asulting in death)	ase, or com a. List only		estatic	h Do not ent	er tha moda of	dying, suc	h es cardiac d	or respiretory en	rest,	ln O	pproximata itervat Batween
ai er Examluer	1	mmediete Causa (Finat diseesa or condition asulting in death) Sequentially list conditions (any, leeding to immediat			Dua to (c	Pane	ter tha moda of	dying, suc	h es cardiac d	or respiretory en	rest,	ln O	pproximata ntervat Batween onset and Death
Examiner	i con	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions any, leeding to immediat ausa. Enter Undarlying Jeuse (Disease or Injury hat Initiated events			Due to (c	Pant or as a consecutive	quance of):	dying, suc	h es cardiac d	or respiretory en	rest,	ln O	pproximata ntervat Batween onset and Death
edicai Examiner	Silico	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions any, leading to immediateuse. Enter Underlying Seuse (Disease or Injury			Due to (c	Pan(pr as a consector quance of):	Cur (h es cardiac d	to tle	rest,	E O	pproximata iterval Batween inset and Death	
/Medical Examiner	Ship	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions any, leeding to immediat ausa. Enter Undarlying Jeuse (Disease or Injury hat Initiated events			Due to (c	Pan(pr as a consector quance of):	Cur (h es cardiac d	to tle	rest,	E O	pproximata ntervat Batween onset and Death	
Medical Examiner	Ship	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions any, leeding to immediat ausa. Enter Undarlying Jeuse (Disease or Injury hat Initiated events	{	a. Me +d b c	Dua to (c	Pane Pane Pane Pane Pane Pane Pane Pane	quance of): quance of): quance of):	dying, suc	h es cardiac c	to +le	Live	In O	pproximata iterval Batween inset and Death
by Physician/Medical Examiner	i con r	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions any, leading to immediat ausa. Enter Undarlying Jeuse (Disease or Injury hat Initiated events asulting in death) Lest	{	a. Me +d b c	Dua to (c	Pane Pane Pane Pane Pane Pane Pane Pane	quance of): quance of): quance of):	dying, suc	h es cardiac c	to †la	Live	ontribute to the	pproximata terval Batween inset and Death the most
a particular Medical Examiner	i con r	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions any, leading to immediat ausa. Enter Undarlying Jeuse (Disease or Injury hat Initiated events asulting in death) Lest	{	a. Me +d b c	Dua to (c	Pane Pane Pane Pane Pane Pane Pane Pane	quance of): quance of): quance of):	dying, suc	h es cardiac c	to †la	obacco use co	ontribute to the	T mos. Telegraphic to the cause of death obly a Unknown autopsy tindings able prior to leating the cause of ca
by Physician/Medical Examiner	i con r	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions any, leading to immediat ausa. Enter Undarlying Jeuse (Disease or Injury hat Initiated events asulting in death) Lest	{	a. Me +d b c	Dua to (c	Pane Pane Pane Pane Pane Pane Pane Pane	quance of): quance of): quance of):	dying, suc	h es cardiac c	23b. Did to	obacco use co	ontribute to the	Poproximata iterval Batween inset and Death in O.S.
Physician/Medical Examiner	Si ii do Citir	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions it any, leading to immediate ausa. Enter Underlying Deuse (Disease or Injury hat initiated events asulting in death) Lest	a a a a a a a a a a a a a a a a a a a	a. Me +d b c d ontributing to d	Dua to (c	Pane Pane Pane Pane Pane Pane Pane Pane	quance of): quance of): quance of):	Car C	en es cardiac de la companya de la c	23b. Did to	obacco use co /ee 2 No an autopsy med?	ontribute to the 3 Probate 24b. Were availage comported to the comported t	Poproximata Iterval Batween Inset and Death Iterval Batween Inset and Death Iterval Batween Iteration Iterat
e Completed by Physician/Medical Examiner	Si ii do Citir	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions I any, leeding to immediate ausa. Enter Underlying Jeuse (Disease or Injury hat Initiated events asulting in death) Lest	a a a a a a a a a a a a a a a a a a a	a. Me +d b c d Hospital:	Dua to (c	or as a consector as a consector or a consector or a consector or a consector or a c	quance of): quance of): quance of): quance of): quance of):	cur (en es cardiac de la companya de la c	23b. Did to 1 Y 24a. Was a perior	obacco use co /ee 2 No an autopsy med?	ontribute to the Same Probet 24b. Were availage comport details and the same same same same same same same sam	Poproximata iterval Batween inset and Death in O.S.
To Be Completed by Physician/Medical Examiner	Si de Contra de	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions I any, leeding to immediate ausa. Enter Underlying Deuse (Disease or Injury hat initiated events asulting in death) Lest ert II. Other eignificant contents are asulting in death.	a a a a a a a a a a a a a a a a a a a	a. Me +a b	Dua to (c) Dua to (c) Dua to (c) Part of the part o	or as a consector as a consector or a consector or a consector or a consector or a c	quance of): quance	cur (ent I.	23b. Did to 1 Y 24a. Was a perior	obacco use co	ontribute to the same of decision of decis	Poproximata iterval Batween inset and Death in O.S.
Be Completed by Physician/Medical Examiner	Si de Contra de	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions I any, leeding to immediate ausa. Enter Underlying Jouse (Disease or Injury hat Initiated events asulting in death) Lest S. Was casa retarred to mexeminar? 1 Yas 2 No 7. Mannar of Deeth Natural 5 P 2 Accident 3	a Conditiona a. Me + d b	Dua to (co	or as a consequence of a consequence of a conseque	quance of): quance	dying, suc	ent I.	23b. Did to 1 Y 24a. Was a performe SX Rasido	obacco use code 2 No an autopsy med? as 2 No ana b Othora) ance 8 Othora ow injury occur	ontribute to the 3 Probable 24b. Were availan comported to 1 Year (Specify)	Poproximata iterval Batween inset and Death in O.S.	
iffication: To Be Completed by Physician/Medical	1 C C C C C C C C C C C C C C C C C C C	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions is any, leeding to immediate ausa. Enter Undarlying Deuse (Disease or Injury hat Initiated events asulting in death) Lest Set III. Other eignificant contents of the conditions of the condit	onditiona conditiona c	b. c. d. Hospitat 1 28a. Dete (Mon 28a. Place buildi	Due to (co	or as a consector as	quance of): quance	dying, suc	Ances Place of Deeth Nursing Hor	23b. Did to 1 Y 24a. Was a perfor 1 Y (Check only or me S Rasidized. Dascribe his	obacco use co	ontribute to the 3 Probability of details composed availant composed and supposed a	Poproximate alerval Batween inset and Death in O.S. T mos. The cause of death by Wunknow a sutopsy tindings able prior to blatton of cause ath? (as 208 No
ৰু শ্ৰ Certification: To Be Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions I any, leeding to immediate ausa. Enter Underlying Deuse (Disease or Injury hat initiated events asulting in death) Lest S. Was casa referred to mexeminar? 1	enditiona conditiona c	b. c. d. Hospitat 1 28a. Dete (Mon 28a. Place buildi	Dua to (co	or as a consector as	er tha mode of Quance of): quance of): quance of): quance of): anderlying cause anderlying cause M anderlying cause anderlying cause the control of the cause and cocurred at the cocurred at the cause and cocurred at the cause	dying, suc	ent I.	23b. Did to 1 Y 24a. Was a perform 1 Y (Check only or ne 5 Rasidication (Sichly or Town	obacco use co	ontribute to the 3 Probate availa comport des 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Poroximata ilerval Batween inset and Death in O.S. Troos. Tr
edical Certification: To Be Completed by Physician/Medical Examiner	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions (any, leeding to immediate ausa. Enter Underlying Deuse (Disease or Injury hat Initiated events asulting in death) Lest S. Was casa referred to mexeminar? 1	enditiona conditiona c	b. c. d. Hospitat 1 28a. Dete (Mon 28a. Place buildi	Dua to (co	or as a consector as	er tha mode of Quance of): quance of): quance of): quance of): anderlying cause anderlying cause M anderlying cause anderlying cause the control of the cause and cocurred at the cocurred at the cause and cocurred at the cause	dying, suc	en es cardiac de la cardiac de	23b. Did to 1 Y 24a. Was a performe 5 Rasido. 28d. Dascribe house of the time, dependent of the card at the time.	obacco use co	ontribute to the second of decision of dec	Proproximate alerval Batween inset and Death in O.S. The cause of death in O.S. The
ម្ចុំ នៅ state of the second	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	mmediate Causa (Finat disease or condition asulting in death) Sequentially list conditions (any, leeding to immediate ausa. Enter Underlying Deuse (Disease or Injury hat Initiated events asulting in death) Lest S. Was casa referred to mexeminar? 1	panditiona conditiona	a. Methodological and manifers on the bound of the bound of the building to do the building to the building and manifers on the building and manifers on the building and manifers on the building and manifers on the building and manifers on the building and manifers on the building and manifers on the building and manifers on the building and manifers on the building and manifers on the building and the building	Dua to (co	or as a consequence of the second of the sec	quance of): quance	dying, suc	en es cardiac de la cardiac de	23b. Did to 1 Y 24a. Was a perform 1 Y (Check only or ne 5 Rasidication (Sichly or Town	obacco use co	ontribute to the second of decision of dec	Proproximate alerval Batween inset and Death in O.S. The cause of death in O.S. The

DHMH 16 Rev 6/95

State Registrar



29c. Licansa number

70

Mande 82

29d. Data signed (Month, Day, Year)

N. Charles St. Balto,

State Registrar 29b. Signature and title of certifie

31. Dete filed (Month, Day, Year)

30. Name and addrass of person who completed cause of daath (Itam 23a) (Type, Print)

mc

Registrar's Signeture

gran Davidson

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Death 3. Time of Death Month Day **Physician** Ellsworth L. Wagner Oct. 16, 1996 10:22 A.M. /Medical 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner North Arundel Hospital Glen Burnie Anne Arundel If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** 1⊠M 2□F 76 Months 220-05-9439 Director Jan. 31, 1920 Maryland Usual Rasidence of Decedent with the Maryland 10b. County 10c. City. Town or Location , or items 23a or 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Glen Burnie Director Maryland Anne Arundel 1 Yas 2 No 10e Street and Number 10f. Zip Coda 10g. Citizen of What Country? 7900 Benesch Circle, Apt. 808 21060 United States death Funeral 12. Wes Decedant Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - Amarican Indian. Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours efter 1 ☐ Yes 2 No 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 kNo Specify: þ 3 ☐ Widowed 4 ☑ Divorced White natural Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Hygiene. Elemantary/Secondary (0-12) Collega (1-4or 5+) 8 Truck Driver Transportation 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be it of Heelth and Mental If Item 27 is marked o Charles S. Wagner Anna Forbringer 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Peggy L. Barnes/ Daughter 1404 Boulder Ct., Hanover, Maryland 21076 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata permit. Pages 1
Department of H
Important: If ites
any Injury or ott 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovel from State Oct. 18, 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. Catonsville, Maryland 21. Signature of Funeral Service Dicensee 22. Nama and Addrass of Fecility Kirkley-Ruddick Funeral Home 421 Crain Hwy., S.E., Glen Burnie, MD 21061 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or hear failure. List only one cause on each line. Approximata intarval Between Onset and Death **Physician** /Medical Immediata Causa (Final Cezekso Vasculur Accident Sudden disease or condition rasulting in death) Examiner Dua to (or as a consequance of): Examiner physician and the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury that initiated evants resulting in death) Lest Dua to (or as a consequence of) P.O. Box 68760. Physician/Medical Dua to (or as e consequence of). signed by the a Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Unknown Records, þ 24b. Wara autopsy findings aveilable prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate has b 201No 1 ☐ Yas 2 ☐ No Division of Vital or Attending Physician: director Be 25. Was case rafarred to medical 28. Piace of Deeth (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 2 No Certification: To 1 inpatiant 2 ER/Outpatient 3 DOA this funeral 27. Manner of Death 28a. Date of injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Time of After 5 Pending invastigation 1- Natural death. 1 Yas 2 No 2 Accident after deat Director: 6 Could not be datarmined 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) filled in by 4 Homicida Hospital 24 hours a 24 hours 29a. Cartifiar 1 Cartifying Physician: To tha best of my knowledge, death occurred at tha time, data and place, and due to the causa(s) and manner as stated. To the Hosp within 24 hor To the Fune completely f (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29b. Signature and title of certifie 29c. Licensa number 29d. Data signed (Month, Day, Year) 040491 OCT. 16, 1996 A. RIA 2 Ser Wilder monds Ferry Pd. lin thic 21090 32. Registrar's Signatura 31. Data filed (Month, Day, Year) State

2 Vidson-Randelle

DHMH 16 Rev 6/95

Registrar

4 - 1x¹

State of Maryland / Department of Health and Mental Hygiene 96

96 31164

				Certifica	te of Death		Reg. No.	0 01104						
Physic	ian	1. Decedent's Nama (First, Middle, Las	•	WISTLAND		2. Data of Dea	ıth	3. Time the						
/Medi		Elizabeth	Christina		October									
Exami	ner	4a. Facility Name (If not institution, give Franklin Squar	e Hospital		Rossi	r Location of Death	Ва	ltimore						
Funerai Director		217 30 7200	ex	ar 1 Yaar If Undar 24 Hr a Days Hours Mir		7, Year) 1916	9. Birthplaca (State or Foreig Country) Maryland							
pue A.		Usual Residence of Decedent 10a. State 10b. County	10c. (City, Town or Location				10d. Inside City Limits						
Ba-f sho	ector	3	iltimore		Middle Rive			1 ☐ Yes 2 💆 No						
with th	P	10e. Street and Number	0 /	10f. 2	Cip Code		10g. Citizen of What Country?							
eath Feath	eral	12924 Community	Koad 12. Was Decedent Ever in	IIS 13 Was Dec	21220 edant of Hispanic Origin? (Specify Ves or No.	United	States e - Amarican Indian,						
permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Modical Examinat must be notived at some.	by Funeral Director	1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2℃No If Yes, Give Year or Dates:	If Yes, ap	pecify Cuban, Mexican, Pue 2CXNo Specify:	rto Rican, etc.)		ck, White, etc.						
72 ho	eted	15. Decedent's Ec (Specify only highest gre	lucation	16a. Decedent's Us	ual Occupation	orkina	16b. Kind of Bu	usiness/industry						
ithin Nen	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		vork dona during most of w use retired)	orkany.								
A Per ti	S	8 Years 17. Father's Name (First, Middle, Last)		aker	- Class Strate		1 Home							
ntal H	Be	Ralph W. Clarke		ame (First, Middle, Lina W. Sc		18)								
d Me Tark	2	-	Tune Print)	10h Mailina Addra				State Tie Code)						
d 2 s th en 7 ls 1		The state of the s	a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cwrtis Pendleton/Grandson 3605 Duxbury Ct. Jarrettsville, MD 21084											
Heel Heel Other		20a. Method of Disposition	·	Place of Disposition (N	eme of	Date		City or Town, State						
THE H		1 Burial 2 Cramation 3 C	Removal from State	cemetery, cremetory of										
orten Injur		4 ☐ Donation 5 ☐ Other (Specify 21. Signature of Funday Service Licen	see 🗸	Jar Lawn Ce	metery 10/1 and Addrass of Facility	7/1996	Balti	more, MD						
Depa Impo any ir		18A1)	2	Duda-	Ruck Funeral	Home of	Dundalk	. Inc.						
		State the disease	Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222 Applications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approxime											
		shock, or heart failura. List only	rest,	Approximete Interval Between Onsat and Death										
Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting In death)	Cardiogen	nic shock				one hour						
	-e		Coronary	(or as a consequence of artery disc			9 years							
uted d ansit	Examiner	Constant No. 11 of the Constant	b	(or es e consequence o										
eath certificets be executed attending physician and for use as the buriel-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	or end	(or es e consequence o	n):									
ysicia buri	edical	Cause (Disease or Injury that Initiated events	c. Due to	(or as a consequence of	١٠									
a S T T T T T T T T T T T T T T T T T T	Pa	resulting In death) Last	200 10	(or as a consequence of	<i>j</i> .									
andin use	M/u		d											
e atte	sicle	Part II. Other significant conditions of	ontributing to death but not re	asulting in the underlying	cause given in Pert I.	23b. Did to	obacco use co	ntribute to the cause of death						
requires that the death seen signed by the atter hould be detached for	by Physician	Hypertension	101	V	3 Probably 4 Unknow									
N 2 2 ≥	Completed b	Noninsulin depend	ency diabetes	s mellitus		24a. Was a perfor	an autopsy med?	24b. Were autopsy findings available prior to completion of cause of death?						
The I	E O	Peripheral vascul	ar disease			1 🗆 Y	es 2 No	1 ☐ Yes 2 ☐ No						
	Bec	25. Was case referred to medical	ar ursease		28. Place of Do	eath (Check only or	^							
Physician: this certific	To	examiner?	Hospitel: 1 Inpatient 2	☐ ER/Outpatient 3☐ [Other	Home 5 ☐ Resid		er (Specify)						
D 0 2		27. Menner of Death 1. Natural 5 ☐ Pending	28d. Describe h											
Attending rrdeath. ector: After by the fune	atic	2 Accident invastigation	0											
大學士三	Certification:	3 ☐ Sulcida 6 ☐ Could not be 4 ☐ Homicide determined	28e. Place of Injury - At building, etc. (Spec	home, farm, street, factority)	ory, office	28f. Location (S City or Tow	treet and Numb n, Stete)	er or Rural Route Number,						
To the Hospital or within 24 hours affer To the Funeral Dir completely filled in	Medical (29a. Certifler (Check only one) Certifying Phy	/sician: To the best of my kr inar: On the bests of axamir and manner stated.	nowledge, death occurre nation and/or invastigation	d at the time, date and place, in my opinion, daath occ	ea, and due to the courred at the time, c	ause(s) and ma lata and place,	nner as stated. and due to the cause(s)						
Nithir No th	Me	200. Elositos italias el contino												
> - 0		KOTTARA	elin Thoma	3 Yoth	D48206		October	14, 1996						
12		30. Name and address of person who o	nompleted cause of death (th	om 22a) (Time Brief)										
10		Dr Thomas Kottarat			uare Drive B	altimore	Marylan	d 21237						

Registrar

State

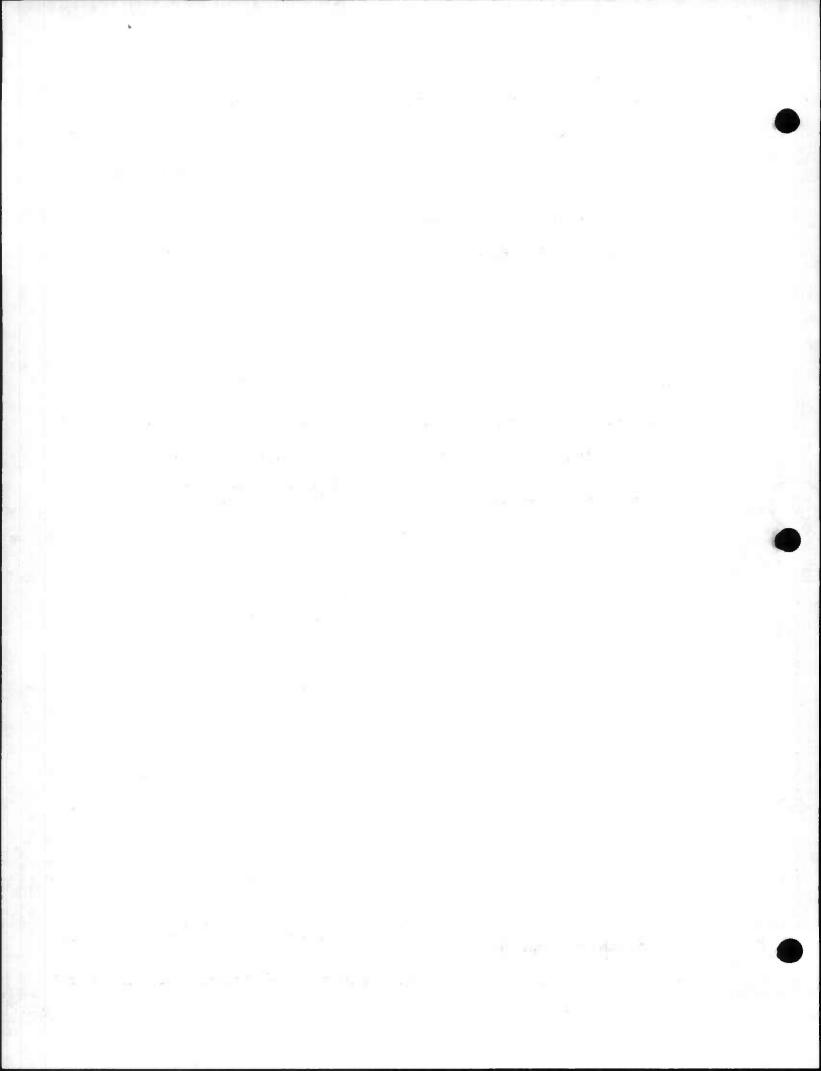
 \times

KOTTARA

State of Maryland / Department of Health and Mental Hygiene 96 3 | 165

						Cer	tificate of	Death		Reg. No.							
	Physic	ion	1. Decedent's Neme (First, Middle, Li	PAUL					2. Dete of De	eth	Voor	3. Time of De	th				
J	/Medi		NATHAN		OCT.	9°, 1	996	1257	PM								
	Exami	ner	4a. Facility Neme (If not institution, gi NORTH ARUNDEI		L E.R	•		4b. City, Town, or GLEN B				UNDEL					
	Funerai Director			Sax 7. Age 1⊠ M 2□ F 11	(In yrs. lest l	birthdey) Yrs.	If Undar 1 Yaar Months Deys		8. Date of Birt (Month, De Sept. 1		Coun	lace (Stete or F try)	Foraign				
	pur *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, To	wn or Loc	estion					04.1-14.00	4.1 - 10 -				
	Maryli 19-f sho	ctor	Maryland Anne Art	undel	Odent		ALCO I				·	0d. Inside City I					
	章 9 g	Director	10e. Street end Number				10f. Zip Code		10g. Citizen of W			try?					
	ath w		8410 Piney Orcha	-			21113			United	2000	-					
21215-0020	be filed within 72 hours efter death with the Maryland hal Hyglene. Id other than "natural", or itama 23e or 28e-f show avent, the Medical Exercines must be inclined at	by Funeral	11. Maritai Status 1 ☑ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 N If Yes, Give Yeer or Detas:	*-	IT	Vas Decadant of I Yas, specify Cub	Hispenic Origin? (S en, Maxican, Puert Specify:	pecify Yes or No- o Rican, atc.)	14. Rad Ble	ck, White, White	etc.					
5-0	72 ho	eted	15. Decedent's E (Specify only highest gr		16	a. Decede	ent's Usuel Occup	petion	kina	16b. Kind of B	usiness/Inc	lustry					
121	within ene. than	Completed	Elementery/Secondery (0-12)	College (1-4or 5-				during most of world)	Killy								
	Hygie ther ther ther the		5 17. Fathar's Neme (First, Middle, Last	1	S	tude	nt	18. Mother's Nan	o /Final Middle	Educat							
an	should be filed nd Mental Hygi marked other imatic avent, t	o Be	Timothy L. Yetter	,					. Gregor		na)						
Maryland	2 should to and Meni is marked	To	19e. Informent's Neme/Reletionship	Type, Pnint)	19	9b. Meilind	Address (Street	rend Number or Ru		_	Stete Zin	Code)					
	d2 tra		Timothy L. Yetter	/ Father	chard Pa				21113								
Ore	ges 1 and 2 should it of Health and Mer if item 27 is marks or other traumatic		20a. Method of Disposition		20b. Pleca cemet		Dete	20c. Location	-								
altimore,	Pag nent ant: H ury o		12 Buriai 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Othar (Special Control of the Contr			. Octobe	r 12, '96	Davids	onvil	le, MD							
Balt	permit. Pages 1 an Department of Heal Important: if item 2 any Injury or other once.		21. Signeture of Fune vid Service Lice	1 - Q		22. Ki	Neme end Addre	ess of Fecility	neral Ho	me							
Ė			23a. Pert1. Enter the disease, or com	Kirkley-Ruddick Funeral Home 421 Crain Hwy., S.E., Glen Burnie, MD 21061 23a. Pent. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, Approximate interval Between Interval Between													
)	Physician /Medicai Examiner		23a. Pent1 Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrast, shock, or heart fellure. List only one cause on each line. Immediate Cause (Finet disease or condition resulting in death) e. COMPRESSION ASPECTION														
	D #	ner	Due to (or es a consequenca of):														
o T	death certificate be executed e attending physician and of for use as the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	b	Due to (or as e	e consequ	ence of):		_								
68760,	physicia the bur	edicai	Cause (Disease or injury thet initieted events resulting in deeth) Last	c	ue to (or es e	consequ	ence of):										
ox 6	certifi ding use as	3		d													
m	d for u	iciai	Part II. Other significant conditions of	antributing to doub but	not requiting	le the unit	doubling pourse ab	un la Bant I	T con Black		1						
s, P.O	res that the de	by Physician	r at it. Other significant conditions o	ontributing to death out	not resulting	in the und	serrying cause gr	ven in Pert I.	236. Did to	obacco use co res 2⊡19o		the cause of d					
Hecords,	aw requi	Completed							24e. Wes a		con	re autopsy find ilabla prior to inpletion of caus leath?					
	The safe								12 Y	es 2 No	40	Yes 2□ No	,				
Vital	Physician: The tribic contificate oral director, pag	Be	25. Wes case raferred to medical examinar?	Hospitel:		_	Ott	26. Plece of Dee	th (Check only or	10)							
ō	Phys r this eral di	5 To	XXYes 2 No 27. Mennar of Deeth	1 ☐ Inpatien 28e. Dete of Injury		Outpatient Time of	3LI DOA	4 LI Nursing H	ome 5 Resid)					
DIVISION	Attending or death. sctor: After by the fune	Certification:	1 ☐ Neturel 5 ☐ Pending Investigation	(Month, Dey	Year)	Injury UND 2	28c. Injui Wor LoM 1 □	Yes 2 Hio	PINUED			CLATA	FIL				
<u>S</u>	Attar er des ector by th	IIIIca	3 Suicide 6 Could not be determined		28f. Location (S	treet and Numb											
5	rs after all Dir	Cert											S CAN				
	To the Hospital or Att. within 24 hours after de To the Funeral Direct completely filled in by t	edicai															
	To the within 2 To the complet	Σ	29b. Signeture end title of certifler								29d. Dete signed (Month, Day, Year)						
1			Mayorte Goefful O.C.M.E OCT. 10, 1996														
1			30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) YARYNMA D. WARU HO 111 Penn Street, Baltimore, Maryland 21201														
	Sta	e	31. Dete filed (Month, Dey, Year)	32 Registrar						1101 7 1		U L					

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician Month MARY ZWEID 6:15 Am October 1996 /Medical 4a. Facility Neme (If not institution, give street and number) Examiner 4b. City, Town, or Location of Death 4c. County of Deeth RAVEN Parkville Genesis Baltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplece (State or Foreign Country)
West Virginia 7. Age (In yrs. lest birthday) **Funeral** 1□M 2ØF Deys Hours P411 PO 85 Yrs. Director December 27 1910 Usual Residence of Decedent death with the Maryland 10a. State 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examiner must be notified at 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Director 1 2 Yas 2 □ No MATYLAND 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2403 HArwood ROAD 21234 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Marital Status pemit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: if them 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Exercises 2008. 1 Never Married 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 15. Decadent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Salesperson Food Service 8 yrs. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Dominick Unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Norman Husband 2403 Harwood Rd. Baltimore 20a. Method of Disposition 20b. Placa of Disposition (Name of cometery, crematory or other placa) 20c. Location - City or Town, Stete Date October 1 Burial 2 ☐ Cremation 3 ☐ Removal from State PArkwood Cemeter 4 ☐ Donation 5 ☐ Other (Specify) Baltimore 18 1996 21. Signature of Funeral Service Licensee 22. Name and Address of Facility EVAMS Chapel of Memories T. Kmy 8800 HARFORD Rd BAltimore MD 21234 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Physician End Styl Is cheriz least Risese years Immediate Cause (Final disease or condition resulting in death) /Medicai **Examiner** Examiner The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last and Due to (or as a consequenca of): Box 68760. Physician/Medical Due to (or as e consequence of): P.O. | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably Unknown Division of Vital Records, by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? certificate has been 2 10 No 1 Yes 2 No or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Beath (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To SIETNO 1 Yes 1 Inpatient 2 ER/Outpatient 3 DOA After this 27. Manne of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural after death. 1 ☐ Yes 2 ☐ No 2 ☐ Accident within 24 hours after death To the Funeral Director: completely filled In by the 6 Could not be determined. 3 ☐ Suicide 28e. Placa of Injury - At home, term, street, factory, offica building, etc. (Specify) 281. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide the Hospital 12 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) MUCOM October 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) PATRICIO Gracito 8903 Harford Rd. Baltimore 21234 32 Registrar's Signature 31. Date filed-(Month, Day, Year) State Registrar

DHMH 16 Rev 6/95

the state of the s

. 18

State of Maryland / Department of Health and Mental Hygiene Q C

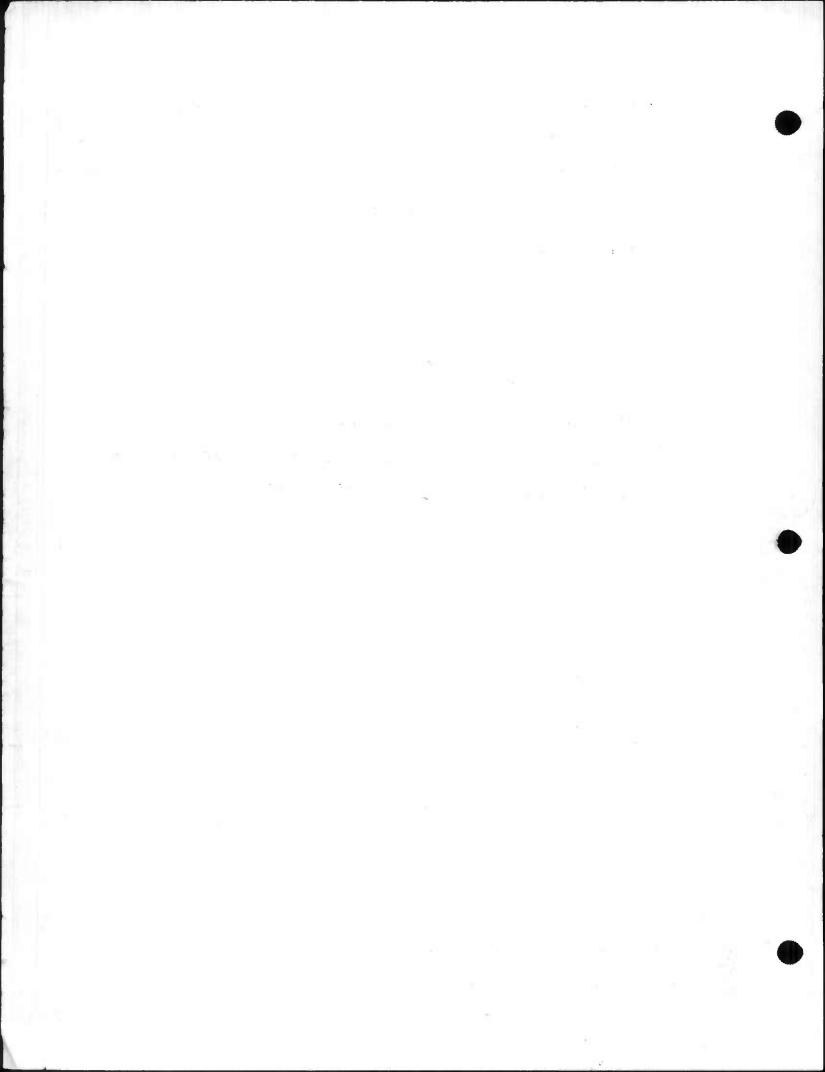
		4	. Totale of M		Certificate of	Death	Reg.	20	3	16/
н	Physic	20	Decedent's Nama (First, Middle, Last)	11.			Date of Death Month	Day	Yaar , 3	3. Tima of Death
	Physici /Medi		Helen Ziolkows					15 19	96	5:4384
	Exami		4a. Facility Name (If not institution, giva street and number)			4b. City, Town, or Location		4c. County o		
			North Arundel Hospi	tc/		6len Bur	nie	Ann	e Ar	unde/
	Funeral Director		220-24-0630 ^{1□ M 2} XF	ge (In yrs. last birti 85	hday) If Under 1 Year Months Days	If Under 24 Hrs. 8. I Hours Min. De	Date of Birth Month, Day, Yea Cember	6,1910	9. Birthplace Country) Bal	e (State or Foreign timore, MD
	and		Usual Residence of Decedent 10a. Stata 10b. County	10c. City, Town	or Location				10d	Inaide City Limits
	death with the Maryland me 23a or 28a-f ehow Lmust be normed at	o	Md. Anne Arundel						1 Yas 2000	
	28a-f	rec	10e. Street and Number	Gren	Burnie 10f. Zip Code		10g.	Citizen of Wi		
	th with	Funeral Director	300 W. Arden St.		21225					
	death	ner	11. Marital Status 12. Was Decedant Armed Forces?	Evar In U,S.		lispanic Origin? (Specify an, Maxican, Puarto Rica	Yes or No-		- American I	
21215-0020	hours after ural', or its	þ	1 Nevar Married 2 Married 1 Yes, Give Year or Dates:		1 ☐ Yes 2 ☒ No	an, Maxican, Puarto Hica Specify:	n, atc.)		White	
2-0	72 hours "natural",	ted	15. Decedent's Education	16a.	Decedent's Usual Occup	pation				
21		Completed	(Specify only highest grade completed) Elemantary/Secondary (0-12) College (1-4or	5+)	life. DO NOT use retired	Docupation 16b. Kind of Business/Industry fored during most of working retired)				
	77 75 14 14	S	8 N/A	Ho	memaker			ome		
and	be file tal Hyg d othe evant,	Be	17. Father's Name (First, Middle, Last)			18. Mother's Name (Fil			i)	
Z Z	should by and Menta marked martic ev	T _o	Alexander Karasnodemski			Gertrude	Jablow			
, Maryland	2 8 5		19a. Informent'e Neme/Relationship (Type, Print) Joan Rasinski / Daughter			and Number or Rural Ro t. Brooklyn				de)
ore			20a. Method of Disposition **Description** **Descriptio	20b. Place of cemeter)	place) Data 20c. Location - City or Town, Stata					
Ë	ment ment ment: luny		4 □ Donation 5 □ Other (Specify)	Holy R	osary Cem.	10/	18/96 Ba	altimo	re Mar	yland
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any injury or other th		21. Signature of Funeral Service Licensee		22. Nama and Addra	w. Dab	rowski-(Chojna	cki Fi	uneral Hor
-	-10391		23a. Part1. Enter the disease, or complications that cause shock, or heart fallure. List only one cause on each li	the death. Do n	ot anter the mode of dylr	1005 Du	spiratory arrest,	ie. Inc	Ap	proximata
а	Physician		shock, or heart failure. List only one cause on each if	na.						terval Between nset and Death
М	/Medical		Immediate Cause (Final disaasa or condition	MONI	A				1	DAY
н	Examiner		resulting in death)	Due to (or as a c	onsequence of):					
	D #	Examiner	CONH	STINE,	HEART 1	FAILURE	-		1	1 DAY
	and Ftran	хаш	Sequentially list conditions,			^				
60,	be ey ician buria		Sequentially list conditions, if any, leading to immediate cause. Einter Underlying Cause (Disease or Injury thet Initiated eventa	7	LENIT	ANCTION			_ /	DAY
68760,	eath certificate be executed attending physician and for use as the burial-transit	edicai	resulting in death) Last	Due to (or as a co	onsequence of):				į	
Box	certif nding use e		· Seps	, 15						DAT
-	that the death cer ed by the attendir detached for use	Physician/M	Part II. Other significant conditions contributing to death b	ut not consistent to	the condendate and the	una in Pont I	20h Did tahan		adh us so sh	
P.0	that the de ed by the detached	hys		_	tha underlying cause giv	en in Pai(i,	1 Yes			e cause of death?
	med I	by P	ACTITEIMENS DISEA	HE			1 100	20140	3 Prober	ly 4@Olikilowii
Records,	v requires that been signed t should be det						24a. Was an au	itopsy		autopsy findings ble prior to
000	law re las ber s 2 sho	Completed					performed	'	comple of dea	letion of cause
æ	The la	E O					1 ☐ Yes	22 No	1 □ Ye	es 22 No
ita	iclan: The lav certificate hes rector, page 2	Bec	25. Was case referred to medical			28. Placa of Deeth (Cl	100			
₹ V	Physician: this certific iral director,	ToE	axaminer? 1 Yes 2 No Hospital:	ent 2 ER/Out	patient 3 DOA Oth			8 Other	r (Specify)	
Division of Vital	ng Ph ter th		27. Manner of Death 1. Natural 5 ☐ Pending (Month, Da	ry 28b. Ti	ime of 28c. Injur	y at 28d.	Describe how in	ijury occurre	d	
Si	Attending is death.	atk	2 Accident investigation	Yea 2 □ No				1		
Ξ	fred frect frect n by	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined 28e. Piece of Injuding, et	ury - At home, fer c. (Specify)	m, street, factory, office	28f.	Location (Street City or Town, St	and Number ate)	r or Rural Ro	outa Number,
	urs al urs al ral D									
	To the Hospital or Attending Physician: The lav within 24 hours after death. To the Funeral Director: After this certificata has completely filled in by the funeral director, page 2	edicai	29e. Certifier (Check only one) Cartifying Physician: To the best 2 Madical Examiner: On the basis of and manner at	examination and	deeth occurred at the tin Vor Investigation, in my o	ne, date and place, and o pinion, death occurred a	due to the cause the time, data a	i(s) and man and place, ar	ner as state nd dua to the	d. e cause(s)
	o the o the omple	Me	29b. Signature and titla of certifier	Neo.	29c. Licens	e number	29d. I	Date signed	(Month, Day	v. Year)
	⊬ ≯ F δ		Man H Schmid	Lelen	100 12	877-1	0	TNR	21 11	-1091
	1	-	30. Name and addrass of person who completed cause of d	Pools (learn one)	Tuno Print'	0 0 0 1		- 017	J - 17	11710
	V		DAN H CCHR & LERANA MAD	3/1 /- 10 C	DITAL DACK	18 GLEN	BURNI	18 11	ANUL	71996 AND 1061
	Sta	te	31. Date flied (Month, "Gay Year) 1 32 Registr	ar's Statute	1777 - 1011-00	2 000.0	10-11	- 100	1/11/00	21061
	Registr	_	UCII (1996 June ways	an-Manage	= :					

Fit 9: 30

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2 Date of Deeth **Physician** October 17 1996 Betty Amos 11:30 PM /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 935 Homberg Avenue Baltimore FSSAY Months Deys Hours Min. Nov. 21, 1929 5. Social Sacurity Number 7. Aga (In yrs. last birthdey) 9. Birthpleca (Stete or Foreign Country) 9 Virginia **Funeral** 1 M 2 F 224-34-3135 66 Yrs. Director Usuel Residence of Decedent the Maryland 10e. Stete 10b. Count 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits Maryland Baltimore Essex Director 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Cifizen of Whet Country? 21221 U.S.A. 935 Homberg Avenue death 12. Wes Decedant Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or hanny injury or other trainment. 1 ☐ Navar Married 2 ☑ Married Ballimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White 2 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade complated) Elementery/Secondery (0-12) Coilage (1-4or 5+) House Wife Home 17. Fether's Nema (First, Middle, Last) 18. Mother's Nema (First, Middla, Malden Sumame) Be William Creasy L. Belva Lindsey 0 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 935 Homberg Ave. Emerson Amos Essex, Md. 21221 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Ramoval from State Holly Hill Mem. Garden 10/21/1996 Baltimore Co. , Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Neme and Address of Facility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heer feilure. List only one cause on each line. Approximate interval Between Onset and Deeth **Physician** /Medical Immediate Causa (Finai 10 can disaesa or condition resulting in deeth) ea Examiner The law requires that the death certificate be executed burial-transit Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Last pur Due to (or as a consequence of): P.O. Box 68760. physician Physician/Medical the Due to (or es a consequence of): for use as use as Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 2 No 3 Probably 4 Unknown 1 Yes Records, Completed by 24b. Were autopsy findings evailable prior to 24e. Wes en eutopsy performed? peed completion of cause of deeth? hes page 2 1□ Yes 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital Hospital or Attending Physician: Be 25. Wes case referred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 X Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA To the Hospital or Attending Phys within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral directorial or the funeral directory. After this 27. Menner of Deeth 28e. Deta of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accidant 6 Could not be 3 ☐ Sulcida 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, farm, street, lectory, offica building, etc. (Specify) 4 Homicide edical 12 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to tha cause(s) end menner es stetad.

2 Medical Examiner: On tha basis of examinetion and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and menner stetad. 29a. Certifian (Check only one) 29b. Signeture end titla of certifier 29c. Licensa number 29d. Dete signed (Month, Dey, Year) matilda H. So, nos 26250 30. Name end eddress of person who completed causa of death (Item 23a) (Type, Print) MATILDA H. SO 144 your Rd 31. Dete liled (Month, Dey, Year) Julia Aura (Month) Dey, Year) Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 750 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number . Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 3) 1 M 2 1 Months Deys 210 4/80 Director Usual Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 'natural', or itema 23a or 28a-f show the Medical Examiner must be notified at 1 Tes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No 11 Meritei Stetus Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14 Race - American Indien Bleck, White, etc. filed within 72 hours aftar 1 Yes 2 1 Never Married 2 Merried al/more, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: à Dack 3 D Widowed 4 □ Divorced Yeer or Detes: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry end Mental Hygiena. Is marked other than Elementery/Secondery (0-12) College (1-4or 5+) Zarol nemaker gracle 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden/Sumeme) Be Pages 1 and 2 should be DAMS 0 19e. Informent's Neme/Beletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Rgute Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 Department of Haaith e Important: If Item 27 is any injury or other trai OHN 7 DAMS HUE 20b. Pleca of Disposition (Neme of 20e. Method et Disposition Dete 20c. Location - City or Town, Stete cemetery, cremetory or other place 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State deuson 4 ☐ Donetion 5 ☐ Other (Specify) (EMEKI - Homs funeral 22. Name and Address of Fecility CHH
2 YU REISTERSTUNN 21. Signeture of Funerel Service Licensee MARIA 5240 000 h disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, if feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth Ph sician Immediate Cause (Final disease or condition resulting in death) /Medical Dementro **Examiner** Due to (or es e consequence of) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury attending physician and for use as the burial-tran Due to (or es e consequence ot): Division of Vital Records, P.O. Box 68760, Physician/Medicai thet initieted events resulting in deeth) Lest Due to (or es e consequence of): isigned by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ģ 24b. Were autopsy tindings available prior to Completed 24e. Wes an eutopsy performed? completion of cause of deeth? paga 2 s cartificate hes 2 No 1 Yes 1 Yes 2 No or Attending Physician: 25. Wes case reterred to medical examiner? Be 28. Plece of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA this funarai 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: Aftar 1 Naturel 5 Pending Investigation death. 2 No 1 Yes 2 Accident i Director: 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 2 4 Homicide 24 hours a Hospital edicai 29e. Certifier 1,4 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. To the Hosp within 24 hou To the Fune completely fi Certifing Physician: 10 the best of my knowledge, deem occurred at the fine, deed and place, and due to the cause(s) end menner steted. (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme and address of person who completed cause of month (Item 23a) (Type, Print) Cocleyer De, JANZA OSEDL 31. Dete tiled (Month, Dey, Year) 32. Registrer's Signeture State OCT1 8 1996 Registrar

DHMH 16 Rav 6/95

a section of the sect

State of Maryland / Department of Health and Mental Hygiene	0.0
Certificate of Death	90

Physic							CIUIIC	ate of	Dealli		Reg. No.			0111
	an	Decedent's Nan SAMUE	me <i>(First, Middl</i> e, L.	est) BROWN J	D					2. Date of D Month OCT.		, ,	Yeer	3. Time of Deat
/Medi	cal		(If not Institution, gi						th Oile Taura		12	-	996	1357 I
Examir	ner		(II not institution, gr IARFORD		oer)				4b. City, Town, o BALTI		tn 4c.	County	of Death	7 -
Funeral		5. Sociel Security I	Number 6.	Sex 7.	Age (In yrs	. lest birthd		der 1 Year	if Under 24 Hr	s. 8. Date of B	irth		9. Birthe	place (Stete or Fore
irector	y y	213 30 4 Usual Residence	+177	1 X M 2□ F	6	Yrs	Month	hs Days	Hours Mir	MARCH	2,19	35	MA	RYLAND
whow I		10a. State	10b. County	/	10c. C	ity, Town or	-						1	Od. Inside City Llm
28a-f show	Funeral Director	MARYLAND	7	A			BALT	TIMO	RE					1 XYes 2□
0 0	P	10e. Street and Nu		2			10f.	Zip Code	A 1 = 1 1 1		-		/hat Cour	
8 23a	era		HARFORE	1	. =				21214		UNIT			
or items	nu	11. Marital Status	ried 2 Married	12. Wes Decade	es?	J,S. 1	3. Was De it Yes, s	Was Decedent of Hispanic Origin? (Specifi it Yes, specify Cuben, Mexican, Puerto Ric			0-		- Americ k, White,	ean Indien, etc.
E E	by	3 Widowed	4 Divorced	1 Yes 2 If Yes, Give Year or Date	es: <i>1955</i>	-66	1 ☐ Yes	2 No				Specify:	Wu	ITE
d other than "natu	Completed	(Spe	15. Decedent's E ecify only highest gr	ducation ede completed)		(G	ive kind of	work done	ual Occupation ork done during most of working use retired)				siness/in	dustry
ther than ant, the M	dmo	Elementery/Sec	ondery (0-12)	College (1-4	or 5+)		1		•		Mon	ente		
ont, t			(First, Middle, Last							ame (First, Middle				
ked o	To Be	SAMUEL	Wise	AM BROWN, SR. HARR						1/10	CHINI	M	R	INGS
alth and 27 is my r traum	-		lame/Relationship	(Type, Print) 19b. Mailing Address (Street end Num.										
Health m 27 her tr		Judy St	HIPLEY /	SISTE	e	302	2 801	MDII	VG DR.	EDGEW	don	MD	2	1040
Department of theal Important: If item 2 any Injury or other 2000s.		JUDY SHIPLEY SISTEE 3022 SOUNDING DR.; EDGEWOOD MD 2 20a. Method of Disposition 1 Burlai 2 Acremation 3 Removal from State 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or T												
		1 ☐ Burlai 2	5 ☐ Other (Speci	⊒Removal trom Sta /v)	ate 🥏	een Me		7	16	18/96	Bu		015	MD
Physician /Medical Examiner			16 D T.	//					ess of Facility		P.A.			
edical	7	23a. Pert1. Enter shock, or heal immediate Cause disease or condition resulting in death)	on	one cause on eac	h line.	th. Do not	8717 enter the m	GREE node of dyi	EN PASTU	RES DR. ec or respiratory	P.A. BALT arrest,	imor	e, iu	D 26286 Approximate Interval Between Onset and Death
edical miner	ilcai Examiner	Immediate Cause disease or condition resulting in death) Sequentielly list confidence in any, leading to incause. Enter Unde Cause (Disease or that initiated event.	(Final on onditions, modified errying rinjury is	one cause on eac	Due to (th. Do not	8717 enter the management of t	GREE node of dyli Cof):	en Pastu ng, such es cardie	RES DR. ec or respiratory	P.A. BALT arrest,	imor	e, iu	Approximate Interval Between
physician and it is possible to the private transit in the private t	edical	Immediate Cause disease or condition resulting in death) Sequentielly list on if any, leading to incause. Enter Unde Ceuse (Disease or incause.)	(Final on onditions, modified errying rinjury is	one cause on eac	Due to (or as a cons	8717 enter the management of t	GREE node of dyli Cof):	en Pastu ng, such es cardie	RES DR. ec or respiratory	P.A. BALT arrest,	imor	e, iu	Approximate Interval Between
attending physician and in performer as the burial-transit in performance in perf	edical	snock, or near the snock, or nea	(Final on onditions, modified errying rinjury is	a. A The	Due to (d)	th. Do not the Do not or as a consor a consor as a consor a consor a consor a	8717 enter the management of t	GREEN CONTROL	EN PASTU ng, such es cardie DOND (O	RES DR. Sec or respiratory	P.A. Bart arrest,	imor (Set)	ee, m	Approximate Interval Between
by the attending physician and ached for use as the bunal-transit approached for use as the bunal-transit at the second s	Physician/Medical	snock, or near the snock, or nea	ondittons, mmediate ertying r Injury is Last	a. A The	Due to (d)	th. Do not the Do not or as a consor a consor as a consor a consor a consor a	8717 enter the management of t	GREEN CONTROL	EN PASTU ng, such es cardie DOND (O	RES DR. sec or respiratory INSCUED 1	P.A. Barr Barrest,	USE CON	of interest of the state of the	Approximate Interval Between Onset and Death
has been signed by the attending physician and in both transit in be detached for use as the bunal-transit in per in the bunal-transit	by Physician/Medical	snock, or near the snock, or nea	ondittons, mmediate ertying r Injury is Last	a. A The	Due to (d)	th. Do not the Do not or as a consor a consor as a consor a consor a consor a	8717 enter the management of t	GREEN CONTROL	EN PASTU ng, such es cardie DOND (O	23b. Did 24a. Weiperl	PAR BALT arrest, CD tobecco Ves 2	usa con	tribute to 3 Proi	Approximate Interval Between Onset and Death
page 2 should be detached for use as the bural-transit	Completed by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentielly list or if any, leading to incause. Enter Unde Cause (Disease or that initiated event resulting in death) Part II. Other significant cause.	onditions, mmediate ertying r injury s Last	a. A The	Due to (d)	th. Do not the Do not or as a consor a consor as a consor a consor a consor a	8717 enter the management of t	GREEN CONTROL	SV PASTUE	23b. Did 24a. Wei peri	PAR BALT arrest, Di I tobecco I Yes 2 MAC Yes 2	usa con	tribute to 3 Prol	Approximate Interval Between Onset and Death Death Onset and D
certificate has been signed by the attending physician and inector, page 2 should be deteched for use as the bunal-transit of the page 2 should be deteched for use as the bunal-transit of the page 2 should be deteched for use as the bunal-transit of the page 2 should be deteched for use as the bunal-transit of the page 2 should be deteched for use as the bunal-transit of the page 3 should be deteched for use as the bunal-transit of the page 3 should be deteched for use as the bunal-transit of the page 3 should be deteched for use as the bunal-transit of the page 3 should be deteched for use as the bunal-transit of the page 3 should be deteched for use as the bunal-transit of the page 3 should be deteched for use as the bunal-transit of the page 3 should be deteched for use as the bunal-transit of the page 3 should be deteched for use as the bunal-transit of the page 3 should be deteched for use as the bunal-transit of the page 3 should be deteched for use as the bunal-transit of the page 3 should be deteched for use as the bunal-transit of the page 3 should be deteched for use 3 should be deteched for	Be Completed by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentielly list configure in the cause. Enter Under Cause (Disease or that initiated event resulting in death) Part II. Other significant in the cause i	conditions, mediate ertying is Last	a. A The b	Due to (d) Due to (d) Due to (d)	th. Do not the Do not the Do not as a consor a consor as a consor as a consor a consor a consor a cons	8717 enter the management of the sequence of t	GREEnode of dyl	PASTURE IN THE PROPERTY OF THE	23b. Did 1 24a. Weiperi	PAR BALT arrest, Di tobacco Ves 20 Ves 20 Ves 20 Ves 20 Ves 20	uea con	tribute to 3 Prol	Approximate Interval Between Onset and Death Onset and Death of the cause of death on the cause of death? If the cause of death on the cause of death? If the cause of death on the cause death?
is been signed by the attending physician and 2 should be detached for use as the burial-transit	Completed by Physician/Medical	Immediate Cause disease or condition resulting in death) Sequentielty list configure in the cause. Enter Unde Ceuse (Disease or that initiated event resulting in death) Part II. Other significant in the cause in	conditions, mmediate ertying shart conditions of the conditions of	a	Due to (c) Due to (c) Due to (c) Due to (c)	th. Do not the Do not or as a consor a consor as a consor a consor a consor a	8717 enter the m sequence of s	CAREADON ON CONTROL OF	PASTURE IN THE PROPERTY AND PORT I.	23b. Did 24a. Wei peri	PAR BALT arrest, Di tobecco Ves 2 Ves 2 One)	uea coni	tribute to 3 Proi	Approximate Interval Between Onset and Death Onset and Death of the cause of death on the cause of death? If the cause of death on the cause of death? If the cause of death on the cause death?

O.C.M.E OCT. 13, 1996

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

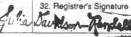
WARYDAD A. WORLD WM 111 Penn Street, Baltimore, Maryland 21201

31. Date filed (Month, Dey, Year)

OCT1 8 1996

Surface Prints

State Registrar



96.707.19 4.7 3: 23

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 31171 Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Daeth 3 Time of Death **Physician** October 15, 1996 Lloyd BILLS 11:45 am /Medical 4a. Fecility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** Franklin Square Hospital Center Rossville Baltimore 5. Social Sacurity Number If Undar 1 Yaar Months Days If Under 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year) Aug. 12, 1916 7. Aga (In yrs. lest birthday) 9. Birthplaca (State or Foreign **Funeral** 1**X** M 2□ F 200-05-9868 80 Yrs Pennsylvania Director Usual Rasidanca of Dacedant 10a State 10b. Count 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at Baltimore Maryland Essex 1 ☐ Yas 2X No Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ò 2020 Turkey Point Road U.S.A. Essex items 23a Funeral 12. Was Decedant Ever In U.S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Bieck, White, etc. pages 1 and 2 should be filed within 72 hours after of fent of Health and Mental Hygiena. Int: If Itam 27 Ia marked other than "natural", or fier 1 DXYes 2 □ No
If Yas, Giva
Yaar or Detes: WW II 1 Never Marriad 2 Married 1 ☐ Yas 2 No Specify: þ Specify: White 3 Widowad 4 Divorced Completed 16a. Dacedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest greda complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Collage (1-4or 5+) Aircraft Mechanic Areo Space 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Be Lloyd B. Bills Viola Grove 0 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mant: If item 27 is Genevieve V. Bills 2020 Turkey Point Road Essex, Md. 21221 20b. Placa of Disposition (Nama of cematary, cremetory or other placa) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Buriel 2 Cramation 3 Ramoval from State Parkwood Cemetery Oct. 18,1996 Baltimore Co. 4 ☐ Donation 5 ☐ Other (Specify) Balt Permit. Departe 21. Signature of Funaral Sarvice Licenses 22. Name end Addrass of Fecility
Bruzdzinski Funeral Home P.A. uny ir 1407 Old Eastern Avenue Essex, Md. 21221 Fart1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or raspiratory errest, shock, or heart failure. List only one ceuse on each line. Approximata Intarval Betw **Physician** /Medical Immedieta Cause (Final Acute Myocardial Infarction disaasa or condition rasulting in daath) 1 Hour Examiner Dua to (or as a consequenca of) b. Arteriosclerotic Heart Disease Sequantially list conditions, if eny, laading to immadieta causa. Entar Underlying Causa (Diseesa or Injury thet initiated evants rasulting in daath) Last Due to (or es a consequence of): physician a s the burial-Physician/Medicai Dua to (or as e consequança of): for use es signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2X No 3 ☐ Probably 4 ☐ Unknown Acute Cerebrovascular Accident by Completed 24a. Wes en autopsy performed? 24b. Wara autopsy findings available prior to complation of causa of death? Acute Renal Failure pege 2 certificata Multi Infarct Dementia 2 No 1 ☐ Yas 2 ☐ No director, 25. Was case rafarred to medical axaminar? Be 26. Placa of Deeth (Chack only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) ပ 1 Yes 2 No 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Dete of Injury (Month, Dey Year) 27. Manner of Daath Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred After 5 Pending Invastigation 1 X Natural within 24 hours after deeth.

To the Funeral Director: A completaly filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 3 Sulcida 6 Could not be datarmined 28a. Placa of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 26f. Location (Streat end Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 Certifying Physician: To the bast of my knowledga, daath occurred at tha tima, data and piece, end dua to tha cause(s) end mannar as stated.

| Medical Examiner: On the bast of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end dua to the cause(s) and mannar stated. edical 29e, Certifian (Check only one) 29b. Signeture and title of certifier 29c. Licansa numbar 29d. Dete signed (Month, Dey, Year) D17728 October 15, 1996

State Registrar

Ba Yin Oung

31. Data filed (Month, Day, Year)



8022 Belair Road

Baltimore, MD

21236

30. Name end eddress of person who complated causa of death (Item 23a) (Type, Print)

M.D.

DHMH 16 Ray 6/95

Manyland

the

deeth

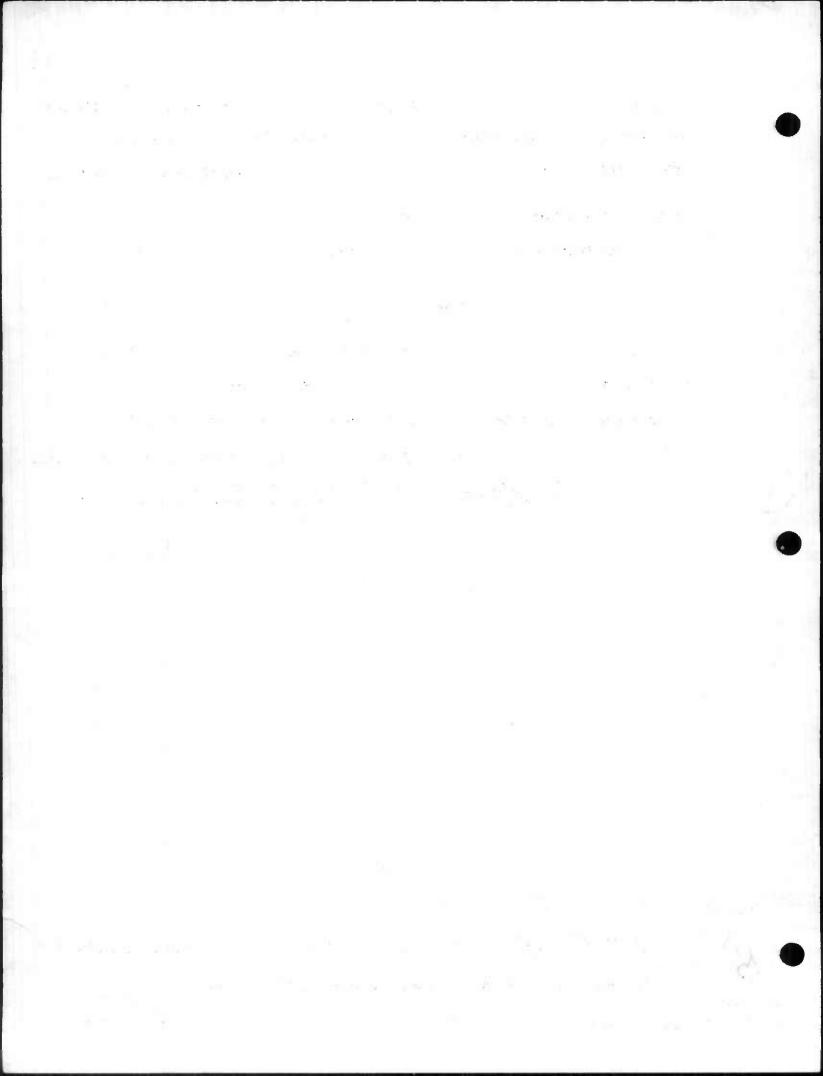
more, Maryland 21215-0020

The law requires that the death certificate be axecuted

Records, P.O. Box 68760.

Division of Vital

the Hospital or Attanding Physician:



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Death **Physician** Month OCTOBER CHARLES BITZER 16, 1996 6:09 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 24 Hrs. 8. Date of Birth (Monte Pay 1945 5. Social Security Number if Undar 1 Yeer 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1**X**M 2□ F 51 Maryland 214-44-0983 Yrs. Director Usuel Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits ahow item 27 is marked other than "natural", or items 23a or 28a-f abov other traumatic avent, the Medical Example Fund to notified at 1 Yes 2 No Baltimore Middle River Maryland Directo 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 1315 Fourth Road 21220 U.S.A. Funeral 11. Maritai Stetus 12. Wes Decedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-It Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. purmer. Pages 1 and 2 should be filed within 72 hours after of popularity of Health and Mental Hygiene.

Most take if item 27 is marked other than "naturel", or ther any injury or other traumatic avent, the Hed call Engine 1 Yas 2 No If Yas, Giva Year or Datas: 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 XNo Specify: à 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedant's Education (Specify only highast grade completed) Collega (1-4or 5+) Elementery/Secondary (0-12) Cosmetic Company Manager 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumama) Be Daisy L. Glassmyer John F. Bitzer 9 19a. Intormant's Name/Raiationship (Type, Print)
Charles W. Bitzer (SON) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) 39 Joggins Court Middle River, Md. 21220 20b. Plece of Disposition (Name of cematary, crematory or other plece) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramovai from Stata Moreland Mem. Park Cem. 10/19/1996 Baltimore , Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Puneral Service Licenses 22. Nama and Address of Facility

Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 21221 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart teilure. List only one cause on each line. Approximete Intarval Between Onset and Death **Physician** /Medical Immediata Cause (Finel Cerebral diseesa or condition resulting in death) **Examiner** Examiner Stroke bunial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last Due to (or es e consequance of): and Division of Vital Records, P.O. Box 68760. attending physician for use as the buria Vasospasm Physician/Medical Dua to (or as a consequence of): Subarachnoid hemorrhage ate has been signed by the atte page 2 should be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate has 1 Yas 2 No 1 Yes 20 No Hospital or Attending Physician: 24 hours after death. Be 25. Was casa raterred to medical 26. Place of Deeth (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yas 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this illed in by the funeral 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? 5 Panding investigation 1 Natural To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be datarmined Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of injury - At homa, farm, street, fectory, office building, atc. (Specify) 4 Homicida 29a. Cartifiar 1 Certifying Physician: To the best of my knowledga, daath occurred at the tima, deta end place, and dua to tha causa(s) and manner as stated. 2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifier 29c. Licansa number 29d. Dete signed (Month, Day, Year) Cerese Italis MD Neurology Resident October 16, 1996 30. Nama and addrass of person who completed causa of death (ttem 23a) (Type, Print) Pathology 509 Johns Hopkin Hospital 600 North Wolfe St. Baltimore, MD Argye Hillis MD
31. Data tiled (Month, Day, Year)

July July Registrate Signature

DHMH 16 Rev 6/95

State

Registrar

OCT1 8 1996

			State of Maryland			Mental Hy	giene 9	6 31	173				
• 1				ate of Death	Death Reg. No.								
Dhamis		1. Decedant's Nama (First, Middla, Li	191)			2. Data of De Month	ath Day	Year 3. 1	Tima of Death				
Physic /Medi		NANNIE	BRANCI		OCTOBER	200		:06 AM					
Examir		4a. Facility Nama (If not institution, git	/a street and number)		4b. City, Town, or Location of Death 4c. County of Death								
		THE JOHNS HOPKI			BALTIMOR			NA					
Funeral			Sax 7. Aga (In yrs. la	Yrs. If Uni	der 1 Yaar If Undar 24 Hrs ns Days Hours Min	. (Month, De	th ly, Year)	9. Birthplaca ((Stata or Foreig				
Director		Usual Residence of Dacedant	59	TIS.		DEC.	24,1936	VIRC	INIC				
and		10e. Stata 10b. County 10c. City, Town or Location											
f ahe	5												
the the	Director	10e. Street and Number	What Country?										
with with													
72 hours after death with the Maryland *natural*, or frems 23a or 28a-f ahow edical Examiner must be notified at	Funeral	11. Marital Statua	12. Was Decedant Evar in U.S		cedent of Hispanic Origin? (Specify Yas or No	- 14. Rac	e - Amarican Inc	dlan,				
r Her	F	1 Navar Marriad 2 Married	Armed Forcas? 1 ☐ Yas 2 ☐ No	rto Rican, atc.)	Blad	ck, Whita, atc.							
urs a	P	3 ☐ Widowed 4 ☐ Divorced	If Yaa, Giva Yaar or Datas:		Specify	Blac	1/5						
2 ho	Completed	15. Decedant's E	ducation	sual Occupation work dona during most of we usa retired)	. 4/4	16b. Kind of Bu	usinass/Industry						
C . W	pje	(Specify only highast gr Elemantary/Secondary (0-12)	Collega (1-4or 5+)	orking	Ro 14	Nes C	to						
202	000		2 YEARS	NO	SE		13/1/11	Himere Col					
0 7 0 5	Be	17. Fathar's Nama (First, Middla, Last)		18. Mothar's Na	me (First, Middle	Maiden Suman	na)					
	2	19a. Informant's Name/Balationship (Type, Print) 19b. Mailing Addrass (Street and Number or Bural Bouta Number City or Town State 7)											
2 4 4 4		19a. Informant's Name/Relationship (Type, Brint) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zij											
1 and Health em 27	4	ILLEN RUBERT BANCH HUSEMS 1615 DAYley ANG BALTIMUTE, AND 212x											
		Da. Method of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata											
ment ant: h		1 Burial 2 Cramation 3 Ramovai from Stata Camatary, cramatory or other place) 4 Donation 5 Other (Specify) JACKSIN Camatary (Specify)											
permit. Page Department of Important: If any injury or once.		21. Signature of Funaral Sarvice Lice	nsee	22. Nama	and Addrass of Facility	HATMA	- Hom	15 TUNET	of Hon				
20599		Denny de	Whin	D3 40	PRISTERSI	16 Carr		_					
		23a. Part1. Enter the dimasa, or com shock, or haart failura. List only	iplications that causad the death.	. Do not antar tha m	oda of dying, such as cardia	ac or raspiratory a	rrest,	Appr	roximata val Between				
Physician		and an industry and a close only	one deduction and inter-					Onse	et and Death				
/Medical		Immediata Causa (Final disaasa or condition	CAR	DIO PULMO	VARY ARRES	ST		4	4-HRS				
Examiner		rasuiting in death)	4.	as a consequence			1	1162					
pa ti	Examiner			HRS									
and tran	кап	Sequentially list conditions,	0.	as a consequance	HERNIATION			10					
ate be executed hysician and the burial-transit		If any, leading to immediata cause. Entar Underlying Cause (Disaase or Injury	HI6	H INTRA	CRANIAL PE	ESSURE		70	HRS				
ohysi the I	dicai	that Initiated avanta resulting In death) Last	Dua to (or	aa a consequance o									
The law requires that the death certificate has been signed by the attending page 2 should be detached for use as	Physician/Me	L	d. INTR	ACRANIAL	HEMORRHA	GE		72	HRS				
leath certifi attending	ian		•										
the a	ysic	Part II. Other aignificant conditions of	contributing to death but not result	lting In tha underlyIn	g cause given in Part I.	23b. Did	tobacco use co	ntributs to the	cause of death				
that the de ed by the detached	F	HYPERTEN SION	J			10	Y88 200 No	3 Probably	4 Unknow				
signed d be de	1 by						Carcinais	Odb Wass su	utopsy findings				
v require been si should	Completed					24a. was	an autopsy ormed?	available	e prior to ion of cause				
has has be 2 s	idu							of death	7				
Cate						10	Yas 2 No	1 □ Yas	200 No				
ilcian: The certificata rector, pag	Be	25. Was case rafarred to medical axaminar?	Manitali		28. Place of De	eath (Check only	ona)						
Physic this c	To	1 Yas 2 No	Hospitai: 1 Linpatient 2 E	Homa 5 ☐ Rasi									
Attending Physician: ar death. ector: After this certific by the funeral director.	ion	27. Mannar of Death 1 DaNaturei 5 ☐ Pending	(Month, Day Year)	28b. Tima of Injury M	28c. Injury at Work?	28d. Dascribe	how injury occur	red					
death. ctor: A y the f	Icat	2 Accident invastigation 3 Sulcida 6 Could not be	De Con Plans of falure. At her	20f Location (Street and Numb	nos as Rum I Rau	do Alumber						
or Attending after death. Director: After d in by the fune	Certification:	4 ☐ Homicida detarmined	28a. Place of Injury · At hor building, atc. (Specify)	ory, office	City or To		er or nural nou	ta Number,					
To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate hat completely filled in by the funeral director, page		29a Cartifier 179Cartifidae Dt	veloles. To the heat of my know	dadas daath sassuur	and at the time, data and store	a and due to the	seves(s) and se						
Hos 24 h Fun etely	29e. Cartifiar (Check only one) 29e. Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as a causa(s) and manner as												
ithin of the omple	M M	29b. Signatura and titla of certifiar	and mannar atatoo.		29c. Licensa number		29d. Data algne	d (Month, Day, 1	Year)				
E > E 8	255 255 255 255 255 255 255 255 255 255												
	Sbyle MD. House officer RES-000 OCTOBER 17th 30. Nama and addrass of barson who completed causa of daath (Itam 23a) (Type, Print)												
4					Point	and Dr.	10.15	210 -					
1)		SHAWN BY		MUAY	BALTIMORE	MARS	UP NI)	31318					
Sta	te	1. Data filed (Moritin, Day, Year)	32. Registrar's Signatu	ure									

DHMH 16 Rev 6/95

A 1160

. .

. . . .

.....

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Month ELLEN 2:35 PM BALL Oct. 16, 1996 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Meridian Nursing Home-Spa Creek Annapolis Arundel Anne 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. Birthplaca (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Days 1□M 25 F Months Hours May 28,1897 England 230-36-5554 10a State 10b County 10c. City, Town or Location 10d. inside City Limits 1 Yes 2 No Anne Arundel Annapolis 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 912 Wells Avenue 21403 England 12. Was Decedent Ever In U,S. Armed Forces? 1 Yes 22 No If Yes, Give Was Decadent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 11 Marital Status 1 Never Married 2 Marriad 1 ☐ Yes 2 ☐ No Specify: White 3 Vidowad 4 □ Divorcad Yaar or Dates 16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16h Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Housewife Own Home 17. Father's Name (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Charles J. Bigley Nora Parr 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nendy Lawson 39 Wilelinor , Edgewater, MD 21037 20a. Method of Disposition 20b. Placa of Disposition (Name of cematary, crematory or other placa) 20c. Location - City or Town, State 1 ☐Buriai 2 ☐ Cremation 3 ☐ Removal from State Maury Cemetery 10/19 Richmond, VA 4 Donation 5 Othar (Specify) 21. Signature of Emeral Se 22. Nama and Address of Facility Hardesty Funeral Home, P.A. 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 21401 Approximata intervel Between Onset and Death immediate Cause (Finai ardias. (mmediclo disease or condition resulting in death) illation with Sequantially list conditions, if any, leading to immediata cause. Entar Underlying Cause (Disease or injury that initiated events resulting in daath) Last end olisin Due to (or as a consequence of): contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 □ Probably 4 □ Unknown 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy isease exia 1 ☐ Yas 2010 1 □ Yes 2 □ No

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

6

items 23a death

natural', or

merked other

permit. Pages 1 and 2 sh Department of Health and Important: If item 27 is m any Injury or other traum once.

Pages 1 and 2 should be nent of Health and Mental

filed within 72 hours after thygiene.

21215-0020

Balkmore, Maryland

the Medical Examiner must be notified at

Director MD

þ

Completed

the Maryland

requires that the death certificate be axecuted burial-transit the The law Physicien: this

After

death.

within 24 hours after deat To the Funerei Director:

completely

Hospital

To the

Box 68760.

P.O. 1

Records,

of Vital

Division or Attending

Physician/Medical Examiner Completed Be 2 the funeral Certification: filled in by

þ

Medical

aa 25. Was case rafarred to medical examiner? 1 Yas 2 No

27. Manne of Death 1 Naturai 2 Accident 3 Sulcide 4 Homicide

(Check only one)

29a. Cartifian

5 Pending invastigation

6 Could not be detarmined

28a. Data of Injury (Month, Day Year)

28b. Tima of

28e. Placa of injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Thursing Homa 5 Rasidenca 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. injury at Work? 1 Yes

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

28d. Describe how Injury occurred

26. Place of Death (Check only one)

29b. Signature and title of certifie

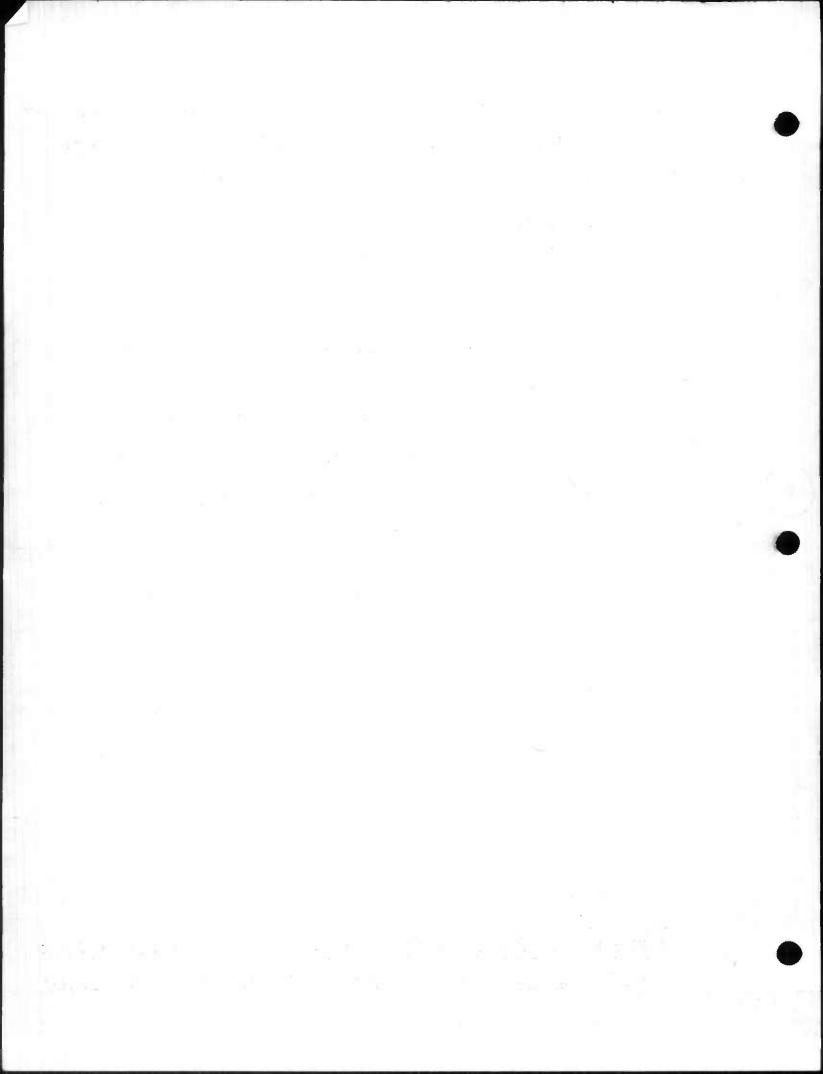
29c. License number

1 Certifying Physician: To tha best of my knowledga, daath occurred at the tima, data and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On tha basis of axamination and/or investigation, in my opinion, death occurred at tha time, date and place, and due to the cause(a) and manner stated. 29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (itam 23a) (Type, Print) 2003 MED. MD

31. Date filed (Month, Day, Year) 32. Registrar's Signature 8 1996

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month Bland 6:28 am Thomas 10 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Lown, or Location of Death 4c. County of Death **Examiner** TIMORE H Maryland tem AT 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Funeral Birthplace (State or Foreign Country) 10M 20 F Days Hours Director 229-05-0750 74 21 1922 Virginia Apr Usual Residance of Decedent 10a State 10b. County 10c. City, Town or Location ns 23a or 28a-f show 10d. Inside City Limits Director tv Yes 2 □ No n/a Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 2318 Braddish Avenue 21216 Funeral USA Pages 1 and 2 should be filed within 72 hours aftar death nant of Health end Mental Hygiena. Int: If Item 27 Is marked other than "natural", or Items 23. 12. Was Decedent Ever in U,S.
Armed Forces?

1 197es 2 \(\text{No}\) No ff 18s, Give Oct 4
Yaar or Dates: Dec 4 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - Amarican Indian, event, the Medical Examiner Black, White, etc. 1 Never Married 2 Marriad 21215-0020 Completed by 1 Yes 2 No Specify: Specify 3 Widowed 4 □ Divorced 45 Black 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highast grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 12th Grade Engineer Balto. City School Syst Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be traumatic Henry Bland Augusta Jefferson 19a. Informant's Name/Relationship (Type, Print) brother 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s Department of Health or Important: If Item 27 Is any Injury or other trau once. Elwood Bland 200 Royal Covan Drive Yorktown, VA 23693 20a. Method of Disposition 20b. Place of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, State Date 1 X Burlal 2 □ Cramation 3 □ Removal from State MD Veteran Cem./Garrison Oct 17 Owings Mills, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Address of Facility Nutter Funeral homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 21. Signature of Funeral Service Doensey Part Lenter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or treat failure. List only one causa on each line. Approximate Intervel Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in deeth) /Medicai Superted Sidden Cardral Death Examiner Examiner Lymphocytic Leuhemia hronic The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, History of Angina Physician/Medical Due to (or as a consequence of): Hypertension Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? signed by t d be detach 1 Yee 2 No 3 Probably 4 Unknown Myocardial Infarcher in 1960 þ Completed 24b. Were autopsy findings evallable prior to complation of cause of deeth? 24e. Was en autopsy performed? certificate has 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Yes 2 No 1 Dinpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death Medical Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After t 5 Pending investigation 1 Naturai death. 1 ☐ Yes 2 ☐ No 2 Accident the I Director: 6 Could not be determined 3 Suicida 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) within 24 hours after d To the Funeral Direct completely filled in by 4 - Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, death occurred at tha time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and mannar stated. (Check only one) the 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year)

State Registrar 31. Date filed (Month, Day, Year)
OCT 1 8 1996

Baltimore

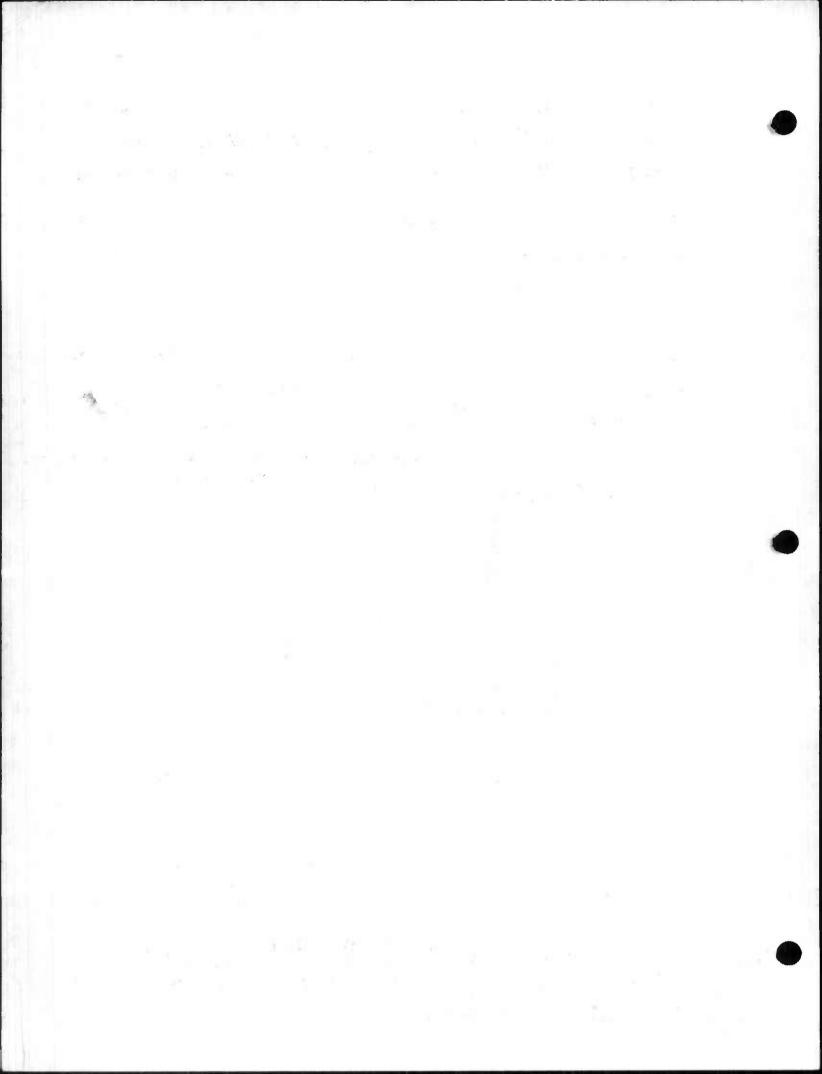
32. Registrar's Signature

A ffairs

Hospital

30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

Veteral



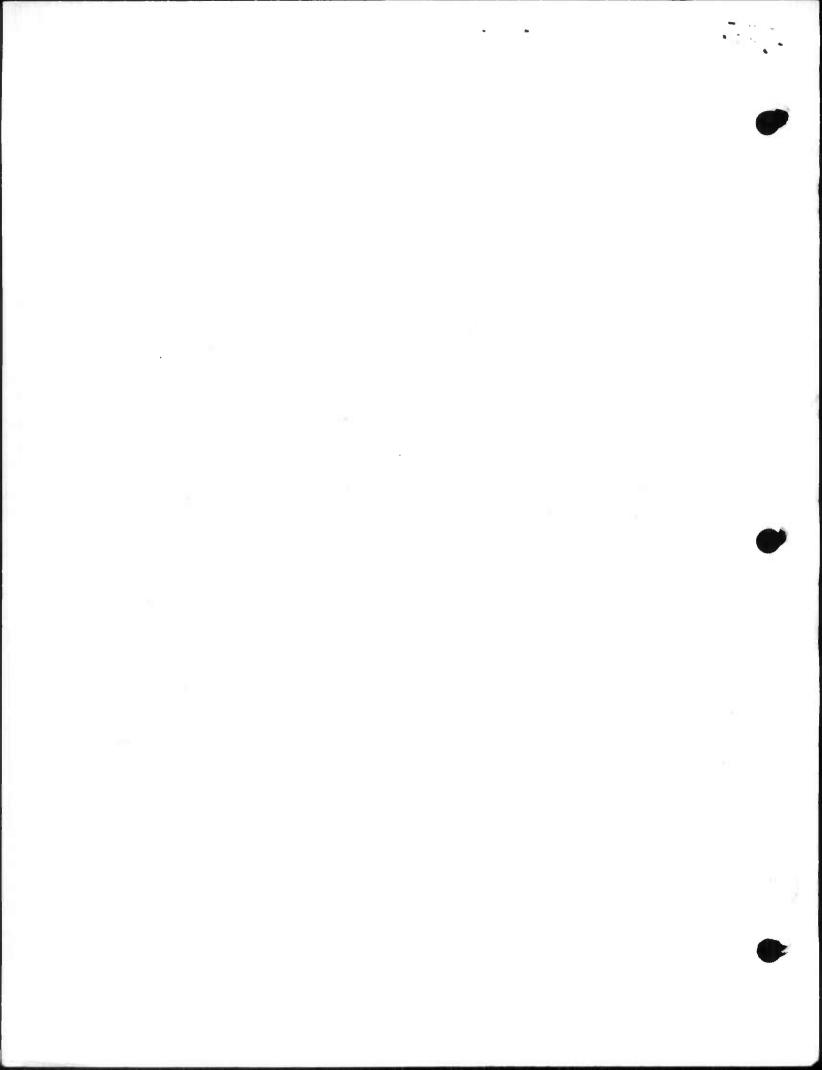
BALTIMORE, MARYLAND 21215-0020

10

BALTIMORE, MARYLAND 21215-00	ler death. Page 6 may be retained by the hospital or attending in the funeral director, page 5 should be detached for use as the I wal.	il examiner must be notified at once.	TO BE COMPLETED BY
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the 15 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
g	TO THE	IMPORT	TO BE

1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF	DEATH	R	EG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF D	EATH		3. TIME OF DEATH						
	Margaret A. Secretary number 212-36-5584 1 M 2 X F 92 YRS. Month Brunder 1 year Brunder 24 HRS. 7. Date of Birth 1903 Mary 1 and Mary 1 a													
					OCTOBER	31°, 1	903	IRTHPLACE (State or Foreign arry)						
	Se. FACILITY NAME (If not institution, give atreet and number)		9b. CITY, TOWN C	R LOCATION OF D	EATH		9c. COUNTY C	OF DEATH						
DIRECTOR	PENINSULA REGIONAL MEDICAL CE	ENTER	S	ALISBURY			WICO	MICO						
	Maryland 10b. COUNTY n/a	t0c. CIT	r, town on Locat Balti					10d. INSIDE CITY LIMITS? 1X YES 2 NO						
FUNERAL	100. STREET AND NUMBER 5645 Perdue Avenue Apt. B.		101	21239				OF WHAT COUNTRY?						
5	11, MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Sp	ecify Yea o	r No- 14, F	ACE — American Indian, Black, White, etc.						
BY	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DA			Polify Cuben, Mexica 2 NO Speci		, etc.)		Specify: White, etc. Specify:						
COMPLETED	1s. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of y	USUAL OCCUPATION OF MORE	ON st of working	16b. KINI	OF BUSIN	NESS/INDUSTR							
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)	Telen	hone Ope	rator		Ommur	nicatio	nn s						
OM	17. FATHER'S NAME (First, Middle, Lest)	ТСТСР	none ope	18. MOTHER'S NA				0113						
BE	Maurice Pfeffer				abeth G		9							
2	19a. INFORMANT'S NAME (Type/Print) Mr. George R. Behr	196. MAILING 14308 L	ADDRESS (Street a	Avenue Oc	Poute Number, Co Cean City	y or Rown, Mary	stem, zip Code yland 21	, 842						
	20s. METHOD OF DISPOSITION 1XI Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of pemplery, cremetary or other place) 20c. LOCATION — City or Town pemplery, cremetary or other place) 21. SIGNATURE OF FUNE (Specify) 22. NAME AND ADDRESS OF FACILITY													
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrast, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
	PART II. Other algnificant conditions contributing to death but													
EDICAL		t not resulting i	n the underlying	ceuse given in		WAS AN AU PERFORMI YES 2	ED2	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
Ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YE	S NO	UNCERTAI	NA			1 - YES 2/2 NO						
CIA		6. PLACE OF DEAT	H (Check only one)											
YSI	1 YES 2 NO -1 Inpatient 2 ER/Outpa	itlent 3 DOA	OTHER: 4 Nursing Home	5 - Residence	6 - Other (Spe	clfy)								
ВУ РН	27. MANNER OF DEATH 286. DATE OF INJURY (Month, Dey, Year) 286. TIME OF INJURY AT WORK? 286. DESCRIBE HOW INJURY OCCURED INJURY													
8	3 Suicide 4 Homicide 29a. Could not be determined 29a. Certifier (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29a. Certifier 29a. Certifier 29a. Certifier 29a. Date Signed (Month, Day, Year)													
ОМР														
BE														
ř	P IN NAME AND ADDRESS OF PENDO WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A COCKEY IN (U. 2 PUNCH ST Jal Labora 1974)													
	31. DATE FILED (Morris, Day, Hoar) OCT 1 8 1996 Julia Davidson-Render													



State of Maryland / Department of Health and Mental Hygiene

1 Yes 2 No Specify:

22. Name and Addrass of Facility

Cartificate of Doath

_		_	Reg. No.																			
	Physician /Medical		1. Decedent's Nam Rosell		a, Last)	BU	BURLEY-HUFFMAN					2. Date of Do	Day	1996	3. Time 9:4							
	Examiner				n, giva street and n uare Hos	Hospita1			4b. City, Town, or Loc Rossvi				10.000.00									
	Funeral Director		5. Social Security 214–32–		6. Sex 1 ☐ M 2 ☑XF	7. Age (In yrs. last bit	7. Age (In yrs. last birthday) If Under 1 Year If Undar 24 Hrs.						rth ay, Year) ,1926	9. Bir	thplace (State cuntry) PA							
	73		Usual Rasidence	of Decedent																		
	a-f show	1			ltimore	10c. City, Tow	n or Lo	cation		Midd1	e Ri	iver		10d. Insida								
	Name of 28 and 2		1	1	1	1	1	1	1	al Direc	10e. Street and Nu 211 G1	_{imber} ider Dr	ive			10f. Zip	Code	21220)		10g. Citize	n of What Co
	toms 2		11. Marilal Status		12. Was Dec Armed F	cedent Ever In U,S. orces?	13. \	Vas Daced	dent of cify Cul	Hispanic Orl ban, Maxicar	igin? (Sp	pecify Yes or No Rican, etc.)	o- 14	. Race - Ame Bleck, Whit								

1 ☐ Yes 2 ☆ No If Yes, Give Year or Dates: 3 Widowed 4 Divorcad 15. Decedent's Education (Specify only highast grada complated) Elementary/Secondary (0-12) College (1-4or 5+) 6th

16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Factory Worker Murray Corp.

17. Father's Name (First, Middla, Last) Walter Lowery

Sarah 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda)

18. Mother's Name (First, Middla, Maidan Surnama)

Baltimore

DeVore

Shirley Burley/daughter 211 Glider Drive 20a. Method of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Plece of Disposition (Nama of camatary, cramatory or other place) 4 ☐ Donation 5 ☐ Other (Specify)

20c. Locallon - City or Town, State Gardens of Faith Cemetery10/18/96 Rossville Md.

21. Signature of Funeral Service Licensee

Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21

23a. Pert1. Enter the disease, or con shock, or heart failure. List and

Immediete Cause (Final disaase or condition resulting in death)

1 Naver Married 2 Married

19a. Informant's Name/Relationship (Type, Print)

Ē

by

Be Completed

2

Examiner

Physician/Medical

þ

Medical

the Medical Examin

Assystole

Due to (or as a consequenca of):

Acute Myocardial Infarction

Due to (or as a consequence of):

Coronary Artery Disease

Sequentially list conditions, if any, leading to Immediate causa. Enter Undarlying Cause (Disease or injury that initiated events resulting in death) Last

				7			
	Due	to (or	as a	consequ	uenca	of):	

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown

24e. Was an autopsy performed?

1 Yes 2 No

28d. Describe how Injury occurred

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

Approximate Interval Between Onset and Death

35 Minutes

3. Time of Death

9:40 am

 Birthplace (State or Foreign Country) PA

> 10d. Insida City Limits 1 ☐ Yes 2 No

White

Specify

Md. 21220

25. Was case referred to medical 1 Yes 2 No

1 ☐ Inpatiant 2 🖾 ER/Outpatient 3 ☐ DOA 28b. Time of

28. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify)

27. Mannar of Death 1 Natural

28a. Date of Injury (Month, Dev Year) 5 Pending investigation

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

281. Localion (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifier

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as steted. 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and pleca, and due to the cause(s) end manner steted.

29b. Signature and fitte of certifier

29c. License number

October 16,1996

30. Nama and address of person who use of death (Item 23e) (Type, Print)

9000 Franklin Square Drive Marc Leffer M.D.

Baltimore, MD 21237

State Registrar 31. Date filed (Month, Day, Year) 32 Registrer's Signature JCT1 8 1996 Eddson-handell

DHMH 16 Rev 6/95

Baltimore, Maryland 21215-0020

Peges 1 end 2 should be filed within 72 hours after nent of Health end Mental Hygiene.

Hygiene.

7 is marked other traumatic event.

or other tra

permit. Pege Department of Important: If any Injury or

Physician

Examiner

the burial-tran

USB as

for

/Medical

The law requires that the death certificete be executed Bud Records, P.O. Box 68760, physician ettending 4 signed by peed certificate has Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p

page 2 should be Completed Be 10 Certification:

2 Accident 3 Sulcide

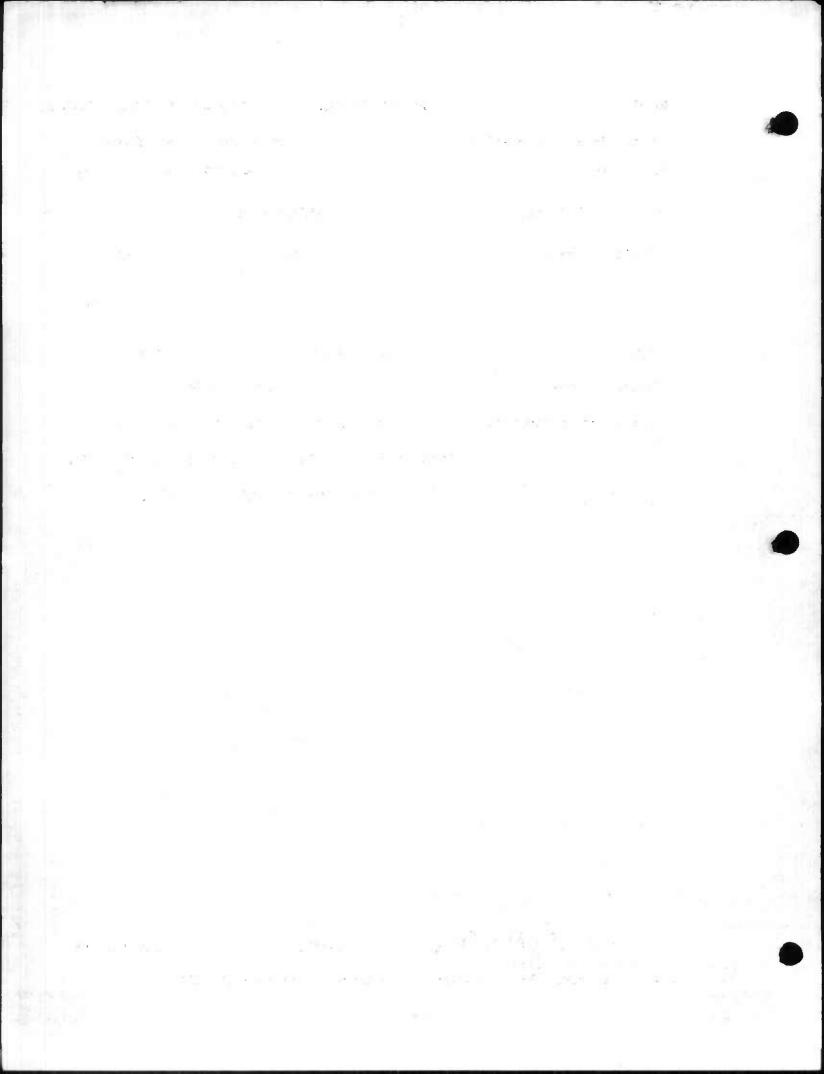
4 Homicide

6 Could not be determined

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

D36538

29d. Data signed (Month, Day, Year)



Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

Physician Jack Rasinger Sr. Machine State					State of Ma	-	e <i>rtificate of</i>	Death		giene g	5 31	1/8	
Pure rail Director 211-03-3876 a. Sea. BM DF 7. Age (th yrs. lest beinday) Blotter Year Maritire Break		•		Jack Bassin	ge/ sr				2. Date of Dec Month Ox Fober	Dey	Year	Time of Death (3:31 PM	
United State Too. Street and Number 10c. City, Town or Location Baltimore 10d. Inside City Mile 10d. Spread and Number 10d. Spread and Spread and Number 10d. Spread and Spread and Number 10d. Spread and Spread and Number 10d. Spread and Spread and Number 10d. Spread and Spread and Number 10d. Spread and Spread and Number 10d. Spread and Spread and Number 10d. Spread and Spread and Number 10d. Spread and Spread and Number 10d. Spread and Spread and Number 10d. Spread and Spread and Number 10d. Spread and Spread and Number 10d. Spread and Spread and Number 10d. Spread and Nu		Examir	er	A .	/	٩		0 11.	1000				
100 100				211-03-3876					6. Date of Birt (Month, Da March	y, Year) 15,1914		(State or Foreign	
147 South Robinson St. 21224 158 The state of the state		Maryland 4 show led at	tor	10e. Stete 10b. County	imore	10c. City, Town or		ltimore			100	nside City Limits	
19 19 19 19 19 19 19 19		3a or 28a at be notifi			Robinson	St.		24					
Companies Comp	020			1 Never Married 2 Merried	Armed Forcae? 1 Yes 2 20 N If Yea, Give	ever in U,S. 13			pecify Yea or No- Rican, etc.)		k, White, etc.		
Companies Comp	1215-00	within than the Mes	mpleted	(Specify only highest gred	e completed)	(Gi	ve kind of work done . DO NOT use retire	pation during most of work ed)	rorking 16b. Kind of Business/Ind			у	
Companies Comp	yland 2	a = 0 E	Be	17. Father's Name (First, Middle, Last)	4	Meiden Sumem	е)						
21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Connell Ly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221 23a. Part Lenter the disease, or compliantions that caused the death format the mode of dying, such as cardiac or respiratory arrest. Immediate Cause (Final disease or condition reacting in death) Due to (or as a consequence of): Consellant Limited Cause (Final disease or condition reacting in death) Due to (or as a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited C		등 후 후 등		* * *					9)				
21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Connell Ly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221 23a. Part Lenter the disease, or compliantions that caused the death format the mode of dying, such as cardiac or respiratory arrest. Immediate Cause (Final disease or condition reacting in death) Due to (or as a consequence of): Consellant Limited Cause (Final disease or condition reacting in death) Due to (or as a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited Cause (Final disease or conditions to a consequence of): Consellant Limited C	More	Pages 1. nent of Ha nt: If then ny or oth		1 ☐ Burial 2 ☑ Cremetion 3 ☐ F	emoval from State								
29. Part I. Enter the disease, or complications that caused the death. Consider the mode of dying, such as cardiac or respiratory arrest, interval Between seach line. 29. Part I. Enter the disease, or complications and cause on each line. 29. Part I. Enter the disease, or complications are caused the death. Consider the mode of dying, such as cardiac or respiratory arrest, interval Between seach line. 29. Part I. Enter the disease, or complications are caused the death. Consider the mode of dying, such as cardiac or respiratory arrest, interval Between Seach line. 29. Part I. Enter the disease, or complications are caused the death. Consider the mode of dying, such as cardiac or respiratory arrest, interval Between Seach line. 29. Part II. Enter the disease, or complications are caused the death. Consider the mode of dying, such as cardiac or respiratory arrest, interval Between Seach line. 29. Part II. Enter the disease, or complications are caused the death. Consider the mode of dying, such as cardiac or respiratory arrest, interval Between Seach line. 29. Part II. Enter the disease, or complications and cause of the death. Consider the mode of dying, such as cardiac or respiratory arrest, interval Between Seach line. 29. Part II. Enter the disease, or complication or each line. 29. Part II. Enter the disease, or complication or each line. 29. Part II. Interval Between Seach line. 29. Part II. Interval Between Seach line. 29. Part III.	THE SECOND	Departri Departri Importa any Inju		21. Signeture of Funerel Service License	4 (. Oly	22. Name and Addr	ess of Fecility					
Sequentially list conditions, if erry, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a con		/Medical). 	Immediate Cause (Final		Pneumo. Due to (or as a cons	onter the mode of dy	ing, such as cardlac	or respiratory ar	rest,	App	roximate rval Between let and Death	
Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of a contribute to the	x 68760,	-	edical	triat mitiated events	÷	Oue to (or aa a cons	equence of):		700				
SPIZUR DISORDE 1 Yes 2 No 1 Yes 2	s, P.O. Bo	is that the death of gned by the atten- be detached for u	by Physician	-1 -1./			/						
25. Was case reterred to medical examiner? 1	Record	2 8 8	mpleted	Diabetes	0				perfo	rmed?	availabl	le prior to tion ot cause	
The state of the s	Vital	E # 8	Be	25. Was case reterred to medical examiner?	Inenital:			hor	th (Check only o	ne)		i 2□No	
1//4	Division of	ral di	27. Manner of Death Naturel 5 Pending Investigation 3 Suicide 6 Coulon determined 28e. Place of Injury - At home, ferm, street, factory, office 28f. Location (Street and Number of Ruta)									ute Number,	
2 Accident 3 Suicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 5 Could not be determined 5 See. Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and Number on Pural Route Number of City or Town, Stete) 29c. License number 29d. Dete signed (Month, Day, Year)		the Hospita in 24 hours the Funeral spletely filled	edical	29a. Certifier (Check only one) 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner es stated. 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner es stated. 29a. Certifier (Check only one)									
6 Cher H 1996		With Com	2	Joh Juni	October 14 1996								
State 31. Date filed (Month, Dey, Year) 10. Respirite Signature.		Ste	te	31. Date tiled (Month, Dey, Year)	er, MD	Mycz	e, Print) Modecas	Vale :	301 5%.	Part,	Place,	B. Hinse	

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Month OCT INEZ CALLICUTT /Medical 4e. Fecility Neme (If not Institution, give straet end number) 4b. City, Town, or Location of Daath 4c. County of Deeth **Examiner** UNION MEMORIAL HOSPITAL BALTIMORE N/A5. Social Security Number If Under 1 Yaer If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 9. Birthplece (State or Foreign Country) NC 6. Sex 7. Age (In yrs. lest birthdey) 1□M XXF Deys Yrs. 216-24-8580 Usuel Residence of Deceden 19 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director XXYes 2 No MD N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 811 EAST COLDSPRING LANE 21212 Funeral us 12. Was Dacedent Ever in U,S. Armed Forces? 1 ☐ Yes X X No If Yes, Give Yeer or Datas: Wes Decedant of Hispanic Origin? (Specity Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 11. Meritei Stetus 1 Never Married 2 Married 1 ☐ Yes 2 📆 💢 o Specify: by Specify: ₩Widowed 4 Divorced BLACK Completed 15. Decedent's Education (Specify only highest grada completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) CUSTODIAN EDUCATION 11 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be GREENLEE ROSBY HESTER VAN 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21212 PATRICIA PARIS (DAUGHTER) 811 E. COLDSPRING LANE BALTIMORE, MD. 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Steta 10/16/96 BALTIMORE, MD. KING MEM. PARK 21. Signeture of Funerei Service Licenses 22. Name end Address of Fecility PHILLIPS FUNERAL HOME 1721-27 N. MONROE ST. BALTIO., MD 21217 tha Heclar CFSP 23e. Pert1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heer feilure. List only one ceuse on each line. Approximete . interval Between Onset and Death Immediate Causa (Finei Accident evebrovascular disease or condition resulting in deeth) Due to (or es e consequence of): pertension 10 YEARS Saquentielly list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disaese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Physician/Medical Dua to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uss contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Wera autopsy findings available prior to compiation of cause of deeth? 24a. Wes an eutopsy performed? 2 ZINO 1 Yes 1 ☐ Yas 2 ☐ No Be 25. Wes case referred to medical axaminer? 28. Piece of Deeth (Check only one) Hospitel: 2 1 Yes 20 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 inpatient 2 □ ER/Outpetient 3 □ DOA 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 Neturel 1□Yes 2□No 2 Accident 3 Suicida 6 Could not be 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and pleca, end due to the cause(s) end menner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, deta end piece, and due to the cause(s) end menner stated.

the death certificate be executed Box 68760, P.O. Records, Division of Vital Hospital or Attending Physician: death.

Funeral

Director

ahow

2

Baltimore, Maryland 21215-0020

permit. Pages 1 and 2 should be Department of Health and Mental Important: If tem 27 is marked of

Physician /Medical

Examiner

-transit

pug

physician is the burial

signed by t

page 2 s

director

this

After

Se

r than "natural", or items 23a or 28a-f shor the Medical Examiner must be notified at

Director: / To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by

State Registrar

29b. Signature and title of certifier

29c. Licanse number 4176435AJJ068

29d. Date signed (Month, Day, Year) October

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Baltimore MD Shavon C. MD Lunion Mamorial Hospital

31. Dete filed (Month, Dey, Year) UUT1 8 1996

(Check only one)

32. Registrer's Signature guiden-Randelle

						State c	f Marylaı	nd / Depa <i>Cer</i>	artment of I <i>tificate of</i>	Health ar <i>Death</i>	nd Mental Hy	/giene Reg. No.	96	31	180
	Physic /Medi		1. Decedent's Name ERMA	(First, Mic)	CASE	Y			2. Deta of D Month	Day	Yes 199	ar o	ime of Death
	Examir		4a. Facility Name (If Stella Ma							_	, or Location of Dee	- T	County of D	eeth	
	Funerai Director		5. Social Security No. 219–52–32	ımber	6. Sex	_		. last birthday) Yrs.	If Under 1 Yaar Months Days	If Undar 24 Hours		irth ay, Year)	9.6	imore Birthplaca (S Country) Ligini	Stata or Foreign
	pus *		Usual Residence of 10a. State	Dacedent 10b. Cour	tv		10c. C	ity, Town or Lo	cation		1				
	r 28a-f show	tor		Balt		е	100. 0		ddle Riv	er					Yes 2 No
	death with the Maryland ms 23a or 28a-f show	ai Direc	10e. Street and Num		Drive	e			10f. Zip Code 2122	D		10g. Citize	en of What		
020	or he	by Funeral Directo	11. Marital Status 1 Naver Marrie 3 Widowed		arriad	12. Was Dac Armed Fo 1 ☐ Yes If Yes, Gir Yaar or D	2 N O		Vas Dacedant of I Yes, specify Cub	dispanic Origin an, Mexican, F Specify:	? (Specify Yes or N Puarto Rican, etc.)		Bleck, W	mericen Indi hite, atc. White	an,
21215-0020	J within 72 ho liene. r than "natur the Wester	Completed	(Speci		nest grade	cetion e <i>completed)</i> College (-4or 5+)		ent's Usual Occup kind of work done OO NOT usa retire Lerk	oetion during most of d)	f working		d of Busine	ss/Industry	any
Maryland	s 1 and 2 should be filed if Health end Mental Hygid Item 27 is marked other other traumatic event, is	To Be C	17. Father's Name (A								Name (First, Middle e Stanley		Sumama)		
	Health end 2 should health end Normal ST is managed by the trauma		19e. Informant's Ne Harrison			pe, Print) FATHER)	1			or Rural Route Numb Middle Ri				
Baltimore,	Pages 1 end nent of Health int: If item 27 iry or other t		20a. Mathod of Disposition 1 Raburial 2 Donation	Cremation		emoval from	Ctate	cematery, cren	sition (Name of patory or other pla	<i>∞)</i> rden 1	Date 0/18/1996			or Town, Str	, Md.
B	permit. Pages Department of Himportant: If ite any injury or of 2002s.	21. Signature of Funeral Service Licensae 22. Name and Address of Facility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 2122													21
			23a Parl 1. Enter th	e disease, failura. Li	or compli st only or	cations that one cause on e	aused the dea ach line.	th. Do not ente	er the moda of dyli	ng, such as ca	rdiec or respiratory	errest,	ex, Pac	Appro	ximate al Between
	Physician /Medical Examiner		immediate Causa (F disaase or condition resulting in death)	Final	8	6			HUCER	2				3c	and Death
	₽ #	Iner					Due to (or as a conseq	uence of):					0	
58760,	cate be executed physician and the burial-transit	ai Examiner	Sequantially list con if eny, leading to im- ceuse. Enter Under Cause (Disease or le	ditions, nadiate lying njury	J'	;,	Due to (or as a conseq	uence of):						
_	E 00 6	VMedical	that initiated events rasulting in death) Li		l.	l	Dua to (d	or as a consequ	ience of):						
Box	death certifi e attending ed for use as	Physician/Me	Pert II. Other signific	ant condi	lions con	tributing to de	eath but not res	sulting in the un	dartving ceuse gh	ven in Pert I.	23b. Did	I tobacco u	se contribu	ute to the c	use of death?
s, P.O	es that the death cert igned by the attendin be detached for use	by Phys										V		Probably	
Records,	aw requir s been s 2 should	Completed									24a. Was	s an autops ormed?	24	available	opsy findings prior to in of cause
I Re	The ate h	Com									1□	Yes a	No	1 🗆 Yes	2 No
Vital	Physician: this certific ral director,	Be	25. Was case referre		-	lospital:			Oth Dock Oth		Death (Check only				
of	Phys ral di	lon: To	1 inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 (AOthar (Specify) HOS							OSPICE					
Division	f or Attending after death. Director: After d in by the fune	Certification:	Accident investigation M 1 Yes 2 Accident Ac									(Street and own, Stata)	Number or	Rural Route	Number,
	To the Hospital or Attend within 24 hours after death To the Funeral Director:: completely filled in by the	edicai C	29a. Certifier (Check only one)	Certify Medica	ing Phys I Examin	or: On the ba	best of my kno sis of examina ner steted.	owledge, daath ation and/or inv	occurred at the tire estigation, in my c	ne, date and p pinion, daath	place, end due to the occurred at the lima	ceuse(s) a , dete end p	and manner place, and d	ss stated. Jua to tha ca	use(s)
	To the To the										29d. Data signed (Month, Day, Year)		ear)		
	6		K. E.	da	22	20	ulle	aus	78	564	3	10/	15/	46	
			DR. KENI						rint) /ALLEY RI	D. TOW	SON, MD 2	1204			
	Sta	_	31. Date filed (Month	, Day, Yea	r)	32. R	egistrar's Sign	eture		. 2011					
	Registr	ar _	OCT1 8	3 1996	9	whia Day	dson-Ran	delle							

DHMH 16 Rav 6/95

3. Time of Death

				State of Maryland	Certificate of Death	ı ivleritai mygleri Reg. N	
	Physic	an	1. Decedent's Nema (First, Middle, Last)	Coley		2. Date of Death Month D	ay Year 3.
	/Medi Examii		4e. Fecility Nama (If not Institution, give s	2010	4b. City, Town,	CONTRACTOR AND CONTRA	c. County of Death
	Funeral Director		5. Social Security Number 6. Sex	Age (In yrs. In	st birthday) If Under 1 Yaar Hundar 24 F Months Days Hours M	rs. 8. Date of Birth Month, Day, Year AUG, 2021	962 MARY
	the Maryland 28a-f show notfied at	ector	10a. Stele 10b. County	10c. City.	Town or Location BALTIMORE		10d. lr
	ter death with the terms 23s or 2	Funeral Director	10e. Street and Number RiGo	45 AVB	10f. Zip Coda 21216		U, G, A
020	5 5 E	by	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever in U,S Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Datas:	. 13. Wes Decedent of Hispanic Origin? If Yas, specify Cuban, Mexican, Pu 1□ Yas 2□ No Specify.	(Specify Yes or No- erto Rican, atc.)	14. Race - American In Black, White, etc. Specify: Poly
215-0	hin 72 hours s. an "natural", Medical Exp	Completed	15. Decedant's Educ (Specify only highest grade Elementary/Seconded (0-12)	cation a completed) College (1-4or 5+)	16a. Decedant's Usuel Occupation (Giva kind of work dona during most of w lifa. DO NOT usa retination	working 16b.	Kind of Business/Industry
nd 21	2 should be filed with and Mental Hygiene. Is marked other ther aumatic event, the M	Be	17. Father's Nama (First, Middla, Last)	B 1	NA 18. Mogher's N	lame (First, Middle, Malde	in Sumane)
Baltimore, Maryland 21215-0020	12 should be filed within n and Mental Hygiene. Is marked other than traumatic event, the M	To	19a. Informatit's Name/Fisiationship (Typ	O Pring	19b. Mailing Addrass (Street and Number or	Rural Bouta Number, City	or Town, State, Zip Cook
nore, I	eges 1 and 3 nt of Health i: if item 27 or other tr		20e. Method of Disposition 1 Burial 2 Dicremetion 3 R		ice of Disposition (Nama of matery, crematory of other place)	Data 200. 1	Location - City or Town, S
O Biltin	permit. Peges 1 and 2 Department of Health of Important: If item 27 is any injury or other tra once.		4 Donation 5/Other (Specify) 21. Signature of Euperal Service License 23a. Part Lends the Seeas, of confide	Int	22. When and Adopped of Company 27. 10 Frest 141	A FUNERO	HOME P
	Physician /Medical Examiner		shock, of huart failura. List only on		arry thm (a	sac or respiratory arrest,	App Inta Ons
		Examiner	b	hyperk	as a consequance of):		
68760,	ficete be axecuted physician and st the burlal-transit		Sequentially list conditions, if any, leading to immadiata causa. Entar Underlying Causa (Disaase or injury that initiated events	Endstag		ease	
	= 000	an/Medical	rasulting in death) Last		es e consequance of):		
О.	tha death cert y the attendin othed for use	Physician/M			Ing in the underlying cause given in Part I.		o uea contributa to the
S, P.		by Ph	massive ce	rebrovas	cular accident	1 Yes	25No 3□ Probably
Division of Vital Records, P.O.	law req as beer 2 shou	Completed	Renal Osi	teodys tro	nhy	24a. Was an aut performed?	opsy 24b. Wara available complet of death
E	F # 8		05.116				No 1□Yas
2	yalclan: s certific director,	To Be	25. Was casa refarred to madical axaminar? 1 Yas 24-No	ospital: 1 Impatient 2 E	04	Death (Check only ona) G Homa 5 Residence	e DOther (Conside)
ion of	or et		27. Manner of Death 1 Natural 5 Panding 2 Accident Invastigation		28c. Injury at Work? M 28c. Injury at Work? 1 Yes 2 No	28d. Describe how inj	
Divis	or Attendiation after deeth Director: A	ertification:	3 Suicida 6 Could not be 4 Homicida datamined	28a. Place of Injury - At hom building, atc. (Specify)	na, farm, street, factory, office	28f. Location (Street a City or Town, Sta	and Number or Rural Route)

rta to the cause of death?

Probably 4 Unknown

b. Wara autopsy findings available prior to completion of cause of death?

30

(State or Foreign

10d. Inside Cay Limits 1 Nos 2 No

ZIO Code)

1 ☐ Yas 2 ☐ No

25. Was casa referred to madical
axaminar? 1 ☐ Yas 24 No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Cartifier (Check only one)

tacartifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner steted.

29b. Signature and titla of certifier

29c. Licensa number 018327 29d. Data signed (Month, Day, Year)

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

wilkens Are Balk red Moges Gebreinarians
31. Date filed (Month, Day, Year) , 32, Re 4660

State Registrar

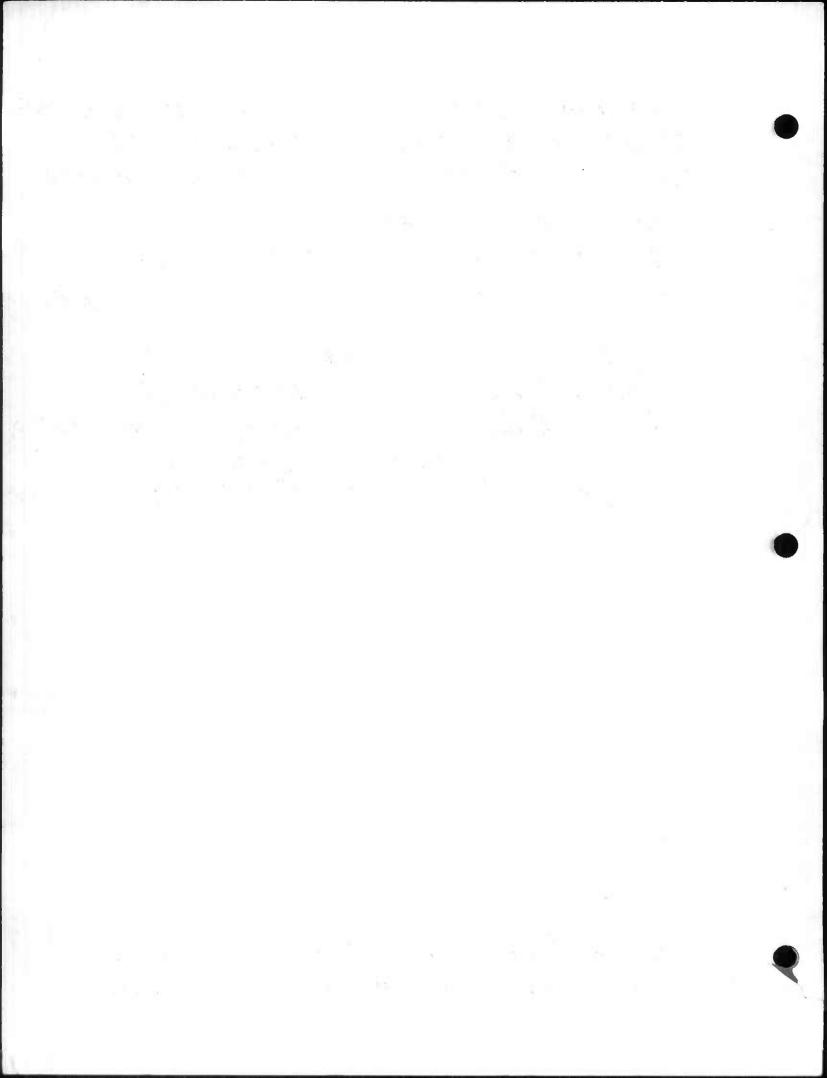
32 Registrer's Signetura 8 1996

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica

filled in by

Certification:



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death **Physician** Month Year CHARLES CHLAD Oct. 14, 1996 11:24 PM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** SAINT JOSEPH MEDICAL CENTER TOWSON, MD BALTIMORE 6. Sex 1**X** M 2□ F If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Yea 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funerai** Deys Months Yrs. Director 215-12-9283 74 JAN.10,1922 Maryland Usuai Residence of Deceden the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumetic event, the Medical Examinar must be notified at 1 Yes 2 No Directo Maryland Baltimore County Parkton 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 1 Musket Court 21120 U.S.A. Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 IXYes 2 □ No if Yes, Give Yeer or Detes: WWII Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 11. Maritai Status Peges 1 and 2 should be filed within 72 hours effer onent of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or item inty or other traumatic event, the Medical Examination 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White ρ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coliege (1-4or 5+) 5+ Chemist Chemical Manufacturing 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Be Chlad Charles 0 Myrtle Bleach Mae 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Ruth Chlad 1 Musket Court, Parkton, Maryland 21120 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other plece) Date 20c. Location - City or Town, State 1 X Burlai 2 ☐ Cremation 3 ☐ Removal from State permit. Pege Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) Baltimore National Cemetery CCT18 Baltimore, Maryland 21 Signature of Funeral Service License 22. Name and Address of Fecilit Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Maryland 21212 Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical mediate Cause (Final ACUTE AORTIC DISSECTION 3-4 days disease or condition resulting in death) Examiner Due to (or as a consequence of) AORTIC REGURGITATION 3-4 DAYS Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Indiated events Due to (or as a consequence of) 68760 physician HEART FAILURE 8 Physician/Medical 3-4 DAYS 8 Due to (or as e consequence of): 井 athending Box RE-DO ASCENDING AORTIC REPLACEMENT 9HOURS P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributs to the cause of death? the s been signed by t should be detach 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records. þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? has page 2 certificate 1 Yes 2X No 1 ☐ Yes 25 No Hospital or Attending Physician: 24 hours efter deeth. Be 25. Wes case referred to medical examiner? 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 1 XInpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? After 1 Natural
2 Accident 5 Pending 1 □ Yes 2 □ No investigation Director: / 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piace of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Funeral D 1X Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier To the Hosp within 24 hor To the Fune completely fi 29b. Signature and Altie of certific 29c. License number 29d. Date signed (Month, Day, Year) D 32045 30. Name of person who completed cause of death (item 23e) (Type, Print) STEPHEN LINCOLN, MD OSLER DRIVE,

SUITE# 386 TOWSON, MD

21204

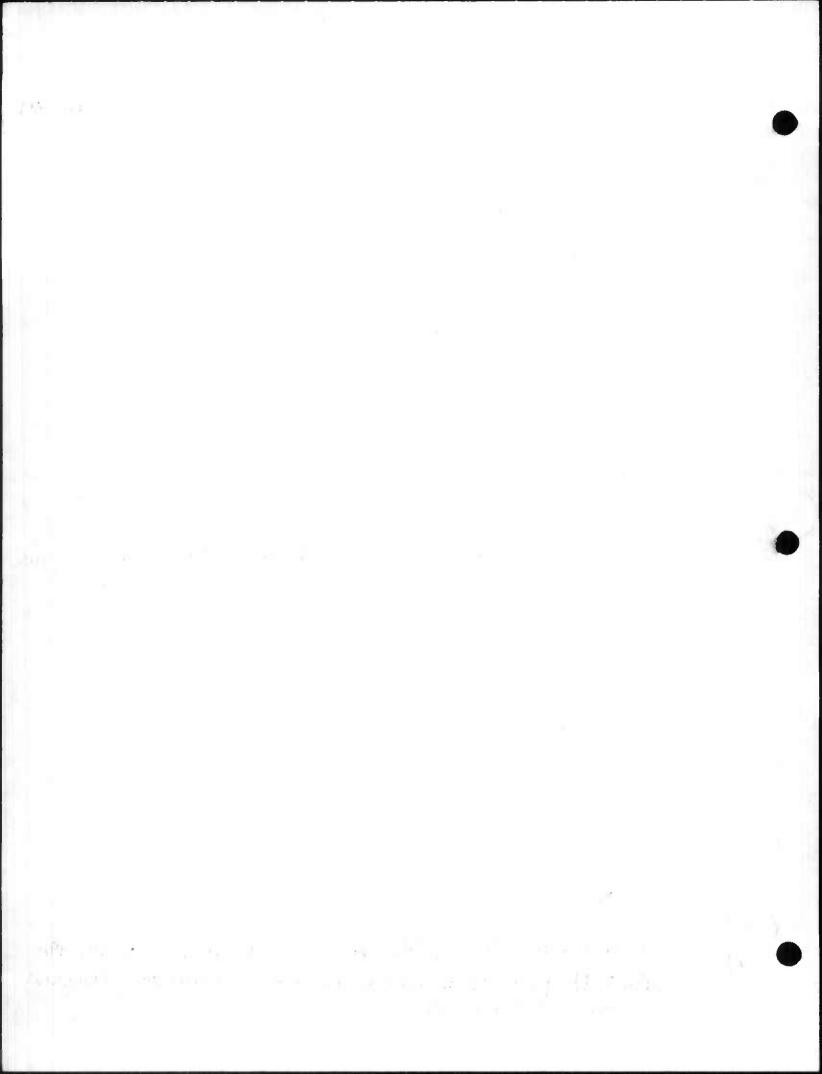
Registrar

31. Date filed (Month, Day, Year) OCT1 8 1996

.

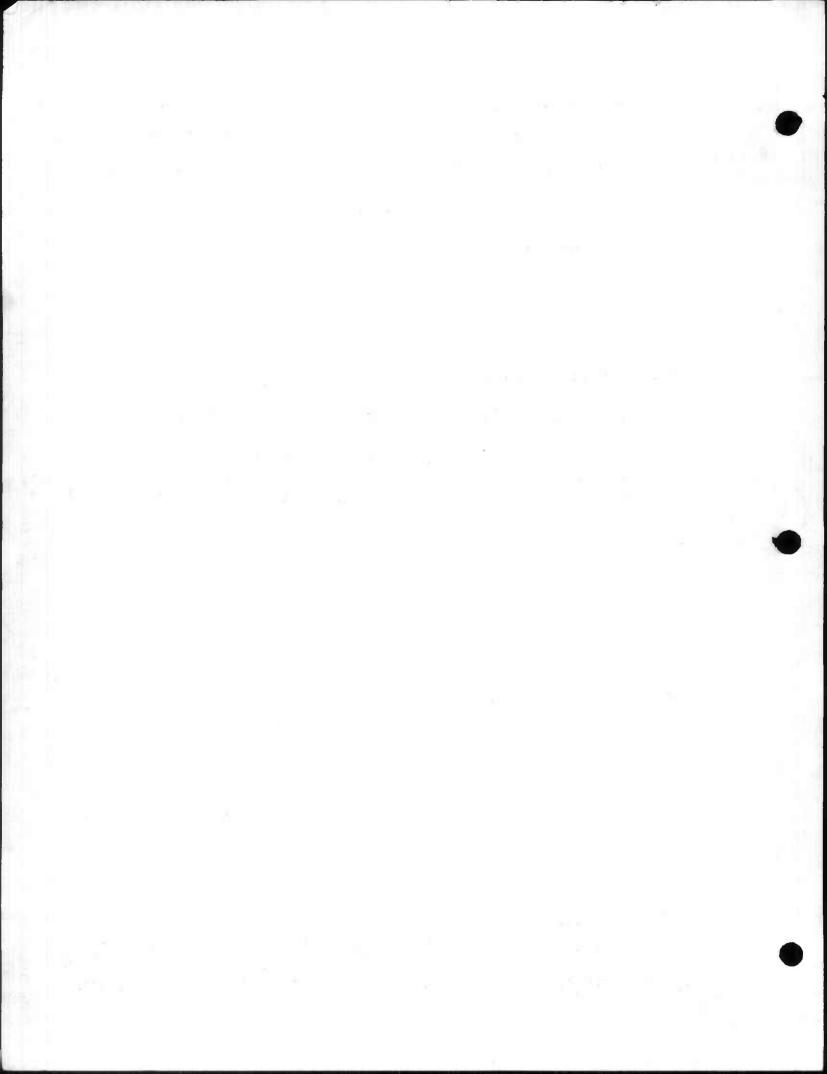
State of Maryland / Department of Health and Mental Hygiene 96

_					Ce	ertificate of	f Death	-51	Reg. No.		
	Division		1. Decedent's Neme (First, Middle, La	st)	1/	1		2. Date of D	eath	Vene	3. Time of Death
	Physic /Medi			Kenee	У.	Coop.	es	OC+	Dey /	996	4:00 AM
	Exami		4a. Facility Name (If not institution, giv	e street and number)		P	4b. City, Town, o	r Location of Dee			
			4311 Marble	Hall Road			Batti	none.	NA		
Н	Funeral	г	5. Sociel Security Number 6. S	7 11 100 111	s. lest birthda	y) If Under 1 Yaa	r If Under 24 H	rs. 8. Date of Bi	rth	9. Birtho	lace (Stete or Foreign
	Director		212-76-7537	DM 201 37	Yrs.	Months Days	s Hours Mi	n. (Month, D	ey, Year)	Coun	lace (State or Foreign try)
	D		Usuei Residence of Decedent					100	11.13		114
	ylan		10a. Stete 10b. County	10c. 0	City, Town or I	Location				10	0d. Insida City Limits
	Mar Mar	Ş	Md NA	E	Baltin	Inc					1 Yes 2 No
	1 the	Director	10e. Street and Number		200	10f. Zip Coda			10g. Citizen of \	Whet Coun	try?
	3a o		4311 Marble	Hall Road	/	2121	18		U	,5,7	7
	n 72 hours after death with the Maryland "naturel", or items 23s or 28s-f show edical Examination at the notified at	Funeral	11. Merital Status	12. Wes Decedent Evar in	U.S. 13	. Was Decedent of		Specify Yes or N		e - Americ	
	fre fre	F	1 Never Marriad 2 Married	Armed Forces? 1 ☐ Yes 2 ☑ No		If Yes, specify Cu	ban, Mexican, Pue	erto Rican, etc.)	Blee	k, White	etc.
21215-0020	72 hours after naturel', or its fical Exemine	by	3 Widowed 4 Divorced	If Yes, Giva / Yaar or Dates:		1 Yes 2 No	Specify:		Specify	r: 01	aur
Ö	2 hou		15. Decadent's Ed	lucation	16e. Dec	edent's Usuel Occu	upation		16b. Kind of B	usiness/Ind	lustry
75	n n	Completed	(Specify only highast gra		(Giv	e kind of work done DO NOT use retir	e during most of w ed)	orking			
2	filed within Hygiena.	E	12th arade	College (1-4or 5+)	100	in selor	_		Heal	46	Center
D	e filed al Hygid other	Be C	17. Fathar's Name (First, Middla, Last)	1915		, , , , ,		ame (First, Middle	, Meiden Sumen	10)	
a	Mental Mental arked o	To B	Robert Comme	_			tille	1 20,000			
Maryland	2 should be and Menta is marked surnatic er	-	19e. Informant's Neme/Relationship (Type Print)	19b Mai	ling Address (Stree	at and Number or I	QUINT Route Numb	er City or Town	State Zin	Code)
Ž	alth ar 27 is or trau		Ethel Corner	- Mother	15	19 Van	2011/10/	17	1 12 "	a Med	71716
e,	- 9 E E		20a. Method of Disposition		Pleca of Dist	position (Name of	newick	Dete	20c. Location -	City or To	em State
9	Pages nent of I nrt: If ite iry or o		1 Burial 2 □ Cramation 3 □	Removal from State	cemetery, cr	emetory or other pl	ece)		0		/
altimore,	rtant Juny		4 ☐ Donation 5 ☐ Other (Specify				<i>letery</i>	10-21-96	Baltin	nore	Ma
Ba	permit. Departr Importu any inju		21. Signeture of Funeral Servica Lican	see O) :	22. Name and Addr	ress of Facility	WEST		Dalth	4 Md 21213
Z	ab = 4 0		• Gumelle	J COM	/ /	oja ar	430	10 W	alrest	Leve	nue
			23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only	olications that caused the de	eth. Do not e	nter the mode of dy	ing, such as cardi	ec or respiretory e	rrest,		Approximate Interval Between
	Physician										Onsat and Death
7	/Medical		Immediate Cause (Finel disaesa or condition	. Acquire	d	Immur	e Defre	ency S	rundre	me	10 years
	Examiner		resulting in daeth)	Due to	(or es a conse	equenca of):					10 qcars
	D #	ner									
	certificate be executed ding physician and ise as the burial-transit	Examiner	Sequentially list conditions.	b. Due to	(or as a conse	equenca of):				1	
o	an al		Sequentielly list conditions, it eny, leading to immadiate cause. Enter Undarlying							1	
68760,	ysici ye bu	edicai	Ceuse (Diseasa or injury that initieted events	C Due to (or as a conse	quenca of):		-			
89	tifica g ph as t	8	resulting in deeth) Last			,					
XO		M/u		d						-	
0	ras that tha death signed by the atten I be detached for u	Physician	Pert II. Other significant conditions of	entributing to doub but not re	outting in the	undorking gaves -	iven in Deat I	- Oah Did	tabaasa wax aa	-4-1544	Abo cours of double
O.	tha by the	hys	Total organical conditions of	sumbating to death but not re	Sulfing in the	underlying cause g	nven in Fait i.		.,		the cause of death?
<u> </u>	that det							. 1	Yes 2 No	3 Prob	ably 4 ☐ Unknown
Vital Records,	The law requiras that tha death ite has been signed by the atter page 2 should be detached for i	d by						24a Was	an eutopsy	24b. We	re autopsy findings
Ö	v require been si should	Completed						perfe	ormed?	ava	ilable prior to
ě	has has	du								of c	leath?
m	The It	ပိ						1 🗆	Yes 200 No	1□	Yes 2□ No
€	ician certific rector	Be	25. Wes case referred to medical axaminar?					eeth (Check only	one)		
	Physic This o	ဥ	1 Yes 2 No	Hospitel: 1 ☐ Inpatient 2	ER/Outpetie	ent 3 DOA	ther: 4 \(\sime\) Nursing	Home 5 ☐ Resi	dence 6 Oth	er (Specify)
Division of	After 11	ü	27. Mannar of Deeth 1 ☑ Neturel 5 ☐ Pending	28e. Date of Injury (Month, Dey Year)	28b. Time Injury	of 28c, Inju	ury at ork?	28d. Describe	how injury occur	red	
9		atic	2 Accident investigation				Yes 2 No				
N N		tific	3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of injury - At building, etc. (Spec	homa, farm, s	traat, factory, office		28f. Location (Straat end Numb	er or Rural	Route Number,
Ξ	10年2月日	Certification:	T E T TOTAL O	building, etc. (Spec	" y)			Ony or 10	wii, Siele)		
	hour hour y fill		29a. Certifier 1 Certifying Phy	sician: To the best of my kn	owledge, dee	th occurred et the t	ime, dete end pled	e, end due to the	ceuse(s) and ma	nner as st	ated.
1	200	Medical	(Check only 2 Medical Exam	Iner: On the basis of examin and manner steted.	etion end/or l	nvestigetion, in my	opinion, death occ	curred at the time,	date end place,	and due to	the cause(s)
(100	Σ	29b. Signeture end title of cartifier	0 6 0		29c. Licen	se number		29d. Dete algne	(Month, L	Dey, Year)
1	1		Glenglest	K V. Losh	mI) 4<2	40232	F1 90	2-7 1	4	c 1996
	01	1	30. Name and address of person who o	ompleted cause of deeth (Ite	m 23e) /Timo	Print)	40232	16	31 0		8,1996
	V		7	pital of F	3ac Iti	MOND D	elveder	re and G	reenson	ng 1	<i>daryland</i>
	- 540	to	31. Date filed (Month, Dey, Year)	22. Redistra is sim	atoro	10-10- 10			101		1121
	Sta Registr		OCT 1 8 1996 9	ine Davidson-And	412						
			0011 0 1930 Q		- Marian						444



					Cer	tificate	of I	Death		Reg. No.		
ysician	-	I. Decedent's Name (First, Middle,							2. Date of D Month	Death Day	Yaar	3. Time of Death
ledical	H	Tracy Carli						0. 7		16 1996		10:10am
aminer ———	ì	a. Facility Name (If not institution, 41 Friar Tuck)				sherwoo	d Fore		nty of Death	rundel
rai	- 1	i. Social Security Number 217-28-7850	5. Sex 7. A 1 pq M 2 □ F	ge (In yrs. last bi 84	rthday) Yrs.	If Under 1 Months	Yaar Days	if Under 24 Hrs Hours Min	. (Month, L	Birth Day, Year)	9. Birthp Coun	lace (Stata or Foreign try)
Ole .		Jsual Residence of Decadant	***				-		Feb 2	20 1912	Was:	h. D.C.
ctor		0a. State 10b. County Md Anne A	Rundel	10c. City, Tow Sher		eation od Fo	res	st			10	0d. Inside City Limits 1 ☐ Yes ※☐ No
al Director	1	0e. Street and Number 141 Friar Tuc	k Hill			10f. Zip C 214				10g. Citizen o	What Coun	try?
by Funeral	•	Merital Status Never Married 2	12. Was Decedent Armed Forces 1 Tayas 2 ff Yas, Give Yaar or Dates:	No WW TT	If	/as Deceder Yes, specify	y Cuba	ispanic Origin? (\$ in, Mexican, Puer Specify:	Specify Yes or Note Rican, etc.)		ace - Amarlo lack, White, e lify: Wh:	
peted	1	15. Decedent's (Specify only highest	Education	16a	. Daced	ent's Usual (Occupa	ation	delan	16b. Kind of	Business/Ind	lustry
Completed		Elamantary/Secondary (0-12)	College (1-4or	5+)	Owr		retired	during most of wa	rking	Contr	acti	ng
To Be	1	7. Father's Name (First, Middle, L. Thomas CArlis	le Colema	an					me (First, Middl Pratt	le, Maiden Sums	ame)	
		9a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State 141 Friar Tuck Hill, Sherwood F								For	code) esr, Md	
	2	0a. Method of Disposition 1 Burial 2 □ Cramation 3 4 □ Donation 5 □ Other (Spe			ry, crem	atory or other	er plac	e) Cemeter	Data	20c. Location		
any inju	7	11. Signature of Euperal Service Li		/	22.	Name and	Addras	ss of Facility H	ardest	y Fune	eral 1	Home, P.A Md 21054
ian	1	23a. Part1. Enter tha disea of coshock, or haart failure.	omplications that cause ily one cause on sach i	d the death. Do ine.	not ente	r tha moda o	of dying	g, such as cardia	c or respiratory	arrest,		Approximata Interval Between Onset and Death
cal ner	0	mmediate Causa (Final disease or condition esulting in death)	· Max	sive	ST	trok	a-	w.	ith			2 years
ner	1		Szal	Qua to (or as a	Consagi	ience oi):						Jonia
Examiner	SH	Sequantially list conditions, any, leading to immediate ause. Entar Underlying cause (Disease or Injury	b	Due to (or as a								- Jewa-
ledical Examir	1 1	Cause (Disease or Injury hat initiated evants esulting in death) Last	C	Due to (or as e	consequ	ence of):						
Physician/Me	P	art II. Other significant condition	d.	ust mat requires to	a Maa	ded de e e e		and the Country	age Bu	***		
by Phys		arm out or any mean contention	contributing to death t	nat not resuming i	n uie un	uenying cau	se giva	in in rait 1.		Yes 2 No		the cause of death? ably 4 Unknown
pleted	-								24a. Wa peri	s an eutopsy formed?	ava	re autopsy findings ilabia prior to apletion of cause leath?
S									1.	Yes 20 No	1 🗆	Yas 2□ No
To Be	2	5. Was case referred to medical axaminer?	Hospitai:				Otho	26. Place of De	ath (Check only	ona)		
	2	1 ☐ Yas 2 No 7. Magnar of Death	1 ☐ Inpatie		tpatient	3□ DOA	Othe	4 LI Nursing F		how injury occu)
cation		1 Natural 5 Panding Investigat	(Month, Da		njury	М	fnjury Work 1 🗆 Y	? /es 2 □ No	200. 5630150	Thow injury occu	med	
Certification:		3 ☐ Suicide 6 ☐ Could no determine	ad 286. Placa of in	ury - At homa, fa c. <i>(Specify)</i>	rm, stre	et, factory, o	ffice			(Street and Num own, Stata)	ber or Rural	Route Number,
Medical Certifi	2	9a. Certifier Certifying 2 Medical Ex	Physician: To the best aminer: On the basis o and mannar st	examination an	, daath d d/or Inva	occurred at t estigation, in	tha time my op	e, date and place Inion, daath occu	, and due to the rred at the time	e ceusa(s) and n , date and placa	nanner as sta , and due to	ated. the cause(a)
Σ	2	9b. Signature and title of certifier	A .			29c. L	icansa	number		29d. Data sign	ed (Month, D	Pay, Year)

State Registrar



96-5726-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Months

State of Maryland / Department of Health and Mental Hygiene 96

IEMS:	23	PART	Ι,	27,	PER	MEO	FILM
g-740	10,	/21/96	t.	t			

Certificate of Death Reg. No.

Physician /Medical Examiner

Funeral

28a-f show

ó 23a

"natural", or

al Hyglene.

permit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: if fem 27 is marked oth any liuly or other traumatic event PARE.

Physician

/Medical

Examiner

sician and buriel-transit

physician the burie

signed by the ette

has page 2 certificate

funeral director,

this

After

Director: /

To the Hospital within 24 hours a To the Funeral Completely filled Hospital

ò

80 950

Attending Physician: The lew requires that the death certificate be executed

Box 68760.

P.O.

Division of Vital Records,

Physician/Medical Examiner

by

Completed

Be

Certification: To

Medical

death Herns 2

filed within 72 hours after

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified

JENNIFER 4e. Facility Nama (If not institution, giva street end numbar) CASSORT OCTOBER

3. Time all I with Day 6,1996 7:37 .M.

1424 UNION AVE

1. Dacadant's Neme (First, Middla, Last)

4b. City, Town, or Location of Death

2. Data of Death

5. Sociel Sacurity Number

BALTIMORE

4c. County of Deeth none

Director 217-64-2881 Usual Rasidenca of Decadent

Director

Funeral

þ

Completed

Be

1 M 2 ★F

If Undar 1 Yaar If Under 24 Hrs. 8. Deta of Birth
Hours Min. (Month, Day, Year) Days June 4, 1955

 Birthplaca (Stata or Foraign Country) Maryland

10e Stete

10b. County Maryland none

10c. City, Town or Location Baltimore

7. Aga (In yrs. last birthday)

41

10d. Inside City Limits 1 X Yas 2 No

10e. Streat and Number

"C"

0

21211

10f. Zip Code

10g. Citizan of Whet Country?

1424 Union Avenue

1 Never Marriad 2 Marriad 3 ☐ Widowed 4 ☐ Divorced

12. Was Decadent Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☐kNo If Yas, Giva Yaar or Datas:

 Was Dacadent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxicen, Puarto Rican, etc.) 1 Yas 2 No Specify:

14. Race - American Indian, Bleck, Whita, atc.

15. Decedant's Education (Spacify only highast grade complated)

Collega (1-4or 5+)

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired)

16b. Kind of Business/Industry

11 17. Father's Nama (First, Middla, Last)

Elamentery/Secondary (0-12)

18. Mother's Nama (First, Middle, Maidan Sumame)

Marion Lester Cassort

19b. Malling Addrass (Street end Number or Rurel Routa Number, City or Town, Stata, Zip Code)

19a. Informant's Name/Raiatlonship (Type, Print) Camilla Foxwell/Sister

20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata

20b. Piaca of Disposition (Nema of cematary, crematory or other place)

Sales Clerk

20c. Location - City or Town, State

4 Donation 5 Other (Specify) 21. Signature of Fun ral Sarvice Licensea Ronald S

Wade, Director State Anatomy Board-655 W. Baltimore Street Baltimore, Mkaryland 21201-1559

It. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ck, or heart failure. List only one ceuse on each line.

Immedieta Cause (Finel disaasa or condition resulting In daeth)

ASTHMA

Dua to (or es a consequanca of):

Sequantially list conditions, if any, leading to immadiata ceusa. Enter Undarlying Cause (Disaasa or Injury

Dua to (or as a consequence of)

Due to (or es e consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

that initieted evants resulting in death) Last

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 thinknown

24a. Was an autopsy

24b. Wara autopsy findings svallabla prior to complation of cause of death?

1 Yes 2 □ No

25. Was cesa referred to medical axaminar? 1 Yes 2 No

27. Manner of Death 5 Pending invastigation 2 Accident

6 Could not be detarmined

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 28b. Time of

28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yas 2 No

28d. Dascribe how injury occurred

29a, Cartifiar (Check only one)

1XXNeturel

3 Suicida

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated.

29b. Signature and title of centiler

29c. Licanse number

29d. Date signed (Month, Dey, Year)

46 30. Name and address of parson who complated ceuse of death (Item 23a) (Type, Print)

David 31. Data filed (Month, Day, Year)

Powler 111 Penn Street, Baltimore, Maryland 21201

State Registrar

DHMH 16 Rev 6/95

White Specify:

U.S.A.

Retail

Audrey Canmilla Ray

P.O. Box 283-LaFrance, South Carolina 29656

Approximete

Interval Between Onsat and Death

Yas 2 No

Other: 4 Nursing Homa 5 TResidence 6 Other (Specify)

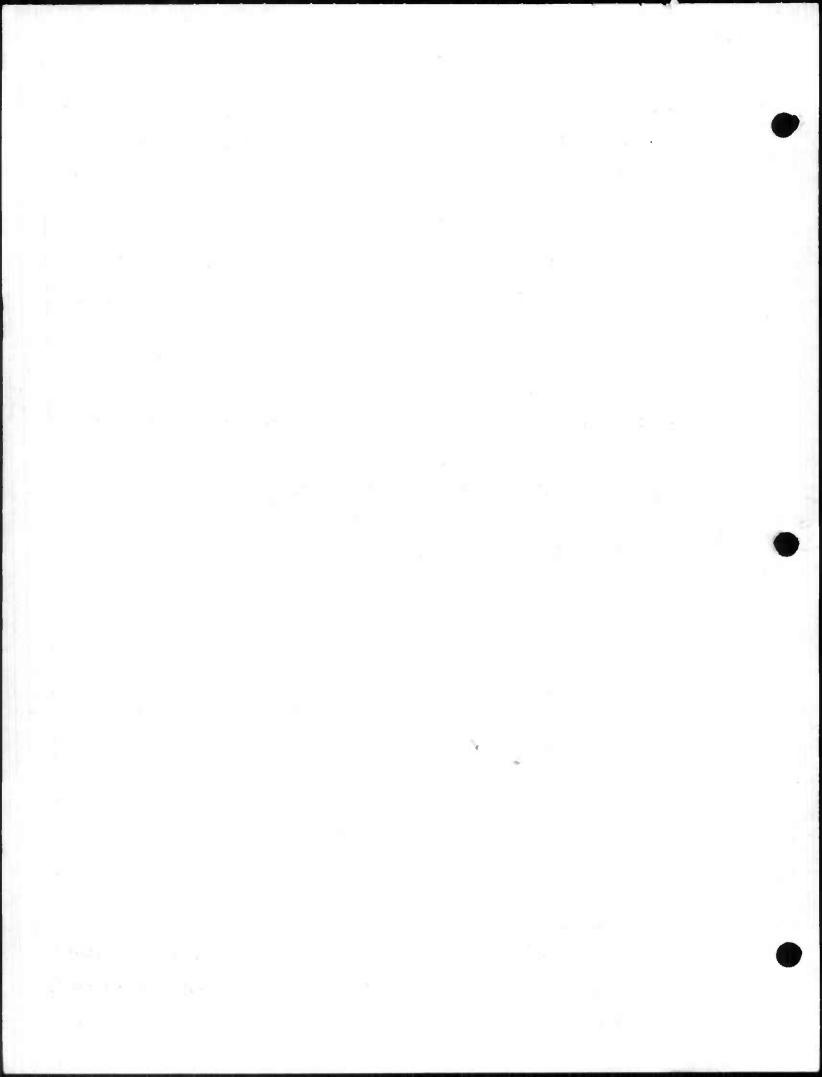
28f. Location (Street end Number or Rurel Routa Number, City or Town, Stata)

OCTOBER 7,1996

O.C.M.E.

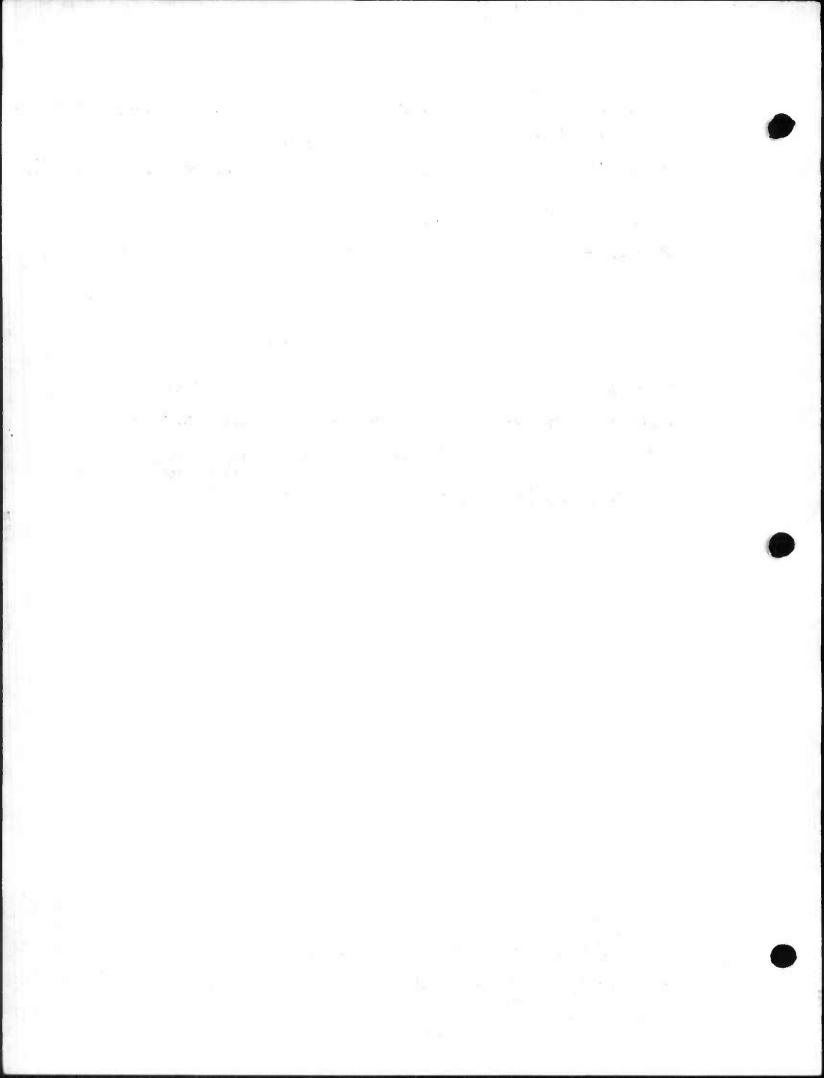
26. Place of Daath (Check only ona)

32. Ragistrar's Signatura



Physicia /Medic	_	1. Donodontis Name (First Adv.	ddla I aatl		Certificate of	r Death		J. No.	a wine Well
/Medic	an	1. Decedant's Nama (First, Mic	ENT or	\mathcal{T}	16	A .	2. Data of Death Month	Day Ye	3. Time to the
		4e. Facility Nama (If not Institut	tion, give street end numbe	r)		4b. City, Town, or L	ocation of Death	4c. County of D	6
Examin	er	4e. Facility Nama (If not Institut Bons Secours	Höspital	,		Baltimor			
Funeral Director		5. Social Security Number 212-42-7796	6. Sax 1 M 2 F	nge (In yrs. lest birt 51	Monthe De	ar If Undar 24 Hrs.	8. Data of Birth (Month, Day, Y July 21)	9.1	Birthplace (Stata or Fore Country Mary 1an
1		Usual Residence of Decedent 10a. State 10b. Cour	nty	10c. City, Towr	or Location				10d, inside City Lim
a pa	5	Maryland		- 100	imore				1 X Yes 2 □
rms 23a or 28a-f show r must be notified at	Direc	10e. Street and Number 2901 Presstman	ı St.		10f. Zip Cod 2121		10g	g. Citizen of What	Country?
"netural", or items 23a or 28a-f show edical Examinet must be notified at	by Funerai	11. Maritai Statua 1 Never Merried 2 M 3 Widowed 4 Divorce	if Yas Giva	?] No	13. Was Decedant if Yes, specify C	of Hispanic Origin? (Spuben, Mexicen, Puerto to Specify:	pecify Yes or No- Rican, etc.)	or No- 14. Rece - American Indian, Black, White, etc. Specify: Black	
	eted	15. Deced	ant's Education hast grade completed)	16e.	Decedant's Usuei Oc	cupation na during most of work	ting 18	b. Kind of Busine	ss/Industry
Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturany injury or other traumatic avent, the Medical once.	Completed	Elementary/Secondary (0-12 12th Grade	Collega (1-4ol	5+)	lifa. DO NOT use re	Baker		A&P	
d oth	Be	17. Father's Nema (First, Middle	a, Last)				a (First, Middle, Ma		
marke metic	2	Robert Dix 19a. Informant's Name/Raiatio	nshin (Tyne Print)	104	Malling Address (Ct.	W1111e eet and Number or Ru	Mae Glad		a Zin Coda i
27 is r		Willie Mae Di				an S t. Ba			a, 240 000a)
Ram Street	-	20a. Mathod of Disposition		- cometer	Disposition (Nama or y, crematory or othar	place)	Data 20	c. Location - City	or Town, State
ant: H		1 LXBurial 2 □ Cramation 4 □ Donetion 5 □ Other	n 3 □Ramovai from State (Specify)		tional Mem	. Park		Laurel, 1	
Depart Import any inj once.		21. Signature of Funeral Sarvice	ce Licenson	,	22. Nama and Ad	ederick Av			neral Home
0 2 e a		23a. Part1. Entar tha disaasa, shock, or haart failura. L	Jarre						
9 5 1	Physician/Medical Examiner	Sequentially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Diseasa or injury that initiated avents rasulting in daath) Last		Dua to (or as a confidence of the confidence of	consequence of): Mycconsequence of):	RUNIO DE BACTON EM 14	2/14	Key Syn	<i>'\omega</i>
etten for u	cian	D. 411 Out. 1 197					1		I
igned by the be detached	by Phys	Part II. Other eignificant condi	nions contributing to death	but not rasulting in	tha undariying ceusa	givan in Pert I.		/	ute to the cause of deal Probably 4 Union
has been sign ge 2 should be	Completed b						24a. Was an a performe		b. Ware autopsy finding available prior to completion of causa of death?
page	Con						1 ☐ Yas	BE No	1 Yas 2 No
s certificate director, pag	Be	25. Was cese rafarrad to media examiner?	Hospitai:	/		Wher	th (Check only ona)		
d di	2 :1	1 Yes 2 No 27. Mannar of Death	1 Lympai		tpatient 3LI DOA	4 U Nursing H	oma 5 Rasidano 28d. Dascribe how		Specify)
after death. Moodor: The d in by the funk	Certification:	3 ☐ Suicide 6 ☐ Coul	stigation d not be			ujuryat Vork? □Yas 2□No		at and Number of	Rural Routa Number,
in 24 hou he Fumer pletaly fill	edicai	29a. Cartifiar (Check only 2 Medica	ring Physician: To the besi at Examiner: On the basis and mannar s	of examination and	death occurred at the	tima, data and piace, y opinion, daath occur	and dua to the cau- red at the time, data	sa(s) and manna a end place, and	as stated. due to the ceuse(s)
To Too	M	290. Signature and fittle of certif	roreta	no		ansa number 3 / 90 J	290	Data signed (M	onth, Day, Year) - 1996 - 100 110 211
14		30. Nama and eddress of parson AMAHHERO	on who completed cause of works	daath (itam 23a) (Type, Print)	ARTLAN	VI AUC	EBA	D 41/2/2

DHMH 16 Rev 6/95



MED FILM G-740 10/23/96 t.t State of Maryland / Department of Health and Mental Hygiene

Physician
/Medical
Examiner

Funeral Director

with the Maryland 28a-f show Examiner nast be notified at 6 items 23a death 5 "natural",

Pages 1 and 2 should be filed within 72 hours aftar nd Mental Hygiene. marked other than h and Mental F is marked out Department of Health a Important: If item 27 is any Injury or other tre once.

Physician /Medicai

Examiner

Baltimore, Maryland 21215-0020

The law requires that the death certificate be executed physiclan a s the burial-Box 68760, attending for use as 888 signed by the at d be detached for P.O. Records, page 2 certificata Division of Vital Attending Physician: After this funeral s after death. filled in by the

Hospital or within 24 hours a
To the Funerel C
completely filled

To the

þ

Completed

Be

10

Certification:

Medical

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth OCTOBER 19 1996 CIERRA LYNN DELANO 05:36 AM le. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death BALTIMORE
If Under 1 Year If Under 24 Hrs. 8. [ST. AGNES HOSPITAL 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1□ M 2√ F Deys Yrs NONE 5 Aug. 4, 1996 Maryland Usual Residence of Decedent 10b. County 10e State 10c. City, Town or Location 10d. Inside City Limits Md. N/A Baltimore 1 Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2696 Dulaney St. 21223 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ YNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No by 3 ☐ Widowed 4 ☐ Divorced Specify: white Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 0 Infant Infant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Oashimar Roberson 2 Lisa L. Delano 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Lisa Delano - mother 2696 Dulaney St., Balto., Md. 21223 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 10/11/96 Baltimore, Md. 4 ☐ Donation 5 ☐ Other (Specify) Loudon Park Cemetery 21. Signature of Funeral Service License 22. Name and Address of Fecility Gary L. Kaufman Funeral Home of Elkridge, Inc. 5695 Main St., Elkridge, Md. 21227 wer ? 23a. Pert1. Enter the disease, or compilications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heer failure. List only one cause on each line. Interval Between Onset end Death Immediate Cause (Final SUDDEN INF'ANT DE'ATH SYNDROME disease or condition resulting in death) Due to (or es e consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or trijury that initiated events resulting in death) Last Due to (or es a consequence of) Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death?

1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24e. Was en autopsy performed?

24b. Were sutopsy findings available prior to completion of cause

26. Place of Death (Check only one)

of death?	. 0. 00000
YYes	2□ No

25. Was case referred to medical examiner? 1XYes 2□ No

27. Manner of Death 1 ☑Natural

2 Accident

3 Suicide

29a. Certifier

4 Homicide

28a. Date of Injury (Month, Dey Year) 5 Pending Investigation

1 ☐ Inpatient 2 XER/Outpetient 3 ☐ DOA 28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s) end menner stated. 29h 5in and title of certifie

29c. License number

29d. Date signed (Month, Dey, Year)

OCME

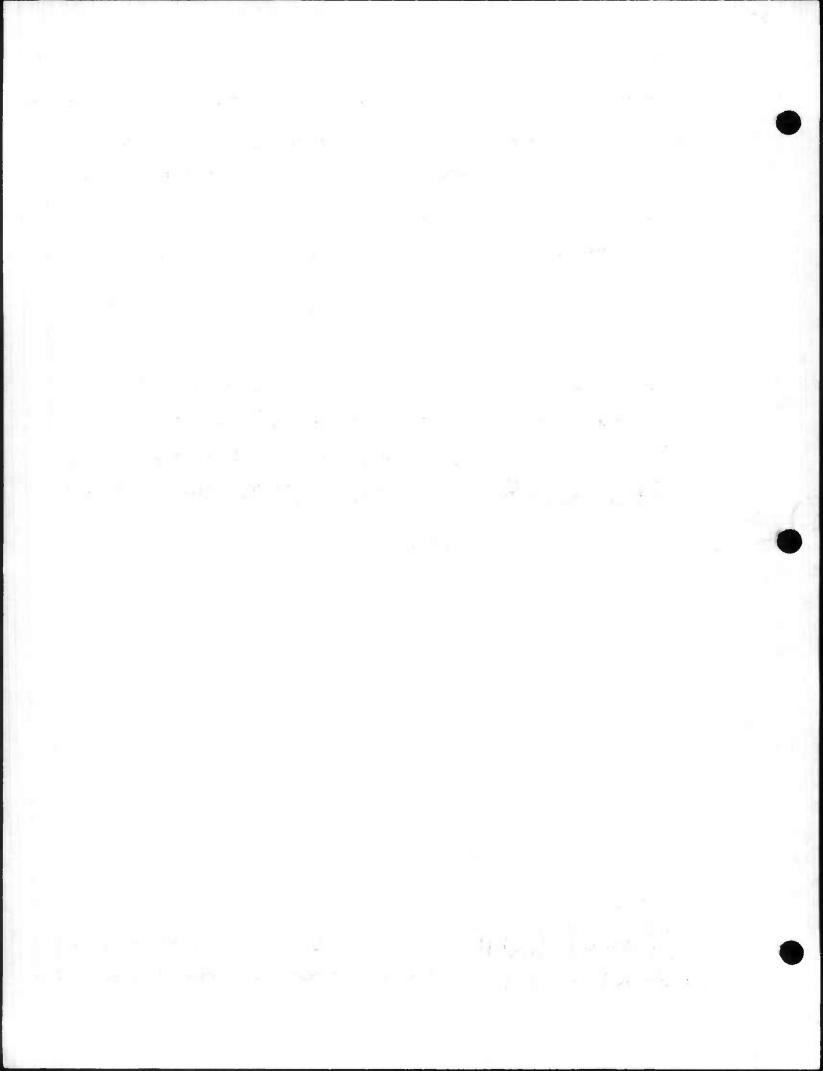
OCTOBER 9, 1996

address of person who completed cause of death (Item 23a) (Type, Print) ocki

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Day, Year) 1 8 1996





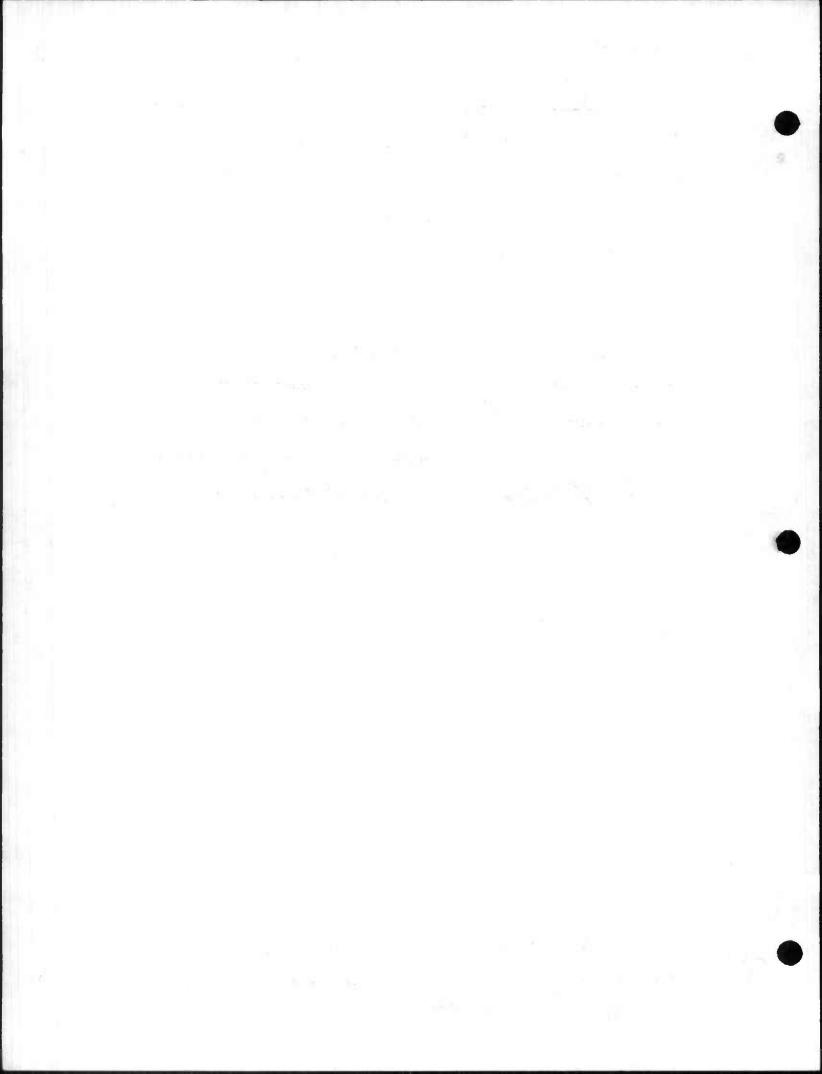
State of Maryland / Department of Health and Mental Hygiene 96 3 | 188

						Certifica	ate of	Death			Reg. No.		
П	1 1 1 m		1. Decedent's Name (First, Middle, La	est)						2. Date of Dec			3. Time of Counth
ı	Physici		GENEVIEVE E.	DEBINSKI						Month Octobe	er 16. 1	Year 1996	7:00 P.M.
	/Medic Examir		4a. Facility Name (If not institution, give	re street and number)				4b. City, To	wn, or Lo	cation of Death			
11	E. Adiiiii	ICI	Chesapeake Mano	r Extended	Care Ce	enter		Arno	N.A.		Anne	Amın	del
Н	Funeval				(In yrs. last birt		der 1 Year			8. Date of Birt			
ш	Funeral Director				_	Yrs. Month	ns Days		Min	B. Date of Birt (Month, Da Dec. 1	1908	Cour	piace (State or Foreign ortry) Vland
	Director		Usual Residence of Decedent		<u> </u>					Dec. I	, 1900	Mai	yland
	B Bu		10a. State 10b. County		10c. City, Town	or Location						1	IOd. Inside City Limits
	far far	0	Maryland Anne Ar	undel	Glen Bu	rnie							1 ☐ Yes 2 ☑ No
	28a to	Director	10e. Street end Number				ZIp Code				10g. Citizen of	Manual Cours	-t0
	6 8 8	ក់	21. 21.2	16- 7		101.		10				Wilat Cour	ittyr
	ath mark	2	100 lst Avenue,				210				U.S.A.		
	72 hours after death with the Marylas "natural", or Items 23a or 28a-f show odical Examiner must be notified at	Funeral	11. Merital Stetus	12. Was Decedent E Armed Forces?		13. Wes De if Yes, s	cedent of le pecify Cub	Hispanic Origon, Mexican	gin? (Spe	cify Yes or No- Rican, etc.)		ce - Americ ck, White,	can Indien, etc.
2	8 8		1 Never Married 2 Married	1 ☐ Yes 2√ N	0	1 ☐ Yes	2 🗓 No	Specify:			Specif	V: T.T1- #	4.
8	hours hursh,	d by	3 Widowed 4 Divorced	Year or Detes:								Whi	te
21215-0020	72 Tath	Completed	15. Decedent's E (Specify only highest gra	ducetion ade completed)	180.	Decedent's U (Give kind of	work done	during most	t of worki	na	16b. Kind of B	usiness/in	dustry
2	within sns. then the Mis	du	Elementery/Secondary (0-12)	College (1-4or 5	+)	life. DO NOT		•					
	A S S S S S S S S S S S S S S S S S S S	8	8			Data C	Lerk				Federa.	I Gov	ernment
멑	名言の	Be	17. Father'a Name (First, Middle, Last)				18. Mothe	r's Name	(First, Middle,	Maiden Suman	n <i>e)</i>	
Ja	Went	2	Joseph D. Dembi	nski				Mar	y Ar	na Skor	rowski		
Maryland	the state of	ľ	19a. Informant's Name/Reletionship (Type, Print)	19b.	Melling Addre	ess (Stree	t and Numbe	er or Aure	/ Route Numbe	er, City or Town	State, Zip	Code)
	D G L		Larry Przyborows	ki, grandne	ephew 10	00 lst	Ave.	, Marl	ey,	Glen Bu	urnie, 1	Md. 2	1060
ē	t Healt Heen 27 other t		20a. Method of Disposition		20b. Place of	Disposition (f	Vame of	anal		Date	20c. Location	- City or To	own, State
ä	Pages net: If its rry or o		1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special			Rosary			10	10_06	Baltime	ore	ма
Balfimore,	permit. Pa Departmen important: sny injury ance.		21. Signeture of Funeral Service Lice		11019 1			ess of Fecilit		7-17-79	Dar CIll	ore,	rid.
a	Dept de la composition della c		09)			Funera		me			
∠		_	23a. Part 1. Enter the disease, or com	atthewe		3021	East	ern Av	re.,	Baltimo	ore. Md	. 212	24
Ш			23a. Part1. Enter the disease, or comshock, or heart failure. List only	plications that caused one cause on each lin	the deeth. Do r e.	not enter the m	node of dy	ing, such as	cerdiac o	or respiratory at	rest.	11	Interval Between
	Physician			1			1	0		-1		1	Onset end Death
	/Medical Examiner		Immediate Cause (Final disease or condition	NOD	wob	en	1	her	C Mu		٠,	. 110	/ week
п	Examinici		resulting in death)		Due to (or as a		of):			1	0 /		/ weeks
	70 .55	ine	_	Heut	e to	reli	000	rcul	2	Hee	den		2 weeks
	ertificate be executed ling physician and se es the buriel-transit	Examiner	Sequentially list conditions,	D #	Due to (or as a d	consequence						1	
Ö,	e exe ian a uriel-	ũ	if any, leading to immediate ceuse. Enter Underlying										
68760,	ate b nysic he b	edicai	Cause (Diseese or Injury that Initiated events reaulting in death) Last	C	Due to (or as a c	onsequence o	of):						
	5 00	Med	Todaking in dodiny Eddi									l	
OX	0 2 8	200		d									
œ.	death e atter	Physician	Pert II. Other significent conditions of	ontributing to death bu	t not resulting in	the underlyin	a ceuse ai	iven in Part I.		23b. Dld 1	tobacco use co	entribute to	o the cause of death?
0	by the	h,				,				10	Yes 2 No	3□ Pro	bably 4 Unknown
S, D	es tha igned be del	ру Р										00	
Ď	The law requires that ate has been signed b page 2 should be dete										en eutopsy		ere autopsy findings
Record	v requir been si should	lete								perfo	rmed?	CO	reliable prior to
Re	has ge 2	Completed										or	death?
							~			101	Yes 2 No	1[Yes 2 No
Viita	Attending Physician: or death. ector: After this certific by the funeral director,	Be	25. Was cese referred to medical examiner?	Mannital.			100		of Death	(Check only o	nne)		
5	5 00	2	1 Yes 2 Ho	Hospitel: 1 Inpatier		,	DOA				dence 8 Oth		(y)
Ē	ding P. After I	on:	27. Menner of Death 1 Naturel 5 ☐ Pending	28a. Dete of Injur (Month, Day		ime of njury	28c. Inju			28d. Describe I	how injury occur	rred	
Sign	endi eath or: A	cati	2 Accident investigatio			М	1 [Yes 2 1	No				
Division of	r Att ter d Irect n by	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Inju building, etc	ry - At home, far (Specify)	rm, street, fect	tory, office		1	28f. Location (3 City or Tox	Street and Numi vn, State)	ber or Run	al Route Number,
	tal of land of land of land in bel	Ce											
	To the Mospital or Attending Phwithin 24 hours effer death. To the Funeral Director: After this completely filled in by the funeral	edical	29a. Certifier 1 ☐ Certifying Ph	ysician: To the best of	f my knowledge	deeth occurre	ed at the ti	ime, date and	d place, a	and due to the	cause(s) end m	anner es s	stated.
	the H in 24 the F		one)	and manner ste	led.	201 IIIVOSIIGAII	ion, in my	opinion, dee	in occurr	oo at the time,	oate and place,	9110 009 K	o nie cedae(s)
	To To To To To To To To To To To To To T	Σ	29b. Signature and title of certifier	. 160 A AL		1 1		se number			29d. Date aigne		
	~/		Wywee	My Acte	rollings d	OCH	D	216	84		10	.18	-56
	(0)		30. Name and address of person who	completed cause of de	ath (Item 23a) (Type Print)							
	1		1600 CRAIN	MUY, G	LRNO	urn	IE,	1	40	2006	1		
	Sta	te	31. Date filed (Month, Day, Year)	A. Registra									
	Registr		31. Date filed (Month, Day, Year) 0CT181996	1 Death asen		1 ;							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEN: 1. PER DR. FILM g-740
State of Maryland / Department of Health and Mental Hygiene 96 3 | 189

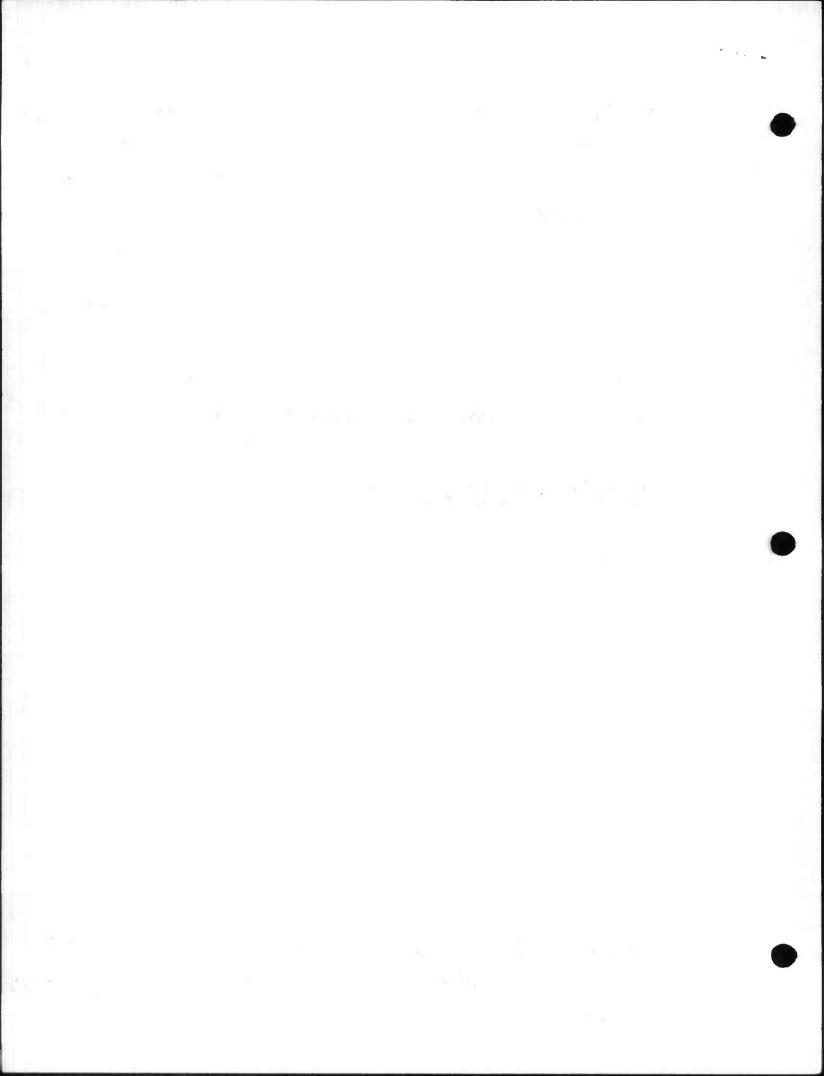
	, 50	t.t			Certifica	ate of	Death		Reg. No.		
Dhunia	ian	1. Decedent's Neme (First, Middle, La	st)					2. Dete of Dee		Yaar 3.	Tima of Deeth
Physic /Med		John Louis		ry	57701			Octobe	er 15,		2:25 PM
Exami	ner	4a. Facility Neme (If not institution, giv				1		Location of Deeth	Contract of the Contract of th		
		717 Druid Park			Apt. 4		Baltim		n/		
Funeral Director		5. Social Sacurity Number 6. S 220-38-5071 Usuel Residence of Decedent	Sex 7. Aga (III	53 Yr	Month	dar 1 Yaar ns Deys	If Under 24 Hrs Hours Min.		1943	9. Birthplece Country) Maryla	(State or Foreign
death with the Maryland rms 23a or 28a-f show		10e. Stata 10b. County	10	c. City, Town o	or Location					10d. tn	side City Limits
Mar	to	MD n/a	a	Baltin	more					15	Yes 2□No
1 th	ire	10e. Street and Number			10f. 2	Zip Coda			10g. Citizen of	Whet Country?	
23a	aic	717 Druid Park La	ake Drive	Apt 4	12	21	1217			USA	
eme L	Funeral Director	11. Maritel Status	12. Wes Decedant Eva Armed Forces?	r In U,S.	13. Was De	cedant of H	lispenic Origin? (S	Spacify Yas or No- to Ricen, etc.)	14. Rac	ce - Amarican Inc ck, White, etc.	dien,
72 hours after death with the Marylav natural, or items 23a or 28a-f show	by	Mover Merried 2☐ Married 3☐ Widowed 4☐ Divorced	YYes 2 No	51-'65		2√2 No	Specify:	10011, 010.7	Specif		
"natural",	Completed	15. Decedent's Ed (Specify only highest gre	ducation	16e. D	ecedent's U	suel Occup	etion	dian	16b. Kind of B	usiness/Industry	
. EN	npie	Elementery/Secondery (0-12)	College (1-4or 5+)	- (C	fe. DO NOT	use retired	during most of wo	rking			
Hygiene. ther then ent, the Me	Co	High School			Custo	odian			Baltim	ore Sun	papers
d a b	Be	17. Fether's Neme (First, Middle, Last)						me (First, Middle,	Meiden Sumer	me)	
Mental larked or	2	William C. Dowery	Υ				Louise	Thomas			
2 should and Men is marke raumatic		19e. Informent's Neme/Reletionship (Type, Print) siste	_				ural Route Numbe			
other tr		Pauline Jackson					ner Stree		ltimore		1216
nent of h		20e. Method of Disposition 1 X Buriel 2 ☐ Cremetion 3 ☐	Halloval Iloiti State	20b. Plece of D cemetery,				Data		- City or Town, S	
tant:		4 □ Donetion 5 □ Other (Specify		1D Vete			1	Oct 21st			
Department of Important: If it any injury or once.		21. Signature of Juneral Service Licentification of the Control of	elles					tter Fund S Parkway and 212		mes, In	с.
		23e. Part1. Enter the diseese, or companies shock, or heart feilure. List only	plicetions thet caused the	deeth. Do not						Appr	oximeta vel Between
ysician							- /			Onse	at and Deeth
Medical caminer		Immediate Cause (Final disease or condition	· Cons	extu	. 11	can	1 tu	lur		11-1	naue
allilliel	l,	rasulting in deeth)	Soli	to (or as a cor	nsequence o	rf):	11				
ii.	Examiner	_	, Kei	rel 1	all	uni				119	11
end I-tran	хап	Sequentially list conditions,	Due	to (or an a cor	sequence o	n):	. 6			1	
cian		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disaese or injury that initiated events	· Ika	hely	/	not	lely			5	70
physician end s the buriel-transit	Medical	rasulting in deeth) Lest	Due	to (or as a con	sequence o	1):				1	
Q1 W		L L	d							4	
ettendir for use	cłan	1000	,(C								
igned by the e	Physician/	Pert ii. Other significant conditions or	ontributing to death but no	ot resulting in th	e undertying	g cause giv	en In Pert i.			entributa to the o	
deta deta								101	as 2 No	3 Probably	4 Unknown
od bl	d by							24e. Wes	n autoney	24h Were au	topsy findings
peen si	Completed							perfor	med?	avelieble	prior to on of causa
has 3e 2	dw								,	of death	?
icate ha	1							1 U Y	es 2 No	1 🗆 Yas	2 No
certificate rector, pa	Be	25. Was cese referred to medicel exeminer?	Hospitel:		<u> </u>	Oth	or.	eth (Check only or			
this at di	2	1 ☐ Yes ZDNo 27. Manner of Deeth	1 ☐ Inpatiant	2 ER/Outpe		DUA	4 LI Nursing F	tome (5.2) Resid			
After	Certification:	Naturel 5 ☐ Pending	(Month, Dey Ye	28b. Tim Inju		28c. Injun Worl	yat k? Yes 2 □ No	28d. Dascribe h	ow injury occur	rea	
y the fu	lica	3 ☐ Sulcide 6 ☐ Could not be		At home form			165 2 110	28f Location /S	traet and Numi	per or Rural Rout	te Number
Q (0)	ert	4 ☐ Homicide determined	building, etc. (S	pecify)	, 311001, 1001	ory, onice		City or Tow		201 01 11010111001	o rumbor,
Funeral etely filled		29e. Certifier Certifying Phy	sicien: To the best of my	v knowiedae, d	eeth occurre	ed et the tim	ne, date and place	and due to the c	euse(s) end ma	annar as stated	
Fur letely	edical	(Check only 2 Medical Exam	Iner: On the basis of exe end menner stated.	minetion end/o	r Investigetio	on, In my of	pinion, deeth occu	irred et the time, o	ate end ptece,	end due to the o	ause(s)
To the Funeral Dir completely filled in	Me	29b. Signeture end title of certify	100		2	9c. License	e number	2	9d. Date signe	d (Month, Day, 1	rear)
		11//				02	5044		10/	17/8/	
1.1							1 2 /		/ .	/ / / /	
11		30. Neme end eddress of person who o	completed ceuse of death	(Item 23e) (Tv	pe, Print)		5 /			1	
within To the comple		30. Name and address of person who of	completed ceuse of deeth	(Item 23e) (Ty	pe, Print)	ann	Ma Mark	h Fev	vy Pal	121	21)



State of Maryland / Department of Health and Mental Hygiene

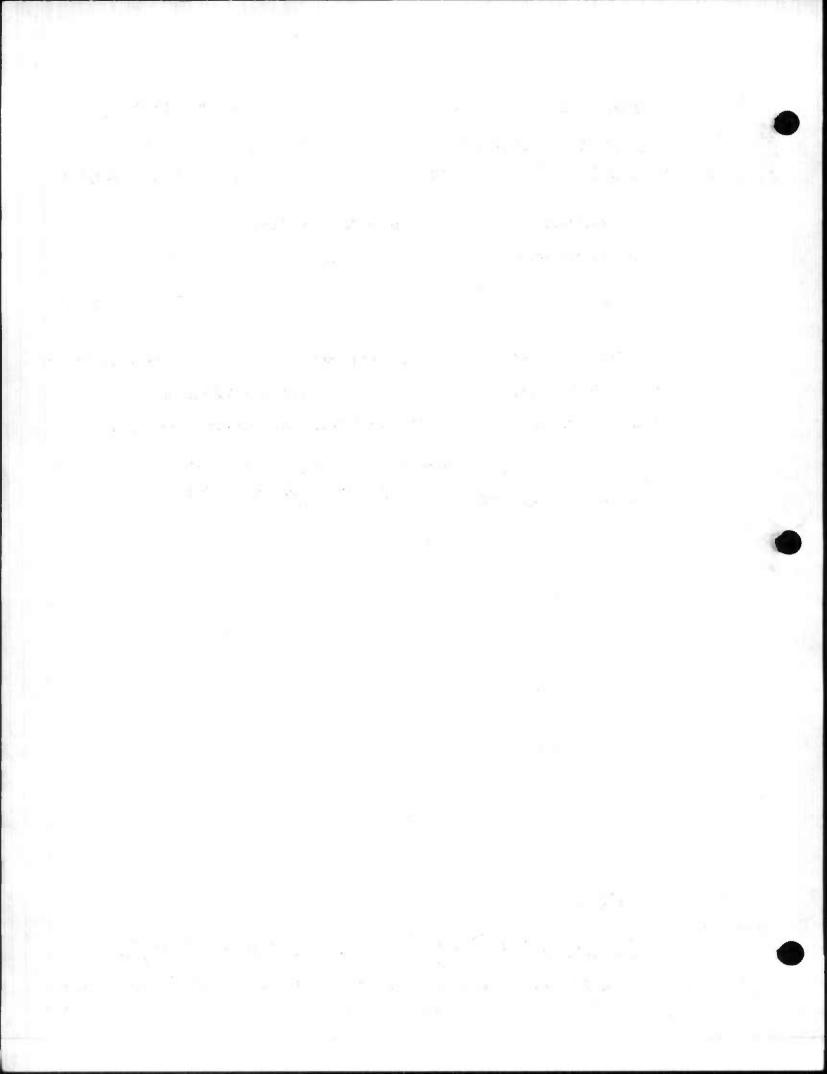
0	-	3	+	1	0	-
3	17	. 1	1	-1	Ч	L
0.00	0	0	8		-	

					Cer	tificate of	Death	Reg.	. No.	31130		
	Dhuoin	an	1. Decedent's Neme (First, Middle, La		1		- :	2. Dete of Deeth Month	Dey Ye	3. Tima of Death		
	Physic /Medi		Muthon C. 1	Jubicki				Oct	121 9	6 11:00 pm		
	Exami	ner	4e. Fecility Neme (If not institution, give				4b. City, Town, or Loca		4c. County of E	Death		
-			Howard County Ge			W.1.	Columbi			vard		
	Funeral Director		210-01-3000	ex 7. Age (In yrs. 78	lest birthdey) _ Yrs.	Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey, Ye Dec . 15, 1	1917 A	Birthplace (State or Foreign Country) Mary Land		
	pon A m		Usuel Residence of Decedent 10e. Stete 10b. County	10c. Cit	y, Town or Loc	ation				10d. Inside City Limits		
	isr death with the Maryland itsens 23a or 28a-f show inst must be notified at	Director	Md. Howard	l		1	umbia	10-	Chinas of laths	1 ☐ Yas 2 No		
	ath with 23a or suit be		5860 Thunderhil			10f. Zip Code	21045	10g.	10g. Citizen of What Country? U.S.A.			
0050	3 5 5	by Funeral	11. Meritel Stefus 1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever in U Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	If	/es Decedent of I Yes, specify Cub ☐ Yes 2 XNo	Hispenic Origin? (Specien, Mexican, Puerto R Specify:	ify Yes or No- ican, etc.)		American Indian, Vhite, etc. White		
7	natural natural	Completed	15. Decedent's Ed (Specify only highest gra	lucation de completed)	16a. Decede	ent's Usuel Occup and of work done	petion during most of working ed)	168	b. Kind of Busine	ess/Industry		
12	within one. then. the Me	du	Elementery/Secondary (0-12)	College (1-4or 5+)			nd)		Dalassa			
75	Hygie thers		9 17. Fether's Neme (First, Middle, Last)			Driver	18. Mother's Neme (Clint Middle Mai	Bakery	7		
Maryland 21215-0020	Mental Mental arkad o	To Be	Anthoni Dubicki				Rosalie	Bobruck				
	and 2 shy baith and n 27 is m er traum		19s. Informent's Neme/Reletionship (Antonia Dubicki	(Daughter)			Hill Road		ity or Town, Sta 1, Mary	te, Zip Code) Land 21045		
altimore,	Pages 1 nent of H ant: If her ury or oth							Dete 200				
Ball	Depart import any in		20e. Method of Disposition 1 □ Burlel 2 ☑ Cremation 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) 21. Signeture of Euroscal Service Licensee 22. Name and Address of Facility Witzke Funeral Home, Inc. 5555 Twin Knolls Road Columbia, Maryla 23e. Pertf. Enter the disease, or pomplications that caused in shock, or heart feiture. List gold one cause on each limit.									
			23e. Pert f. Enter the disease, or com	olicetions that caused by deet	h. Do not ente	r the mode of dyl	Knolls Roa lng, such es cardiec or	respiratory arrest,	pia, Mary	Approximate		
	Physician		shock, or heart residre. List only	one cause on each line.						Interval Between Onset and Death		
	/Medical		Immediate Cause (Finel disease or condition	Preumor	via					days		
	Examiner		resulting in death)	0.	or es a consequ	ience of):				1 3		
	P 15	Iner		b								
	certificate be executed ding physician and use as the burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying	Due to (c	or es e consequ	ence of):						
68760,	be exician buria		Cause (Diseese or Injury	C								
387	phys the	edical	that initiated events resulting in deeth) Last	Due to (o	r es e consequ	ence of):				1		
Box	certifica Iding ph	2		d						1		
m	death ce	clar	Dest II Other standings and state of					an plant				
0	by the	Physician/	Pert II. Other significant conditions of		4		ven in Pert I.	1 Tyse		oute to the cause of death? Probably 4 Unknown		
ď.		y P	Ischemic (araromyon	athy			10 186	202110 3	_ Frobably 4 _ Onknown		
ğ	law requires that as been signed t 2 should be det	Completed by		01	Û			24a. Wes an a		4b. Were autopsy findings available prior to		
000		piet						perionile	"	completion of cause of death?		
œ ·	0 - 0	ĕ						1 ☐ Yes	2 ANO	1 ☐ Yes 2 ☐ No		
<u>ta</u>	ysician: The is certificate director, pag	Be	25. Wes cese referred to medicel examiner?				26. Place of Deeth	(Check only one)				
>	5 00	2	1 Yes 25 No	Hospitel: 1 Inpatient 2	ER/Outpatienf	3□ DOA Ot	her: 4 Nursing Hom	e 5 🗆 Residenc	e 6 Other (Specify)		
ion	Attending Ph or death. ector: After thi by the funeral	atlon:	27. Menner of Deeth 1 ☑Naturel 5 ☐ Pending 2 ☐ Accident Investigation	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Inju Wo M 1	nyat 28 nrk?]Yes 2 □ No	3d. Describe how	injury occurred			
Division of Vital Records,	or Attending after death. Director: After in by the fune	Certification:	3 Suicide 6 Could not be determined	28e. Plece of injury - At he building, etc. (Specif	ome, ferm, stre	et, fectory, office	28	Bf. Location (Stree City or Town, S		r Rural Route Number,		
	To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	edical C	29e. Certifier (Check only one) 1 Certifying Physical Examples (Check only one)	/sician: To the best of my kno liner: On the basis of examine end menner steted.	wledge, deeth tion end/or inve	occurred at the ti estigetion, in my	me, dete end plece, en opinion, deeth occurred	nd due to the ceus d at the time, dete	e(s) end manne and place, and	or as steted. due to the ceuse(s)		
	To the He within 24 To the Fu	M	29b. Signeture and title of certifier	//		29c. Licens	se number	29d.	Dete signed (N	fonth, Dey, Year)		
	0 4 2 -		1 Charling 1	Christa	1)	DU	6193	0		5 1996		
	1		30. Neme and address of person who	completed cause of death (item	1 23a) (Time 10	Colores .						
	4		CCC I Ca T YOUN () 31. Date filed (Month, Day, Year)	, MD 950 I	old An	napoli	s Rd Suite	200 ET	11:00+C	ty, MD 210K		
	Sta Registr		DCT1 8 1996	whia Pavilson-Mand	182							



State of Maryland / Department of Health and Mental Hygiene

					arylaric	-	tificate of	Death	F	leg. No.	16	3119	1
п	Physic	ian	Decedant's Nama (First, Middla, L. EDLIADD D D TOTAL TO	•	CLEC	40			2. Data of Dee Month	th ER 14,1	Year	3. Time of Dec	
А	/Medi		EDWARD B. 4a. Fecility Nama (If not institution, gi		GLES	III		4b. City, Town, or L				6:35p	m
-	Examir Funeral Director	ler	THE JOHNS HO: 5. Social Security Number 6. 216-68-4353	PKINS HOSP	ITAL a (In yrs. Ia 40		if Under 1 Year Months Deys	BALTIMO		C]	9. Birthple	nca (Stata or Fo y) cyland	<i>reig</i> n
	and		Usuel Rasidance of Decedant 10a, Stata 10b, County		10c. City,	Town or Loc	cation					d. Inside City Li	imits
	Mary	tor	Md Baltimo	ro	R	n1+im	omo Co	Moses lond				1 ☐ Yas 2	
	th the	Director	10e. Street and Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	altim	10f. Zip Coda	Maryland	1	0g. Cltizan of	What Countr	y?	
	23a	raid	1203 Engleberth	Road			2122	1		USA			
Maryland 21215-0020	d within 72 hours after death with the Maryland jiena. r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 Nevar Merriad 2 Married 3 Widowed 4 Divorced	12. Wes Decedant Armed Forcas? 1 ☐ Yas 2 ☑ Lif Yas, Give Yaar or Datas:		if	Ves Decedant of I Yas, specify Cub ☐ Yes 2万No	Hispanic Origin? (Sp pan, Maxican, Puarto Specify:	ecify Yes or No- Rican, etc.)		ce - America ck, White, at	Ic.	
5-0	72 ho natura	Completed	15. Decedent's E (Specify only highast gr	ducation		16a. Deced	ant's Usual Occup	pation	ing	16b. Kind of B	usinass/indu	ıstry	
121	within ena. than "	mple	Elamantary/Secondary (0-12)	Coliaga (1-4or 5	i+)	lifa. D	O NOT use retire	during most of work	wig .				
d 2	77 70 10 10		12th 17. Father's Nama (First, Middla, Last	N/A		Cond	crete Wo	rker 18. Mother's Name	a (First, Middle, I	Con-	struct	ion Co	•
/lan	020	To Be	Edward B. Engles	Jr.					en E.Day		VIA.		
lan	2 should and Men is marks		19a. Informant's Name/Ralationship	(Type, Print)		19b. Mailin	g Addrass (Street	t end Number or Run			Stata, Zip C	Code)	
	of Health item 27 other tr		Kathleen E.David	son	CON DI-	1203	Englebe	rth Rd., Ba					
nor	Pages net of H int: If its iry or of		1 ☐ Burial 2 ☐ Cremetion 3 ☐		can	natery, cram	sition (Nema of patory or other pla	ica)	Data	20c. Location	· City or Tow	n, State	
Baltimore,	교원들.		4 Donation 5 Other (Special Structure of Funeral Service Lice	*	Gre	enmour	nt Crema	tory O	ct 18 19	96 B	altimo	re Md.	
(B	Depa Impo any is		Hartley Millor Euperal Home										
			7527 Harford Rd. Baltimore, Md 21234 Approximate Inditional Plants of the discussion of the plants of the discussion of the plants of the plan										
5	Physician		n Carandana and									Onsat and Deet	h
Ŷ.	/Medical Examiner	Jer	immediata Causa (Finai diseasa or condition rasulting in death) a Pneumonia 2 wea									2wee	ks
	for.				Dua to (or a	as a consaqu	uanca of):						
	cuted nd ransit	/Medical Examiner	Sequentially list conditions	0.		as a consequ	uanca of):				18	year	S
0,	e exe cian a uniah		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants Dua to (or as a consequence of):										
x 68760,	cartificate be executed ding physician and ise as the burial-transit		rasulting in death) Last							me e, Md 21234 Approximate Interval Between Onsat and Deeth 2 Weeks 8 years			
. Box	te death car the attendir hed for use	iciai	Part II. Other significant conditions of	contributing to death bu	it not resulti	ing in the un	derhving cause oh	van in Part I	23h Did to	hacco use co	ntriburta to t	he name of de	andla 2
ls, P.O.	es that the	by Physician/N	Cardia	CInsu	Afric	ilno	4		1 🗆 Y	1.1			
Records,	aw 2 s S	Completed	Valvul	lar Voi	geta	atio	28		24a. Was a perform	n autopsy ned?	avail	a autopsy findin abla prior to pletion of cause eath?	
	delan: The certificate rector, pag		05 111-						1 □ Ye	-	10	Yas No	
Vita	Attending Physician: or death. ector: After this certific by the funeral director.	To Be	25. Was case rafarred to medical axaminer?	Hospital:	nt 2 🗆 E	R/Outpatient	3□ DOA Oth	26. Place of Death	n <i>(Check only on</i> ma 5□ Rasida		n= /5n==/4/		
0	g Phys ter this neral di		27. Manper of Death	28a. Data of Injur (Month, Day	y 2	8b. Time of Injury	28c. Injur		28d. Describe ho				
Sio	eath. or: Af the fu	catic	2 Accident 5 Panding invastigation 3 Sulcida 6 Could not b	n	, 02,	Публу		Yas 2□No					
Division of	5445	Certification:	4 Homicide datarmined	building, atc	. (Specify)				28f. Location (St City or Town	, Stata)			
	To the Hospital or within 24 hours after To the Funeral Dir completaly filled in	edical	29a. Certifier (Check only one) Certifying Ph	nysician: To the best of niner: On the basis of and manner state	axaminatio:	edga, daath n and/or inve	occurred at tha tirestigation, in my o	ma, date and place, a opinion, deeth occurr	and dua to the co	usa(s) and ma ata and place,	anner as stat and due to th	ed. na cause(s)	
	Vithin Fo the	Me	29b. Signatura end titia of certifiar	and marinar sta	7		29c. Licans	sa number	2	9d. Dete signa	d (Month, De	ay, Year)	
			& Resisting	im. a	me	rh	, 1	7420 RE	ES-000	10/14/	9/0		
	2		30 Nama and addrass of person who	complated causa of de	eth (Itam 2	3a) (Type, P	(rint)		0	101	111		~
	1		Unrshin 5241	ch Tow	eslu	0 71	HH 6	oon. W	olfe St	Ba	Lone	ore MI)
	Stat	e	31. Data filad (Month, Dev. Yaar)	1. A 62. Registra	Pilologitan				-			21281	7



State of Maryland / Department of Health and Mental Hygiene 31192 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth **Physician** Month 1:77 M NATALE October 17 FERRARI /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Hopkins Bayview Baltimore If Under 1 Year If Under 24 Hrs.
Months Devs Hours Min. 8. Date of Birth (Month, Dey, Yeer)
11/19/1930 Maryland 5. Sociel Security Number 220 – 22 – 6426 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months 1類M 2□F 65 Yrs. Director Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 28a-f ahow 10d. Inside City Limits "natural", or itams 23s or 28s-f ahov adical Examiner must be notified at MD Director N/A 15√Yes 2 No Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 314 S. Fagley Street 21224 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after onent of Health and Mental Hygiene. Int: If Item 27 is marked other than "netural", or ital 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 Never Married 2 ☐ Married 21215-0020 1 Yes 2 No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed th and Mental Hygiene.
7 is marked other than "natur traumetic avent, the Medical Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) City of Baltimore College (1-4or 5+) 10th Department of Parks Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Natale Ferrari Sr. Maria R. Lodise 2 19e. Informent's Neme/Reletionship (Type, Print) brother 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Pasqualino Ferrari or other t 1966 Haselmere Rd. Baltimore, Md. 21222 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 the Buriel 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department of Important: If any injury or 10/21/96 Baltimore, Md. Holy Redeemer Cem. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Joseph N. Zannino Jr. F.H. 21. Signature of Funeral Service Licenses 263 S. Conkling St. Baltimore, Md.21224 23a. Pert1. Either the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiretory arrest, shock, or heart feiture. List on yone cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical immediate Cause (Final ASPIRATION PNEUMONITIS DAY diseese or condition resulting in deeth) Examiner Due to (or es e consequenca of): Physician/Medical Examiner 8 mos SWALLOWING DUSFUNCTION The law requires that the death certificate be executed the burial-trans Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): pue P.O. Box 68760, physician Due to (or es e consequence of): for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 2)0 No 1 Yes 3 Probably 4 Unknown EMBOLISM PUC MONARLY Records, page 2 should 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? peen has certificate 1 Yas 2 No 1 Yes Division of Vital Attending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpetlent 3 DOA After this 28e. Dete of Injury (Month, Dey Year) 27. Megner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Netural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No i or Attendi after death Director: A d in by the f 2 Accident 8 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homleide 24 hours at Funeral D Medicai Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end manner as steted.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) end menner steted.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) end menner steted. 29a. Certifier (Check only one) othe othe 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) MEDICAL RESID ENT 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) BAYVIEW MEDICAL CENTER VAHAEN SHAHINIAN JOHNS HOPKINS 31, Dete filed (Month, Dey, Year) State CCT1 8 1996

Registrar

a Davidson Might

-	
	ŀ
0	
9	
8	
6876	
BOX	
0	
\simeq	
œ	
\circ	
P.O.	
Ω,	
- 00	
S	
~	
<u></u>	
0	
()	
RECORDS	
~	
ш	
_	
M	
_	
>	
_	
0	
-	
~	
\circ	
1.0	
S)	
_	

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF OEATN							3. TIME OF OEATN				
	Joseph	Newton	TAR	(wols		October		96	7:55 P "				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In)	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign					
	90. FACILITY NAME (If not institution, give stre	1×M20F 78	YRS.	MONTHS DAYS	HOURS MIN.		1918		TH CAROL				
Œ		et end number)			OR LOCATION OF DE	EATH	9c. COUNT		Н				
DIRECTOR	KESWICK BALTIMORE N/A												
H H	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY					
ā	MD. N/	A		BALTIM	ORE			1	LIMITS? YES 2 NO				
A P	10e, STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	TIZEN OF WHAT COUNTRY?					
I III	700 WEST 40TH ST. 21211 U.S.A												
FUNERAL		12. WAS DECEDENT EVER IN U	S. ARMED	13. WAS OEC	ENDENT OF NISPAI	IIC DRIGIN? (Specify Y	ea or No- 14	14. RACE — American Indian, Black, White, etc.					
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES			2 DINO Specifi			Specify:					
	16. DECEDENT'S EDUCA		NATE OF CEDENT'S	USUAL OCCUPATION	M44				WHITE				
	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted)		rork done during mo		16b. KINO OF B	USINESS/INDUS	TRY					
<u>P</u>	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	CHRIST	TAN MT	SSIONAR	V							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		,	11114 1111		ME (First, Middle, Meide	ONARY						
BE C	JULIUS B. FARL	O.M.			CORA C		,						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural I	Route Number, City or To	wn, Stete, Zip Co	ode)					
5	MARY E. FARLOW					ALTO., MI							
	20a. METHOD OF DISPOSITION	20b. Pt	LACE AND DATE	F DISPOSITION (Na					State				
	20a. METHOD OF DISPOSITION 1. M Burlet 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Commetter) Commetter, Cremetory or other place) DRUID RIDGE 20c. LOCATION — City or Town, State 10/17/96 PIKESVILLE, MD.												
	21. SIGNATURE OF FUNEINAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	HENRY W. JENKINS & SONS CO. 4905 YORK RD. BALTO., MD. 21212.												
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between												
	IMMEDIATE CAUSE (Final												
	disease or condition - a. advanced Carhungans Disease												
	disease or condition resulting in death) a. Cavance Cachingan's Disease 54 & DUE TO (DR AS A CONSEQUENCE DF):												
N O	Level)												
CERTIFICATION	Dubito (OR AS A CONSEQUENCE OF):												
[윤]	CAUSE (Disease or Injury C.												
E	that initiated eventa resulting in death) LAST												
핑	0.												
AL	PART II. Other algnificant conditions	contributing to deeth but	not reaulting i	n the underlying	ceuse given in		N AUTOPSY ORMED?		RE AUTOPSY FINDINGS				
음						1 YES		co	MPLETION OF CAUSE DEATH?				
MEDI						_		1	YES 2 NO				
	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YE	S NO Z	UNCERTAIN	4 🗆							
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. HOSPITAL:	PLACE OF DEAT	H (Check only one) OTHER:									
YS	1 YES 2 NO	I ☐ Inpetient 2 ☐ ER/Outpetie	ont 3 🗆 DOA	4 Nursing Hom	5 🗆 Residence	6 - Other (Specify)							
PHY	27, MANNER DF DEATH 1 Netural 5 Pending	28d. DESCRIBE HOW	INJURY OCCUP	RED									
BY	2 Accident Investigation				ES 2 ND								
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, s	ireet, factory, office	'	28f. LOCATION (Street City or Town, State	and Number or	Rural Route	Number,				
PLET			-										
ΣΙ	(Check only	AN: To the best of my knowledge. Do the basis of examination ar											
8			investigation	., my opinson, de									
BE	296. SIGNATURE AND TITLE OF CERTIFIER	. 7. 0	11		29c. LICENSE NUN	IBER	29d. DATE 9	IGNEO (Mo	nth, Day, Year)				
9	30. NAME AND ADDRESS OF PERSON WHD	COMPLETED CAUSE DE S	11/12		11124	8/	1-/0	1-15	5-96				
					CM 733		0101						
	E. HUNTER WILS	32. REGISTRAR'S SIGNATU		40TH	ST. BAI	LTO., MD.	2121	1.					
	OCT1 8 1996	1- 14 dson-Rand							1				

			State of IV	iaryiano		rtment of I			Reg. No.	6	1194		
GEN!		1. Decedent's Neme (First, Middle, L	ast)					2. Date of De	eth	2.10	3. Time of Deeth		
Physicia /Medic		LEWIS F	RANKLIN	G.	ERBER,	Jr.		October	Dey 14, 1		10:00 P.M		
Examin		4e. Facility Neme (If not institution, gi	ive street end number)			4b. City, Town, or		h 4c. County	of Deeth			
		6910 Bellona Av				If Under 1 Year		s Forge					
Funeral Director		705-10-4554	Sex 1XM 2□F	ge (In yrs. les 89	Yrs.	Months Deys	Hours Mir		7, 1907				
ž ==		Usuei Residence of Decedent 10e. Stete 10b. County		10c. City,	Town or Loca	ation				11	Od. Inside City Limits		
le sh	ţ	Maryland Baltim	ore	I	Rodger	s Forge					1 ☐ Yes 2 📉 No		
7 284	Director	10e. Street end Number				10f. Zlp Code			10g. Citizen of	What Coun	try?		
23a c	aiD	6910 Bellona	Avenue				21212		U.S	S.A.			
af, or items 23s or 28s-f show Examiner must be notified at	Funeral	11. Maritel Stetus	Armed Forces				Specify Yes or No rto Rican, etc.)						
. or	by F	1 ☐ Never Merried 2∑ Merrled 3 ☐ Widowed 4 ☐ Divorced	1 X Yes 2 ☐	No T7TT	10	☐ Yes 2∑ No	Specify:		Specif	y: [₄ 7]	nite		
"natural". edical Exa	Pg F	15. Decedent's E	Yeer or Detes:		16a. Decede	nt's Usual Occup	pation		16b. Kind of B				
n u	Completed	(Specify only highest gi			(Give k	nd of work done NOT use retire	during most of wo	orking	100.10.10	0511103031110	Justin		
ther then	EOC	Clairio litery/Secondery (U-12)	4 years	5+/	Professor/A			'Attorney		Education			
d oth	Be B	17. Fether's Neme (First, Middle, Las					18. Mother's Ne	me (First, Middle	, Maiden Sumer	ne)			
marked other imatic event, i	2	Lewis Franklin					Edith		Sopher				
- E		19e. informent's Neme/Reletionship Donna Cotton Ger			_						,		
Item 27 other t	ł	20e. Method of Disposition	DC.L	20b. Pled	e of Disposi	tion (Neme of		Daltino					
		1 ⊠ Burial 2 □ Cremetion 3 [cem	etery, creme	story or other ple							
any injury or once.		4 Donetion 5 Other (Special Signal Age of Funerei Service Lice		Dulan			al Gardens		11mon1	ım, Ma	aryland		
8 8	Mitchell-Wiedefeld Home												
shysicia tha bur	Aedicai Examiner	dicai	dicai	disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Last	b	Due to (or ex		ence of):	ardio Usea	se			
attending for usa a	Physician/Me	d								3. Time of Deeth Year 4, 1996 10:00 P.N County of Deeth Baltimore 9. Birthplace (State or Foreign County) Maryland 10d. Inside City Limits 1 Yes 2 No izen of What Country? U.S.A. 14. Raca - American Indian, Bieck, White, etc. Specify: White Ind of Business/Industry Education Sumeme) 17 Town, State, Zip Code) Maryland 21212 Seation - City or Town, State Onium, Maryland 21212 Approximate Interval Between Onset and Deeth 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No			
by the	hysi	Pert II. Other significant conditions	contributing to death I	out not resultin	ng In the und	lerlying cause giv	ven in Pert I.						
	by Pi							10	Yee 2 No	3 LI Prob	eury 4 Unknown		
	Completed b								en autopsy ormed?	ava	illable prior to nplation of cause		
page ,	S							10	Yes 2010	10	Yes 2□ No		
	Be	25. Wes case referred to medical exemine?	Hospitei:			Ott		ath (Check only o	one)				
Pls di	<u>۽</u> ا	1 ☐ Yes 2 ☐ No 27. Menner of Deeth	1 Inpati		Outpatient b. Time of		4 LI Nursing	1	dence 6 Oth)		
Director: Aftar d in by tha funer	Certification:	1 2 Neturel 2 Accident 3 Suicide 4 Homicide 1 Pending Investigetic 6 Could not be determined	on Oalsby	y Year)	Injury 10 f		rk? Yes 2□M6	Nack	(2 ught	037	Mathress Route Number,		
	edical	(Check only 2 Medical Exa	hysician: To the best miner: On the basis of	f exeminetion	dge, deeth o	ccurred at the the	me, dete end plec ppinion, deeth occ	e, end due to the urred at the time.	ceuse(s) end madete and piece.	anner as strand due to	aled. the ceuse(s)		
the Fit	8	oriej	end menner st	eted.		29c. Licens							
omple in	Σ	290. Signature and title in calming.	0.000		1	LOO. LIUDIIS			-an nata siñile	w promotitit, L	rus, (OOI)		
To the	Σ	296. Signature and title of certifier	7)	0.4		7	0-0-		150	TT	~ 1		
To the	2	30. Name end address of person who	Talon,	ell	ca	D-0	9383 674.11	,	15 Oct	бы	96		

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Q 6 3 1 1 0 5

					,	Certific	ate of L	Death	R	eg. No.	0 31	130
	Physic /Medi		Decedent's Neme (First, Middle,	ast) AIFR	20)	Gui	ed4	Sp.	2. Dete of Dee	th Cay	1996 8	ime of Death
	Exami		4a. Fecility Neme (If not institution, g	CITATION CONTRACTOR) বা	b. City, Town, or L		4c. County	of Death	
			LEVINDALE H		ITER		des (Vers I	BALTIMO		N,		
	Funeral Director		5. Sociel Security Number 216 30 9372 Usual Residence of Decedent	. Sex 7. Ag	61	last birthdey) If Ur Yrs. Mont	tha Deys	Hours Min.	8. Dete of Birth (Month, Dey APR, 4,	1935	9. Birthplece (S Country) MARYLA	Stete or Foreign
	yland		10a. Stete 10b. County		10c. Cit	y, Town or Location					10d. ins	side City Limits
	Man	tor	MD. N/A		B	ALTIMORE					156	Yes 2□No
	or 28	Director	10e. Street and Number			10f.	Zip Code		1	0g. Citizen of V	What Country?	
	23a		2708 RUSCOMBE	LANE		2	1215		U	.S. 01	F A.	
020	72 hours after death with the Manyland natural; or items 23s or 28s-f show is all Examiner, must be notified at	by Funeral	11. Meritei Sielius 1 □ Never Merried 2 1 Merried 3 □ Widowed 4 □ Divorced	12. Wea Decedent Armed Forces? 1 X Yes 2 If Yes, Give Year or Detes:	No 3/	8/54	ecedeni of His specify Cubar s 2 No	spanic Origin? (Sp n, Mexican, Puerto Specify:	Decify Yes or No- Rican, etc.)		a - American ind ck, White, etc.	en,
5-0020	n 72 hours "natural",		15. Decedent's	Education		16a. Decedent's U	Jauai Occupa	tion		16b. Kind of B	usiness/Industry	
2121	C 9	Completed	(Specify only highest (Elementary/Secondery (0-12)		5+)			uring most of worl	king	/ -		
	filed wi Hygien ther th	Con	Elementary/Secondery (0-12)	3 YEARS		UNEMPL	OYED			N/A		
Maryland	ed a b	9	17. Felher's Neme (First, Middle, La NATHAN M. GUND	•				18. Mother's New MOZELE			,	
ary	d 2 should be the and Mente 7 is marked traumatic ex	F	19e. Informent's Neme/Reletionship	(Type, Print)		19b. Meiling Add	ress (Street a	nd Number or Ru	ral Route Number	City or Town.	Stete, Zip Code	
X	75.5		MRS. DONAL GUN	DY (WIFE))			BE LAN		IMORE		21215
ore,	8 7 2 0		20e. Method of Disposition		20b. P	Piece of Disposition (Neme of				City or Town, St	The state of the s
E	Pages nent of I int: If its iry or o		1 Burial 2 □ Cremetion 3 4 □ Donation 5 □ Other (Special Control Cont		AR	BUTUS MÉ	MORIA	L PARK	10/21/	96 BA	ALTIMOR	E, MD.
a	Department of Important: If any injury or once.		21. Signature of Faseral Service Lic	ensee LEWIS	T. (GWYNN ^{2. Nem}	e end Addres	s of Fecility			0.1	015
go .	SESS		Lewis =	Murch	w	L	EWIS	T. GWYI			OME 21 BALTO.,	.215
	•		23a. Pert1. Enter the disease, or co ahock, or heart feilure. List on	mplications the cause	d the deet	h. Do not enter the	mode of dying	, auch aa cardiec	or respiretory arr	est,	Appro	oximete ai Between
	Physician		Onset end Dee									t end Deeth
	/Medical Examiner		Immediate Cause (Finel disease or condition	ac	ute	Cand	10 -	julmi	n any	an	25	
	LAGIIIIICI	_	resulting in deeth)		Due to (o	r es e consequence	of):					
_	B #	Examiner		b Ci	non	any o	a fe	ny 6	lisus	ر ر		
	and al-tra-	xar	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury	1	Due to (o	r es a consequence	of):	/				
68760	sician buria		cause. Enter Underlying Cause (Diseese or injury that initieted events	c. met	rs for	tic s	mall	- cut	L de	ng	Carc	mm
g Q	g phys as the	edical	resulting in deeth) Lest		Due to (or	r es e consequence	of);					
Box	9 6 9	151		d								
	d for u	Physiclan/	Part it. Other significant conditions	contributing to death t	out not resu	ulting in the underlying	na cause aive	n in Pert i	23b. Did to	bacco use co	ntribute to the c	ause of death?
0.	hat the d ed by the detached	hys	5/4 . L	/ / 2			.g 00.000 g.vo				3 Probably	
	-	by F	il In Luchamia	bled								
ğ	v requires been sign should be		5/2 commenti	my with		ary to	11	· · · · bo	24a. Was a perfor		24b. Were aut available	prior to
Vital Records,	8 D 8	Completed	11 Charles Ans	ny with	w	occolar	7 ~	conger			of deeth?	on of cause
×	The I	No.							1 🗆 Y	s 2ENo	1 ☐ Yes	2 No
Ita		Be	25. Was case referred to medical examiner?					26. Place of Dee	th (Check only or	ne)		
5	Physician: this certific ral director,	101	1 Yes 2 No	Hospitei: 1 Impalie	ent 2	ER/Outpallent 3	DOA Othe	r: 4□ Nursing H	ome 5 Reside	ence 6 Oth	er (Specify)	
a	D 2 2		27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28a. Dete of Inju (Month, Da	iry ly Year)	28b. Time of injury	28c. Injury Work	et ?	28d. Describe h	w injury occur	red	
Sion	Attendin r death. sctor: At by the fu	Satio	2 ☐ Accident Investiget	lon		М		′es 2□No				
g	84 £ 5	Certification:	3 Suicide 6 Could not determine	28e. Piece of in building, et	jury - At ho c. (Specify	ome, ferm, street, fed y)	ctory, office		28f. Location (Si City or Town		per or Rural Rout	e Number,
_	papita hours neral y filler	edical Ce	(Check only 2 Medical Ex	Physician: To the best aminer: On the basis o	f examine	wledge, deeth occur	red et the time	e, dete end piece, inion, deelh occu	and due to the c	ause(s) and ma	anner as stated. end due to the ca	ause(s)
	To the Ho within 24 To the Fu completel	Med	one) 29b. Signeture and title of certifier	end menner st	eted.		29c. License	number		Od Dele signe	d (Month, Day, Y	(nerl
	F # 5 8	77		11								
)	"X,		Consul	Mun	3		P'	4490 2. Be	7	oct	16	1986
	10		30. Neme and eddress of person wh	a edmpteted cause of o	ielili (item	23a) (Type, Print) 243	4 1	v n.	1	1.	3	alto
	- 10		31. Dete filed (Month, Day, Year)	22. Barial	Rs SAn	O re	()	ice	wear	- pr		2121
	Sta	ite	on Doto mod (month, Day, rear)	ALL ALL SON	八部 大型 是							- 1 1-1-

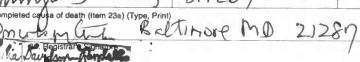
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Vernon Greene UNK 10 16 96 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death 907 Bonaparte Baltimore 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) **Funeral** Birthplace (State or Foreign Country) Months Days Hours XXM 2 F 212-44-757 Yrs Director 22,194 Usual Residence of Dacedent 10a, State 10b. County 10c. City, Town or Location 28a-f show 10d. Insida City Limits "natural", or items 23a or 28a-f election of the continent of the continen Director 1 Yes 2 No Md NA 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Dunapar 0 Avenue 21218 14. Race - American Indian, Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritei Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Giva Yeer or Dates: 1 Never Married 2 Married 1 Yes 2 No by 3 ☐ Widowed 4 ☐ Divorcad Specify: Jack Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working lifa. DO NOT usa ratired) 18b. Kind of Business/Industry Eiementary/Secondary (0-12) Housing Coliega (1-4or 5+) Yaintenance Un Known Un Kroun marked other 17. Father's Nama (First, Middle, Last) . Peges 1 and 2 should be fill ment of Health and Mental Hant: If them 27 is marked oth jury or other traumatic even 18. Mother's Name (First, Middla, Maiden Sumame) Be phonso Greene Irabeth 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Te 907 Bonaparte

20b. Piace of Disposition (Name of cematery, crematory or other place) -WHE Ba Ho, red Vonne 20a. Method of Disposition 20c. Location - City or Town, State Dete 1 Burial 2 Cremation 3 Removal from State permit. Pege Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) Cemetery altimore 10-21-96 Daltimore, red 21. Signature of Funerei Service Licansee 22. Name end Address of Fecility Baltimore, Maryland 21215 WM. 10 C. March F.H. 4300 Wabash Avenue 3a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failura. List only one cause on each line. Approximate Interval Batween Onset end Death **Physician** /Medical Immediata Causa (Final disease or condition resulting in death) Examiner Due or as a consequence of): Examiner use es the burial-transit Sequantially list conditions, if any, leading to immadiate cause. Entar Underlying Couse (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequence of) ettending physician for use es the buna Physician/Medical Due to (or as a consequence of): been signed by the should be detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No Completed by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 ☐ Yes 1 ☐ Yas 2 ☐ No Be (25. Was cese raferred to medicei examiner? 28. Placa of Daath (Check only one) 1 Yes 2 10 € Medical Certification: To Othar: 4 Nursing Home 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 □Other (Specify) 27. Marmer of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation 2 Accident 1 Tyes 2 No filled in by the 6 Could not be datarmined 3 Suicide 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide within 24 hours a
To the Funeral C Certifying Physician: To the best of my knowladga, death occurred at the time, data and piace, and due to the cause(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, data and piace, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signeture and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) 96

State Registrar

31. Date filed (Month,



filed within 72 hours efter death with the Maryland

Hygiena.

21215-0020

Bultimore, Maryland

The lew requires that the death certificate be axecuted

Records, P.O. Box 68760,

of Wita

Division

and

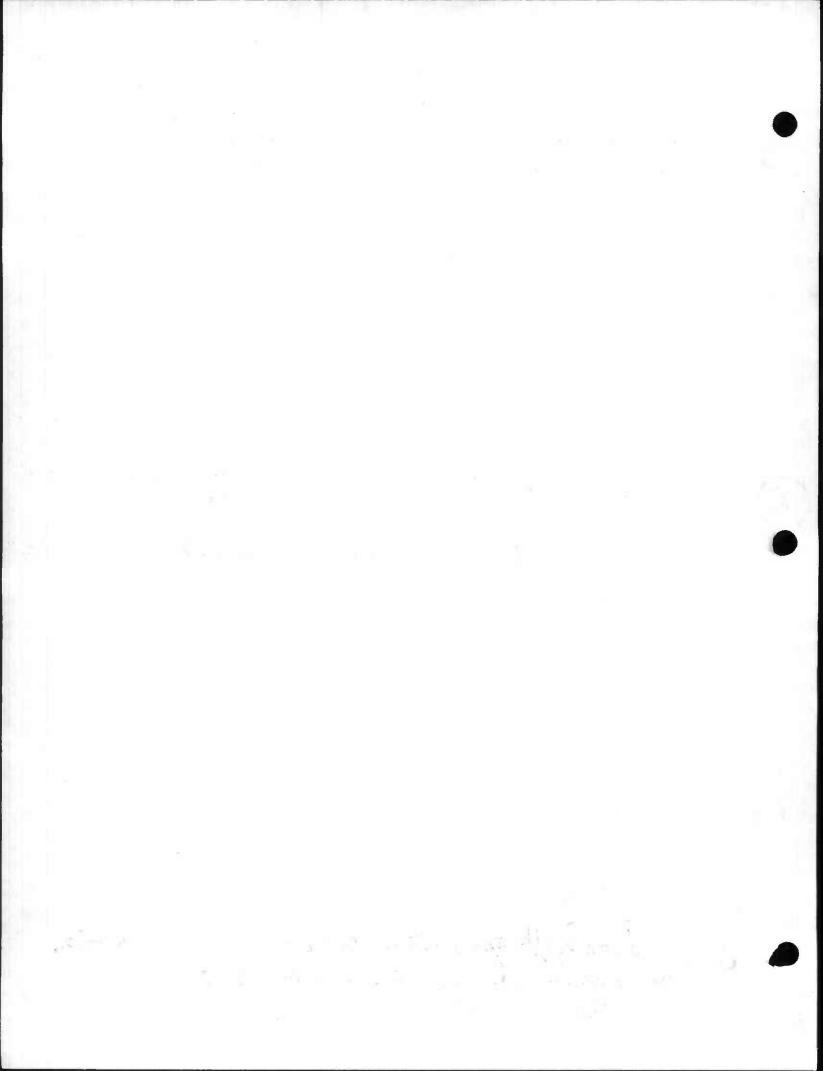
has ate

ofter dear

or Atten

Hospital

ŝ



Please Type or Print In Black Indelible Ink. Assure Aii Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death GOLDMAN OCTOBER 111-1996 4a. Facility Nama (If not institution, giva stre-4b_City, Town, or Location of Death 4c. County of Death ORTHU En Allstown BAHHURE 8. Date of Birth If Undar 1 Year 5. Social Security Number last birthday) 9. Birthplaca (Stete or Foraign 52-Days 759 Months Hours Country) 1 M 2 H Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No BALLINGE 1ary/20 10e. Street and Number 10g. Citizan of What Country? 2 to N Wes Decedant Evar In U.S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indien, Bleck, White, etc. 1 Nevar Married 2 Married 1 ☐ Yes 2 ☐-Mo If Yes, Give Year or Detes: 2 2NO Specify Specify: 3 Widowed 4 Divorced Black 16a. Decedent's Usuel Occupation
(Give kind of work dona during most of working
/ /ife. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry BYDADUIEW mentery/Secondery (0-12) Coilege (1-4or 5+) USE KEEPEN Grade 17. Father's Name (First, Middle, I 18. Mother's Name (First, Middle, Melden Sumama) HN man atherias 19e. Informent's Neme/Reletionship Type, Print, 19b. Meiling Address (Street end Number of Rural Route Number, City or Town, Stete, Zip Code) ** TUN BAMA 10nette 20b. Plece of Disposition (Neme of 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Stawn 1 22. Name and Addrass of Facility +Crevel Home 21. Signeture of Funeral Service Licenta HAMIS ELSIER BALFINIOR Ma 23a. Part I. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth CANCER WITH LIVER METASTASIS Immediate Cause (Final diseasa or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in deeth) Lest METASTASIS UNG Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? PLEURAL EFFUSION 2□ No 1 Yee 3 Probably 4 Unknown 24a. Wes an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? ASTHMA 1 ☐ Yas 2 ☐ No 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Homa 2 ER/Outpatient 3 DOA 5 ☐ Rasidence 6 ☐ Other (Specify)

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Funeral

Director

28a-f show

rai', or items 23a or 28a-f shor Examiner must be notified at

other than "natur

7 is marked other traumatic event,

other

Important: If It any injury or o

Department

Directo

Funeral

þ

Completed

Be

with the Maryland

Pages 1 and 2 should be filed within 72 hours effer death nent of Health and Mentel Hygiene. ant of Health at 71 is marked other than "natural", or Nema 23.

Raltimore, Maryland 21215-0020

Physician/Medical Examiner 98 USB jo þ Completed

law requires that the death certificate be executed

or Attending Physician:

Division of Vital Records. P.O. Box 68760.

physician and the burial-transit signed by the a hes page 2 certificate director, Be P After this funeral Certification: death. To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A

25. Was case referred to medical axaminer?

1 Yas 2 No 27. Menner of Deat Neturel Accident 5 Pending investigation

3 ☐ Suicide

29e. Certifier

4 Homicide

(Check only

29b. Signature and title of certifi-

KAYNOLD

Inpatiant 6 Could not be determined

26b. Time of Plece of Injury - At homa, farm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 Yas 2 No

26d. Describe how injury occurred

Location (Street and Number or Rural Route Number, City or Town, Stete)

Certifying Physician: To the best of my knowledge, deeth occurred et tha time, date end plece, and due to the cause(s) end menner es stated.

Medical Examiner: On the basis of Paminetion end/or investigation, in my opinion, deeth occurred at the time, date and plece, end due to the cause(s) 29c. License number 29d. Data signed (Month, Day, Year)

30. Name and address of perso

em 23a) (Type, Print)

State Registrar

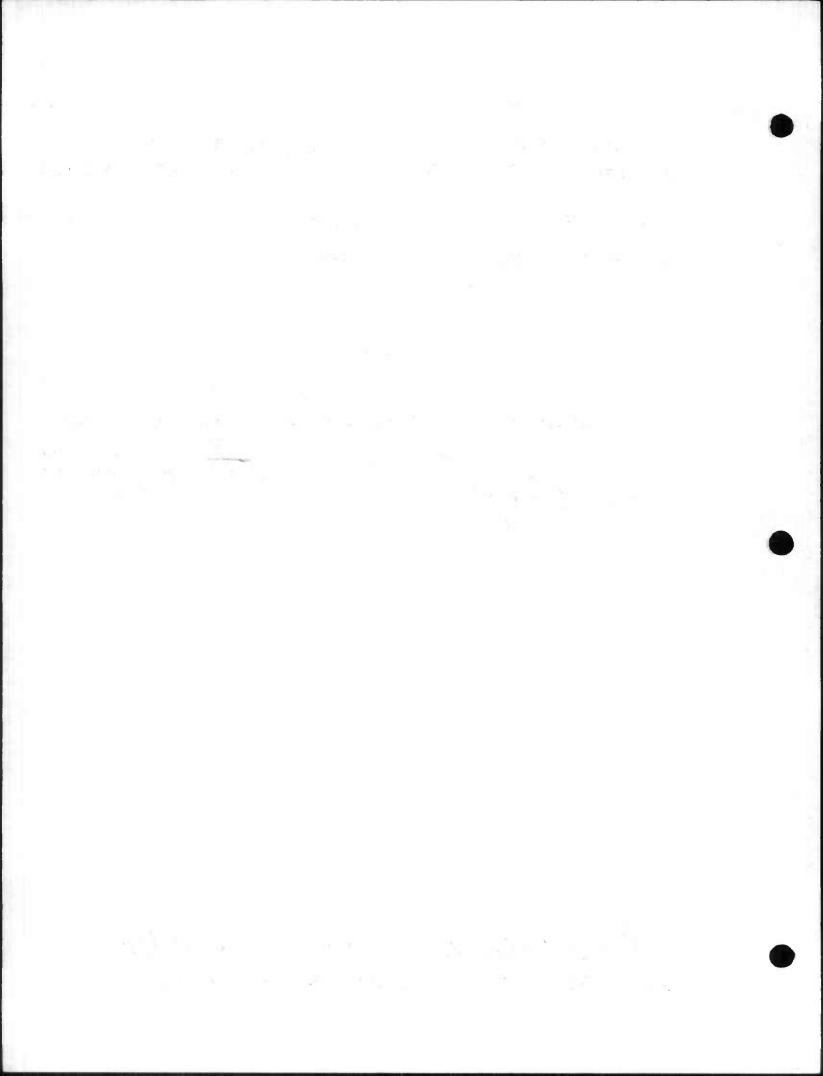
Medical

NORTHWEST HOSPITAL

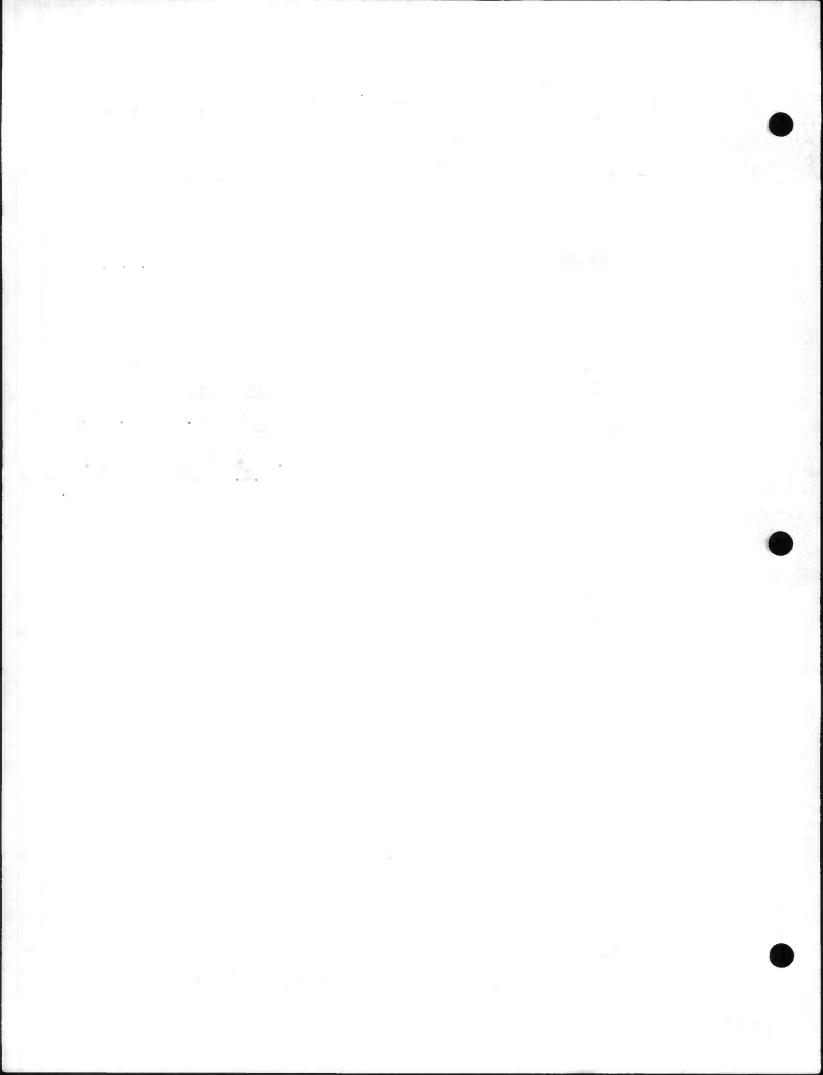
may big ayangal

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 20b, PER F'.H. F'ILM q-740 State of Maryland / Department of Health and Mental Hygiene Q 10/18/96 tt Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Deta of Death 3. Time of Death Month Physician SUSIE HAYES 1-03 pm 1996 october 14 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner LIBERTY MEDICAL CENTER BALTIMORE If Under 24 Hrs. CITY If Under 1 Yaar 8. Date of Birth 9. Birthpiece (Stets or Foreign Country, Carol INA 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 1 □ M 2 K F Days Hours 86 Yrs. Director 216-22-4671 Usual Rasidence of Decedent with the Meryland 10a Stata 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Moucal Examinar must be notified at 1√Xes 2□No Directo MARYLAND N/A BALTIMORE CITY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? STREET 2903 PRESSTMAN Funeral 21216 U.S.A. death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 DNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puarto Rican, atc.) Race - American Indian, Black, White, atc. pemit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If them 27 is marked other than "natural", or than eny injury or other traument. 1 ☐ Never Married 2 ☐ Merried Specify: BLACK 1 ☐ Yes 2 No Specify: Baltimore, Maryland 21215-0020 þ 30Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) Collega (1-4or 5+) 5th grade Seamstress Garment 17, Fether's Nema (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Sumema) Robert Hall Carrie Lipsey 19a. Informant's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Virgil White/Daughter 2903 Presstman St., Baltimore, Maryland 21216 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 10/19/796 1 Burial 2 Cremetion 3 Removel from State MT. ZION CEMETERY BALTIMORE, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) WILLIAM C. BROWN COMMUNITY F/H 21. Signature of Funeral Sarvice Licarise 22. Nema end Addrass of Facility 1206 W. MORTH AVENUE 23a. Pert1. Enter the disaesa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaase or condition resulting in death) Examiner Examiner be axecuted the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in deeth) Last and Due to (or as a consequence of): Records, P.O. Box 68760 ettending physician Physician/Medical Dua to (or es a consequance of): 980 ŏ Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed The law page 2 :: 1□ Yes 2☑ No 1 ☐ Yes 2 ☐ No Vital Be 25. Was case referred to medical 28. Placa of Death (Check only one) Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) 2 1 Yes 2 10 2 ER/Outpatient 3 DOA 1 Hthpatlent 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred Certification: 28c. Injury et Work? 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 ☐ Could not be datamined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) after d Directs 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours at To the Funeral Di 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. Medical 29e. Certifier 29b. Signature and title of certif 29c. Licansa number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 3901 GREENSPRING ANE HUY WEZ E. MCCALL MI 31. Date filed (Month, Day, Year) State 8 1996 Registrar



		State of Ma	aryland / Depart <i>Certi</i>	tment of H ficate of I			giene 96	31199
Physiciar /Medica		1. Decadant's Nama (First, Middla, Last) JESSIE	HOL	EMA.	N	2. Data of Dea Month JUL Y		3. Tima of Death
Examine Funeral Director		4a. Facility Nama (If not institution, giva street and number) GOOD SAMARITAN HOSE 5. Social Security Number 243-20-0 Usual Rasidence of Decedant 10a. Stata 10b. County	a (In yrs. last birthday)	If Under 1 Year Months Days	BAL7 if Under 24 Hrs. Hours Min.	CIMORE 6. Data of Birth (Month, Da)	4c. County of	Birthplaca (Stata or Foreign Country) Drth Carolin
the Marylar 28a-f show notified at	ctor	Maryland N/A	Baltimo					1⊠ Yas 2□ No
h with th 23s or 2 ast be no	Funeral Director	100. Street and Number 1034 Patterson Park		10f. Zip Code	205		10g. Citizen of Wha	
un aher dea al', or hems Examiner m	by Funer	11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced 12. Was Decedant I Armed Forcas? 1 □ Yes ②☑ Wify Yas, Give Year or Datas:	do		ispanic Origin? (Spe in, Mexican, Puerto Specify:	ecity Yes or No- Ricen, etc.)	14. Flace - Biack, V Specify:	American Indian, White, atc. Black
of 2 should be filed within 72 hours at th and Mertial Hygiene. 77 is merked other then "natural", or traumatic event, the Medical Exam	Completed	15. Decedant's Education (Specify only highast grada completed) Elementary/Secondary (0-12) College (1-4or 5	0+)		etion during most of work! i)		16b. Kind of Busin	ass/industry
2 should be filed and Mental Hygin is marked other surradic event, it	10 Be Co	17. Fathar's Nema (First, Middle, Last) Cal Holeman	Cor	ntructi	18. Mother's Name	e (First, Middle,	Unknow Meiden Sumama) eman	'n
		19e. Informant's Name/Ralationship (Type, Print) Roy Holeman (Nephew) 20a. Mathod of Disposition	19b. Mailing /	Patter	son			. md.21205
permit. Pages 1 as Department of Hea Important: If item; any injury or other stice.		1 Burial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 21. Signatura of Funeral Service Licensea	Latter C	Grove E	Sapt.Ch			o,N.C meral Home Balto.MD 21217
cate be	an/medical Examiner	if any, laading to immadiata cause. Entar Undarlying Cause (Disaasa or Injury c.	Dua to (or es e consequer Due to (or es a consequer Due to (or as a consequer Trake	nce of):	r dis	La H	991,	mony y
d by the detached	2	Part II. Other significant conditions contributing to death but	at not resulting in the unde	arlying ceuse giv	en in Part I.			buts to the cause of death? Probably 4 © Unknown
The law require sate has been single 2 should	ompieted					24a. Was a perfor	med?	24b. Wara sutopsy findings available prior to complation of cause of daath?
Attending Physician: or death. sector: After this certification: To Be of the funeral director.	90 01	25. Was case raferred to medical axaminar? 1 Yas 2 No	28b. Tima of Injury		y at k? Yes 2 No	ma 5 ☐ Resid 28d. Dascribe h	ence 6 Other (Specify) or Rural Routa Number,
n 24 hours after n 24 hours after ne Funeral Direction pletely filled in by and its an		29a. Cartifiar (Check only 2 Medical Examiner: On the bast of	of my knowledga, daath oo			and dua to tha d	ausa(s) and mann	
To the Hospital of within 24 hours a To the Funeral Completely filled		29b. Signatura and titla of certifiar Ali Mouss	ited.	29c. License	a numbar		29d. Data signed (N	Aonth, Day, Year)
5		30. Name and addrass of person who completed causa of de ALT MOUSSA GSH 31. Date-filed (Mogneton Cear) Sukia Date de la lace de lace de la lace de la lace de la lace de la lace de la lace de la lace de lace	eath (Item 23a) (Type, Pri	och Re	iven Bli	id Bo	ltimore	03 1996 , HD 21239
State Registrar		OCII 9 1996 Jana 199	1					



State of Maryland / Department of Health and Mental Hygiene 31200 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death James O. Hartsoe October 15, 1996 2015 pm 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Union Memorial Hospital Baltimore City Baltimore City If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1**∑**M 2□ F 80 Yrs. May 23, 1916 unknown 10h County 10c. City, Town or Location 10d. Inside City Limits Baltimore City Baltimore City Xex 2□No 10f. Zip Code 10a. Citizen of Whet Country? 600 Venable Avenue 21218 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 1 ② No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 X No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced white 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Maintenance Man Building Maintenance 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) David Hartsoe Pearl 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Hattie M. Hartsoe (Wife) 600 Venable Avenue Baltimore, MD 21218 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 10/16/96 Towson, Maryland Hilltop Service Co. 21. Signeture # Funerel Service Lie 22. Name end Address of Fecility Burgee-Henss Funeral Home 23e. Pert1. Enter the disease, or complications that leaves the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure/ List only one cause on each line. Approximete Intervel Between Onset and Deeth ongestive Heart Failure Due to (or es e consequence of):

Physician /Medical Examiner

burial-transit

use as the

certificate has

this the funeral

After t

Betor:

by

death.

Examiner

Physiclan/Medical

P

Certification:

Medical

Physician

/Medicai

Examiner

Funerai

Director

28a-f show must be notified at

ò

or items 23a

"natural",

Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Is marked other any Injury or other traumatic event once.

the

after

altimore, Maryland 21215-0020

Director

Funeral

by

Completed

Be

5. Social Security Number

217-09-6685

10a State

Maryland

11. Marital Stetus

10e. Street end Number

Usual Residence of Decedent

Elementery/Secondery (0-12)

10

20e. Method of Disposition

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last

Immediete Ceuse (Finel

diseese or condition resulting in death)

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

Aspiration pneumonia

NIDDM

Atrial

fibrillation

Hospitel: 1 Impatient 2 ER/Outpetient 3 DOA

28e. Dete of Injury (Month, Dey Year)

28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

1 Cartifying Phyeiclan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner as stated.

2 Medicat Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date and plece, and due to the cause(s) end menner steted.

29b. Signeture end title of certifier

29c. License number AT 2438946

ca Isles M.D. eddress of person who completed cause of death (Item 23a) (Type, Print)

Erica Isles, m.D. 201 East University Parkway

Registrar

DHMH 16 Rev 6/95

Box 68760, P.O.

The law requires that the death certificate be executed of Vital Records, ision Attending

Completed Be 25. Wes cese referred to medical examiner? ٩ 1 Yes 2 No

27. Menner of Death 1 Neturel 2 Accident

3 Suicide 4 Homicide

(Check only

5 Pending investigation 6 Could not be determined

28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

28. Place of Deeth (Check only one)

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how Injury occurred

24e. Wes en autopsy performed?

2010

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Vunknown

1 ☐ Yes 2 ☐ No

24b. Were eutopsy findings available prior to completion of cause of death?

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29d. Dete signed (Month, Day, Year)

October 16, 1996

my 21 The street to Hill grante of , 1-31 A

Western many " SHI" For the stay of the stay of the

personnels to provide and offered only them but to be the

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	~> '	*		Otato or IV	arylaria i	Certific		Death	vicinai i i	Reg. No.	96	31201
	Physici /Medi		1. Decedent's Neme (First, Middle, La RUTH	HOBBS					2. Date of D Month		1996	3. Time of Death 2 ' 05 P/
7	Examir		4a. Facility Name (If not institution, give Levindale	re street and number)			1	4b. City, Town, or L Baltimore	ocation of Dea		County of Death	
	Funeral Director		214 30 4379	Sex 7. Ag I□M 2∑XF	e (In yrs. lest bi	Yrs. If U	nder 1 Year ths Days	If Under 24 Hrs. Hours Min.	8. Date of B (Month, D April 1	irth ay, Year) 2, 1912	9. Birth Cour 2 Maryla	place (State or Foreig and
	and and		Usual Residence of Decedent 10e. State 10b. County		10c. City, Tov	vn or Location					1	10d. Inside City Limits
	Mary	to	Maryland N/A		Baltimor	re						1XXYes 2 □ No
	th with the 23s or 28s at be not	al Director	10e. Street and Number 1 St. Martins Road			10f	Zip Code 21218	}			en of What Cour	ntry?
020	within 72 hours after death with the Maryland ens. then "netures", or heres 23s or 28s-f show the Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2∑3 If Yes, Give Yeer or Dates:	,		ecedent of F specify Cub es 2 A No	dispanic Origin? (Sp an, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		Rece - Americ Black, White, Specify: White	etc.
Maryland 21215-0020	within 72 ho one. than "natur be Medical	Completed	15. Decedent's E (Specify only highest gra Elementery/Secondary (0-12)	ducation ade completed) College (1-4or 5		Decedent's (Give kind of life. DO NO Homemake) i use retire	pation during most of work d)	king		d of Business/in Home	dustry
d 2	Had Had	Be Co	17. Father's Name (First, Middle, Last,)				18. Mother's Nam	ne (First, Middle	e, Maiden S	lumame)	
ylar	Mental Mental wheet o	To B	Roland L. Coale					Birdie V	iola Har	mond		
	and 2 sho with and 127 is me or treums		19e. tnformant's Name/Relationship (Thomas Hobbs (Son)	Type, Print)				and Number or Ru ad Baltimo				Code)
Baltimore,	permit. Pages 1 and Department of Health Important: If New 27 any Injury or other 1 once.		20a. Method of Disposition 1 ⊠ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific		cemete	of Disposition ery, cremetory Park Cen	or other ple	Oct. 17, 1	Dete 996		ation - City or To	
Balt	permit. Departr Importa any inju		21. Signature of Funerel Service Licer	1500	,	Witzke	e Funer	al Home of on Avenue	Catonsvi Catonsvi	lle, Ir	nc.	1228
Ī			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that all econe couse of each fi	the deeth. Do	not enter the	mode of dyle	ng, such as cardiec	or respiretory	arrest,		Approximate interval Between
2	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a RES								M o S
		Jer		DIAG	Due to (or as a	conséquence	of): PAR	11 4516				Mos
o o	filicate be executed g physicien and es the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b	Due to (or as a			04 1 2 (2			1	
68760,	rtificate be ng physicl es the bu	Medical	Cause (Disease or Injury that initiated events resulting In death) Last	С.	Due to (or as a	consequence	of):				1	
P.O. Box	that the death cer ed by the attendin detached for use	Physician/N		d								
0	the de y the a	ysic	Part II. Other significant conditions of	ontributing to death b	ut not resulting	in the underlyi	ng cause giv	ven in Part I.				o the cause of death
S, D	gned b	by Pt	KYPITOSCOL	21201.					1	Yes 2	No 3□Pro	bably 4 Unknow
ecord	The law requires that the death cer ate hes been signed by the attendin page 2 should be detached for use	Completed								s an autops ormed?	av co	ere autopsy findings vallable prior to empletion of cause death?
Ä		Com							10	Yes 20	(No 1[□Yes 22 No
Vita	certificate	Be	25. Was case referred to medical examiner?	Hospitel:			Oth	26. Place of Dea				
Division of Vital Records,	g Phys ter this neral di	tion: To	1 Yes 2 No 27. Manner of Death 1 Netural 5 Pending 2 Accident investigation	28e. Date of Inju (Month, Da)		Time of Injury	28c. tnju	4 LI Nursing H	ome 5 Res 28d. Describe		Other (Specific occurred	у)
Divisi	of or Attending after death. I Director: After d in by the fune	Certification:	3 Suicide 6 Could not b		ury - At home, for a contract of the contract	arm, street, fac	ctory, office		28f. Location City or To	(Street and own, State)	Number or Rura	al Route Number,
	To the Hospital or within 24 hours af To the Funeral DI completely filled in	edical C		ysician: To the best of niner: On the basis of and manner sta	examination ar							
	To the To the Comp	X	29b. Signature end title of certifier	·			29c. Licens				signed (Month,	
)			moster			0	DY	15757		00	7 15	11996
	10		30. Name and address of person who MATT/FLW	MCNABNE	y , M		2434	W. BE				IND 213
	Sta Registr		31. Date filed (Month, Day, Year)	32. Registr	Signature	:						

State Registrar

State of Maryland / Department of Health and Mental Hygiene 96 31202

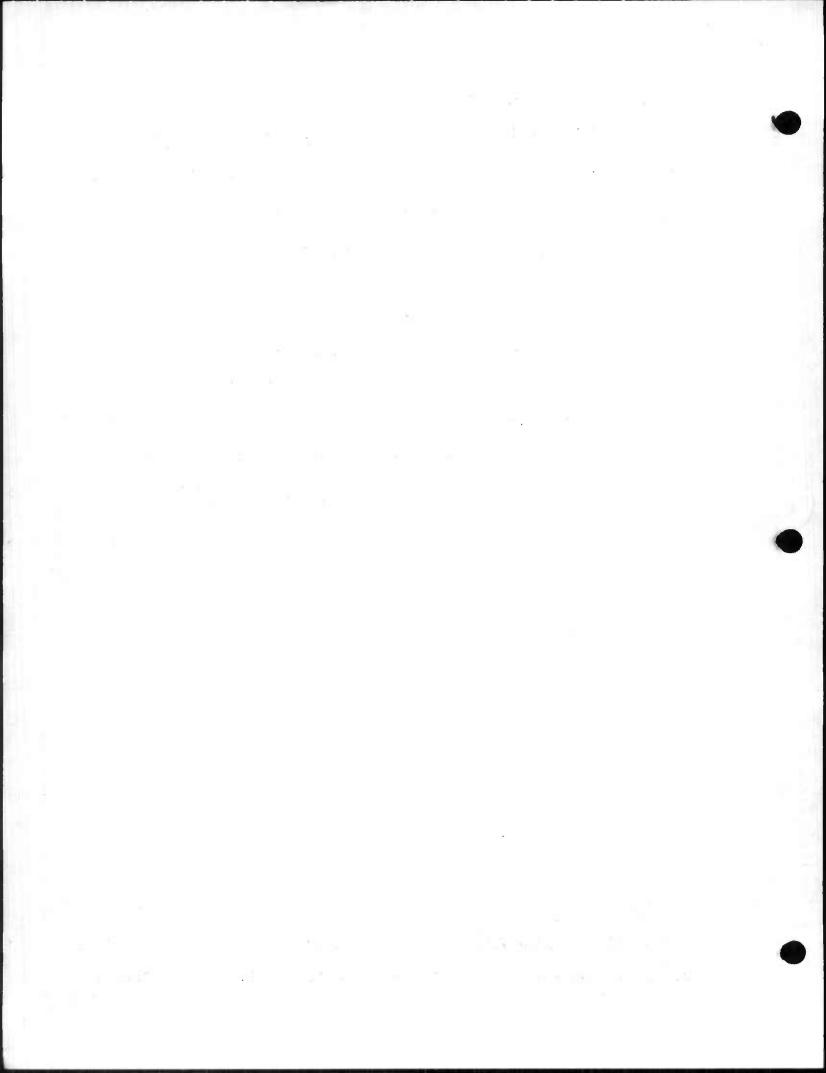
					Cer	tificate of	Death		Reg. No.		OILOL
	sician edicai		B. HEE	BBEL				2. Date of De	ath	9 %	3. Tim _ f = th 1 7 N
T	miner	4a. Facility Name (If not institution 206 BOLTO)	on, give street and num VPLACE	nber)			4b. City, Town, or BALT]	Location of Death	4c. Count	y of Death	
¿Funei Direct	_	5. Social Security Number 216-14-0715 Usual Residence of Decedent	6. Sex 1 □ M 2 □ X F	7. Age (In yrs. Ia 74	ast birthday) Yrs.	If Undar 1 Year Months Days			th y, Year) 1922		place (Stata or Foraign http://
pug *		10a. State 10b. Count	v	10c. City.	. Town or Loc	ation				1,	10d. Inside City Limits
Maryii f sho	ō		•		LTIMO						XXYes 2 No
the 188	Director	10e. Straet and Number				10f. Zip Code			10g. Citizen of	What Cou	ntn/?
th with 23a or	a D	206 Bolton	Place				217		U.S.A		indy i
INCLESSION OF THE MANY AND THE HEAD WITH THE MANY AND THE HEAD WITH THE MANY AND THE HEAD WAS AND THE MANY AND THE MANY AND THE MANY THE MANY AND THE MANY T	by Funeral	3 ☐ Widowed 4 ☐ Divorce	Armed For	aFINO	tf	as Decedent of Yes, specify Cub		Specify Yas or No rto Rican, etc.)		ce - Americ ck, White, White	
rithin 72 hours af ne. han "natural", or	Be Completed	15. Decede (Specify only high: Elementary/Secondary (0-12)	nt's Education est grade completed) College (1-	-4or 5+)	(Giva k life. D		during most of wo		16b. Kind of B	usiness/In	dustry
A voie	S		4		Comm	ercial	Artist		Art		
Demit. Pages 1 and 2 should be file Department of Health and Mental hy Important: if item 27 is marked oth ery injury or other traumatic event	To Be		•				Ros		ft		
2 sh and and ls m		19a. Informant's Name/Relation	ship (Type, Print)					lural Route Numbe			
f, n 1 and Health mm 27 ther to		Hollis Hebbe	el/ niece				e Ridge	Rd.,	Oakton	, VA	. 22124
T T T T T T T T T T T T T T T T T T T		20a. Method of Disposition 1 Burial Cremation	3 Demoval from 6		aca of Dispos metery, cremi	ition (Name of a <i>tory or other pl</i> a	ice)	Date	20c. Location	City or To	own, State
Pag ment ant: I		4 Donation 5 Other (Specify)	Gre	en Mo	unt Cr	ematory	10-18	Balt	imor	e, MD
oemit. Pages Separtment of I mportant: If ite	9	21. Signature of Funeral Service	Licensee		22.	Name and Addre					
ASE :	8	Williams	2. Court	11				cins &		MD	21212
		23a. Part1. Enter the diseasa, o	complications that ca	used the death.	Do not enter	the mode of dyl	ng, such as cardia	, Balt	IMOre,	MD	Approximate
Physicia	ın	shock, or heart failure. Lis	t only one cause on ea	ach lina.							Interval Between Onset and Death
/ /Medica	al	Immediate Cause (Final disease or condition	Arte	rioscl	eroti	c Card	iovascu	lar Dis	sease		
Examine		resulting in death)	a	Due to (or a	as a consequ	ence of):					
D #	iner in										
a axacute an and urial-trans	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	S	Due to (or a	as a consequ	ence of):				I	
certificate be axecuted ding physician and ise as the burial-transit	Medical	that initiated events resulting in death) Last	c	Due to (or a	as a conseque	ence of):					
death o										1	
The law requires thet the death of the been signed by the ettendage 2 should be detached for us	by Physician	Part II. Other algnificant conditi	ons contributing to dea	ath but not resuit	ting In the und	derlying cause gi	van in Part I.		obacco use co Yes 2 No		the cause of death?
v requires been sign should be	Completed b							24a. Was	an autopsy	8V	era autopsy findings allabte prior to
e law r hes be	pie							INSPE	ECTION	of of	mpletion of causa death?
The la	NO.							1 D Y	es 2XXIVo	10	☐ Yes 2☐ No
ysician: Thy is certificate director, pag	Be	25. Was case referred to medica	1				28. Place of De	ath (Check only o	ne)		
	2	examiner? **EYes 2 \sum No	Hospital: 1 ☐ in	patient 2 El	R/Outpatient	3 DOA Oth		Home 5 Resid		er (Specif	y)
To the Hospital or Attending Physical Within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral di	ertification:	27. Manner of Death Y Natural 5 Pendir 2 Accident investi	124	Injury , Day Year)	26b. Time of Injury	28c. Inju Wo M 1 □	ry at rk? Yes 2 □ No	28d. Describe h	now injury occur	red	
al or Atte s after de l Directo d in by th	ertific	3 ☐ Sulcide 6 ☐ Could 4 ☐ Homlcide determ	nined 200. Place of	of Injury - At hom g, etc. (Specify)	ne, farm, stree	et, factory, offica		28f. Location (5 City or Tow		per or Rura	I Route Number,
To the Hospital within 24 hours of To the Funeral I completely filled	edical C	29a. Certifier 1 Certifyir (Check 569) 2 Medical	ng Physician: To the b Examinar: On the bas and manne	sls of examination	edge, death on and/or inve	occurred at tha tic stigation, in my o	me, date and place	e, and due to the curred at the time, c	cause(s) and ma date and ptace,	anner as st	lated. the cause(s)
o the ithin o the	₹ E	29b. Signature and title of certifie	f	o, stated.		29c. Licans	a number		29d. Data signe	d (Month	Day, Year)
F≯Fŏ		VIA	In De A	M			C.M.E				
1		The	Vin		0.10	-	· · · · · ·		OCT.	10,	1330
1		30. Name and address of person	who completed cause		23a) (Type, Pr	rint)	at Dal		36	3	21201

Registrar DHMH 16 Rev 6/95

State

31. Date filed (Month, Deg Kear)

32- Degistrar Signature



State of Maryland / Department of Health and Mental Hygiene 96 31203

						Certific	ate of D	eath			Reg. No.	0 (1 6	00
	Physic		1. Decedent's Neme (First, Middle, Last,	TOI	hnsi	n n			2	Dete of De		ďan	3. Time of 230	
	/Medi Exami		4e. Fecility Neme (If not institution, give Mary Gene	street end number)	tal	911	Ab	City, Tow	m, or Local	tion of Deeth	4c. County	of Death		
	Funeral Director		5. Sociel Security Number 214-22-0864 Usuel Residence of Decedent	7. Age (In y		thday) If Un Monti	der 1 Year hs Deys	If Under 2 Hours	24 Hrs. 8. Min.	Date of Bir (Month, De	th y, Year) 1 19	9. Birthpi Count VA	ece (Stete o	r Foreign
	Aaryland show	or	10e. Stete 10b. County MD . N/A	1.0		or Location						10	d. Inside Cli	
	or 28a-	Director	10e. Street end Number				Zip Code				10g. Citizen of \	Whet Count		
	23a c	raiD	227 N. CAREY ST	TREET			2122	3			1	JS		
020	iges 1 and 2 should be filed within 72 hours after death with the Maryland nt of Health and Mental thygiene. If item 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examinat must be notified at	by Funeral	11. Meritel Status 1 Never Merried 2 Married Widowed 4 Divorced	12. Wes Decedent Ever in Armed Forces? 1 ☐ Yes ZXXVo If Yes, Give Yeer or Detes:	U,S.		cedent of His pecify Cuben	penic Origi , Mexican, Specify:	in? (Specif Puerto Ric	y Yes or No ean, etc.)		e - America ck, White, e	tc.	
21215-0020	72 ho natur	Completed	15. Decedent's Educ (Specify only highest grade	cation completed)	16e.	Decedent's U (Give kind of	work done du	lon ring most o	of working		16b. Kind of B	usiness/ind	ustry	
2121	within ene.	ртр	Elementery/Secondary (0-12)	College (1-4or 5+)		NURSE	C ATD	E.			MEDT	247		
	al Hygi other	Be C	17. Fether's Neme (First, Middle, Last)			NUKSE			's Name (F	irst, Middle,	MEDIO Maiden Suman			
Maryland	should be nd Mental marked o	To		CLES					VA		CHANI			
Mai	d 2 sho th end 7 is m		19e. Informent's Neme/Reletionship (Ty) PHYLLIS REESE (pe, Print) (NEICE)							er, City or Town,			
re,	s 1 end if Health item 27 other tr		20e. Method of Disposition	20b	. Plece of	Disposition (/ y, cremetory o	Veme of			DALI.	IO., MD.			
imore,	Page ment o ant: If ury or		X☐Buriel 2 ☐ Cremetion 3 ☐R 4 ☐ Donetion 5 ☐ Other (Specify)			MORE			10	/17	BALTI(). MI)	
9	pemit. Pages 1 end 2 Department of Health important: if item 27 is any injury or other tra		21. Signeture of Funerel Service License			22. Name	end Address	of Fecility	P	HILL:	IPS FUI	NERAI	HOM	
X 68/60,	Machine physician end difference of the physician end difference of the buriel-transit of the physician end difference of the puriel-transit of the physician end difference of the physician	/Medical Examiner	disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury theil initiated events resulting in deeth) Lest	Endocar End Sta	art oresec	consequence of the consequence o	or): al f	-ail	lure	0				
80	death of attended for us	lcian	Pert II. Other significant conditions conf	tributing to don't but not a	anultina in	the underhile		in Dank I		ant bid				
, P.O	res that the designed by the a	by Physician	Total agrincent conditions con	moung to death but not h	esuning in	the underlyin	g cause given	in Pen I.			obacco use cor res 2 No			Unknown
lecords,	requi	Completed b									en eutopsy med?	com	e eutopsy fi lable prior to pletion of ca sath?	0
	sician: The law certificate hes l irector, page 2 s									1 🗆 Y	es 2 No	10	Yes 2□I	No
VITal	ysiciar s certif directo	o Be	25. Wes case referred to medical exeminer? 1 Yes 2 No	ospitel:	☐ ER/Out	patient 3	Other			heck only o	ne) lence 6 □Oth	or (Consilie)		
n or	eeth. eeth. or: Affer this the funeral d	T:uc	27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. T		28c. Injury e Work?				ow Injury occurr			
DIVISION	Attending Physician: or deeth. ector: After this certific by the funeral director,	Icatio	2 Accident investigation 3 Suicide 6 Could not be			М	1 ☐ Ye	s 2 No		1				
2	To the Hospital or Attendit within 24 hours after deeth. To the Funeral Director: A completely filled in by the fu	Certification:	4 Homicide determined	28e. Pleca of Injury - At building, etc. (Spec	oify)					City or Tow				oer,
	ne Hosp n 24 ho ne Fune pletely fi	edical	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one)	iclan: To the best of my kr er: On the basis of examinend menner steted.	nowledge, netion end	deeth occurre Vor Investigeti	ed at the time, on, in my opin	dete and ploon, deeth	plece, end occurred e	dua to the o	euse(s) and ma date end plece, a	nner as sta and due to i	red. he cause(s)	
	With Com	M	29b. Signeture end title of certifier	1		2	89c. License r	274			29d. Dete signed	(Month, D	ay, Year)	
	W		30. Name and address of person who cor	npleted cause of death (Ite	em 23e) (Type Print)	ulan	1 /	2000	m/ 1	Innt	2/		
	Sta	te	31. Dete filed (Month, Dey, Yeer)	32. Registrer's Sign	nature	11 wik	Jivio		IMA	/ 100	1000.11	<i>.</i>		

8 = . * v * · · · · .

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dest. of Health and Mental Hygiene prior to burial, created in or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Inlury, or other traumatic event, the medical examiner must be mentified at once.	
TO THE HOSPITAL OR ATTE TO THE FUNERAL DIRECTOR De filed within 72 hours afte IMPORTANT: If item 28	

BALTIMORE, MARYLAND 21215-0020

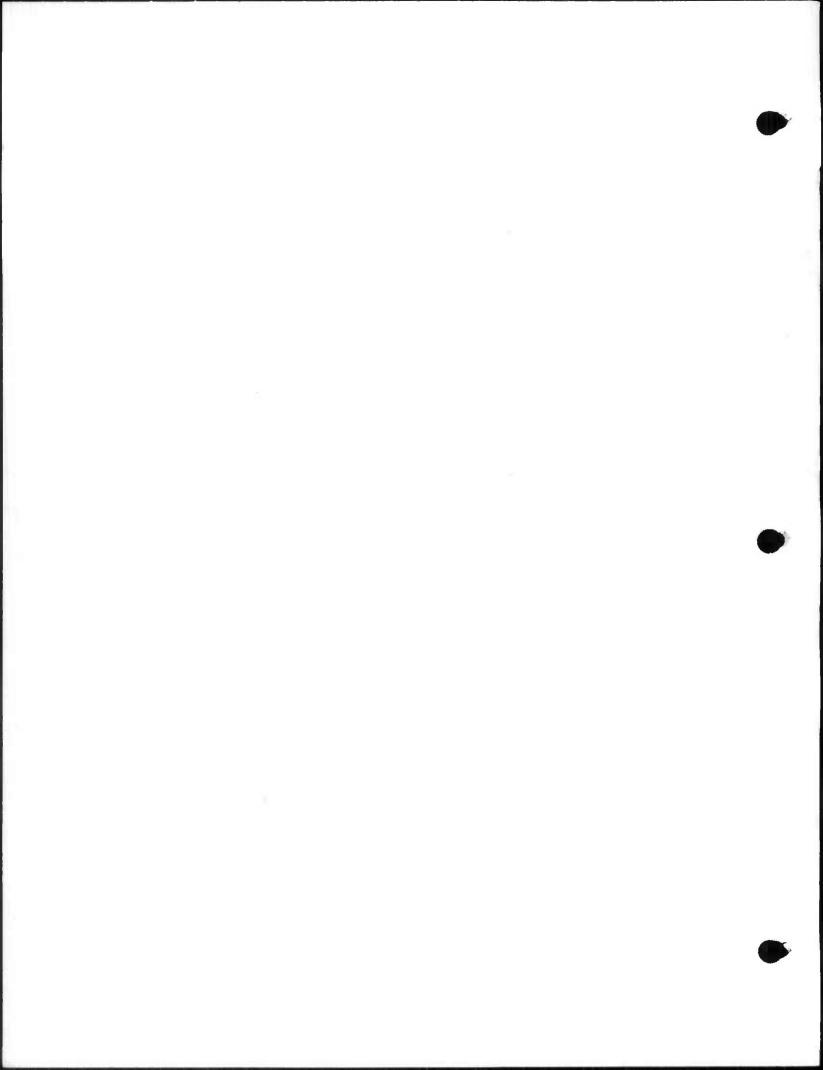
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	TIEGIOTIVAL		OLITIM	TOATE	JE DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	7				2. DATE O	OF DEATH	r	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. 9EX / 6.	Q_/50 L/ AGE (In yrs. lest birthday)	I			ober 1	7	96	6:00 AM
	213099115		85 YRS.	MONTHS DA	All IF UNDER 24 HRS	(6.6	P BIRTH Day, Year)		Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	T	0 5	9h CITY TO	WN OR LOCATION OF	1 MA	74	1911	MAN V	yland.
Œ	Charlestown		ente.		tonsu;			-0		
5	RESIDENCE OF DECEDENT		Criter		Jons U,	112		120	WIII	more
DIRECTOR	10a. STATE 10b. COUNT			Y, TOWN OR L					10	d. INSIDE CITY LIMITS?
	Maryland Bal	timore	Ca	tonsv					1	YES 2X NO
FUNERAL	701 Maiden Cho	i a a T a a a			10f. ZIP CODE	_		10g. CITI	ZEN OF WHA	T COUNTRY?
NE I	11. MARITAL STATUS	12. WAS DECEDENT EV	CD MILE ADVED	40 11110	2122				USA	
	1 Never Married 2 Married	FORCES? 1 1	YES 2 NO	If ye	DECENDENT OF HISF s, specify Cuban, Maxi	cen, Puerto Ri	(Specify Yes (ican, etc.)	or No-	14. RACE — Black, W	American Indian, hita, etc.
B∀	3 XWidowed 4 Divorced	IF TES, GIVE WAR	OH DATES	'"	YES 2X NO Spe	city:			Specify:	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION completed)	16a. DECEDENT'S	USUAL OCCU	PATION g most of working	16b.	KIND OF BUSI	INESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	se retired.)	g most or working					1
P	8		Homema	ker			ome			
	17. FATHER'S NAME (First, Middle, Last) Harry Sch				18. MOTHER'S I			lumeme)		
H	19a. INFORMANT'S NAME (Type/Print)	aum	405 44411 1014	ADDRESS (C.	Ans	nie B				
2	Clayton H. Jeffer	son/son							Code)	
	20g, METHOD OF DISPOSITION		20h PLACE AND DATE	OF DISPOSITIO	Ct. Falls	DATE	200 100	ATION (City or Town.	State.
	1 [X] Burlel 2 Cremetion 3 Ren 4 Donation S Other (Specify)	noval from Stata	St. John	ther place)	tery 10/1	9/96	F11:	cott	City	MT
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAN	E AND ADDRESS OF	FACILITY			CILY	, MD
	MINA MACC	Dawn F.	McDonald	Mac	Nabb Fune	ral Ho	me, P.	Α.		
	23. PART I. Enter the diseases, or	complications that car	used the death. Do	Out enter the	Frederic	K Kd.	Baltin	nore.	MD 2	
	snock, or neart failure.	List only one cause of	on each line.		or cynig, co	on se caron	oc or respire	atory sri	wat,	Approximats interval Between
	IMMEDIATE CAUSE (Final disease or condition	45	our tion	P.	4.0.1					Onset and Death
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE O	F):	LRUMO	nig				
z		a. A 5 / DUE TO (OR b. MULT) DUE TO (OR	-Inpare	t D	ement	10				
티		DUE TO (OR	AS A CONSEQUENCE O	F):						
CERTIFICATION	CAUSE (Disease or Injury	C. DUE TO (OR	AS A CONSEQUENCE O							
Ē	that initiated events resulting in death) LAST	DOE TO (OR .	AS A CONSEQUENCE O	r):						
S		d								
- 11	PART II. Other algnificant condition	ne contributing to dee	th but not resulting	In the under	lying ceuse given i	n Part I.	24s. WAS AN A PERFORM			RE AUTOPSY FINDINGS
EDICAL							1 YES 2		co	MPLETION OF CAUSE DEATH?
ME										YES 2 0 16
	DID TOBACCO USE CONT	RIBUTE TO CAUSI	E OF DEATH YE	S NO	☐ UNCERTA	IN 🗆				
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEA	OTHER:	one)					
PHYSICIAN:	1 VES 2 NO	1 Inpetient 2 ER/		4 Nursing	Nome 5 Residence					
	1 Netural 5 Pending	(Month, Day, Ye		URY	WORK?	28d. OESC	RIBE NOW IN.	JURY OCC	URED	
B	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJ	JURY — At home, ferm,			281 LOCAT	TION (Street an	of Alumbar	or Burn! Bout	Mumbar
	8 Could not be 4 Nomicide determined	building, atc. ((Specify)		517102		Town, State	A.	or nurer nouse	Number,
۳۱	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the beat of my k	roomlades death assure	and on the store	44-5-4-4		1.77	41		
COMPLETE		ER: On the beals of examin								d manner on stated
	29b. SIGNATURE AND TITLE OF CERTIFIE									
8	maria	rale .	M)	29c. LICENSE N	UMBER	- 1	29d, DATE	SIONED (Mo	nth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUSE OF	DEATN (ITEM 27) (Type	Print)	1100	2/05	/	- 00	-1060	1/1996
	Andres Salas	ZA 333	5 North	- 1	am Road	+0	Ellico	4.	t. 1	11 2017
	31. DATE FILED (Monto, Day, Year) OCT1 8 1996	1 32. MEGISTRAR'S S	WEATHERD.	- woll	1-14	1-1	JVI I LD	46.4	14/10	10,0096
	OCT1 8 1996 8	The state of the s	-							
										DNMN-15 Ray 1/89





ITEMS: 26.29a, PER DR. FILM 6-740

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 10/18/96 t.t Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Vasi **Physician** CKSON 6180 RG18 OCTOBER 1996 8, 7:00AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BALTIMORE CITY

If Under 24 Hrs. 8. Data of Hours Min. THE JOHNS HOPKINS HOSPITAL 7. Aga (In yrs. last birthday) If Under 1 Yaar 6. Sax 1) M 2 ☐ F 5. Social Sacurity Number 9. Birthpiace (State or Foreign **Funeral** Months Days 2,1936 Maryland 213-32-6947 Usual Rasidence of Decedant 60 Yrs. Director the Maryland 10a. Stata 10b. County 10d. inside City Limits 7 is marked other than "natural", or items 23s or 28s-f sho traumstic event, the Modical Examiner must be notified at 1 Yas 2 No Maryland Director more 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? permit. Pagas 1 and 2 should be filed within 72 hours after death with the Department of Health and Mental Hygiena. Important: If frem 27 is marked other than "natural" — any fullury or other traumatic avairable. 316 Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No if Yas Giva Was Decedent of Hispanic Origin? (Specify Yas or Notif Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Biack, Whita, atc. 11. Maritai Status 14. Race -1 Nevar Married 2 Married 1 Yas 2 No Specify: Specify: þ egro 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life., DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) river 18. Mother's Nama (First, Middla, Maidan Sumama) 17. Father's Nama (First, Middle, Last) Jac llare 19a. Informant's Name/Raiationship (Type, Print) 19b. Maliling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 1 Mrs. Novella lac 20b. Place of Disposition (Nama of comptary, cramatory or other place) 20a. Mathod of Disposition Vata 1 Buriai 2 Cramation 3 Ramovai from Stata 4 □ Donation 5 □ Other (Specify) 410r 21. Signature of Funarai Sarvice Licensia 22. Nama and Addrass of Pacility Part / Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory arrest, shock or heart landers. List only one cause on each line. Approximata interval Between Onset and Death **Physician** /Medical Immediate Causa (Final disease or condition rasulting in daath) neumania one week Examiner Due to (or as a consequence of): one week signed by the attending physician and d be detached for usa as the burial-transit Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlying Cause (Diseasa or injury that initiated events rasulting in death) Last Due to (or as a consequence of) idencia one week Physician/Medical Squamous Cell Ca Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No hypercalcenic þ 24b. Wara autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy performed? Completed peen 1 Yas 1 Yes 2 No cartificata funeral director, 25. Was casa refarred to medical axaminar? 28. Place of Death (Check only one) 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Certification: To 1 X Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Daath 28b. Tima of 28d. Dascribe how injury occurred 28c. injury at Work? After 1 Naturai 5 Panding invastigation death. 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) Piaca of tnjury - At homa, farm, straat, factory, office building, atc. (Specify) 4 ☐ Homicida Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and due to tha cause(s) and mannar stated.

Division of Vital Records, P.O. Box 68760,

To the Hospital or Attendit within 24 hours after death.
To the Funeral Director: All completaly filled in by the fu

State Registrar

Medical

29a. Cartifiar

Holly Dahlman, MD 31. Data filed (Month, Day, Year)

29b. Signatura and titla of certifiar

32. Begistrary Signatura

dilman

30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print)

29c. Licansa number

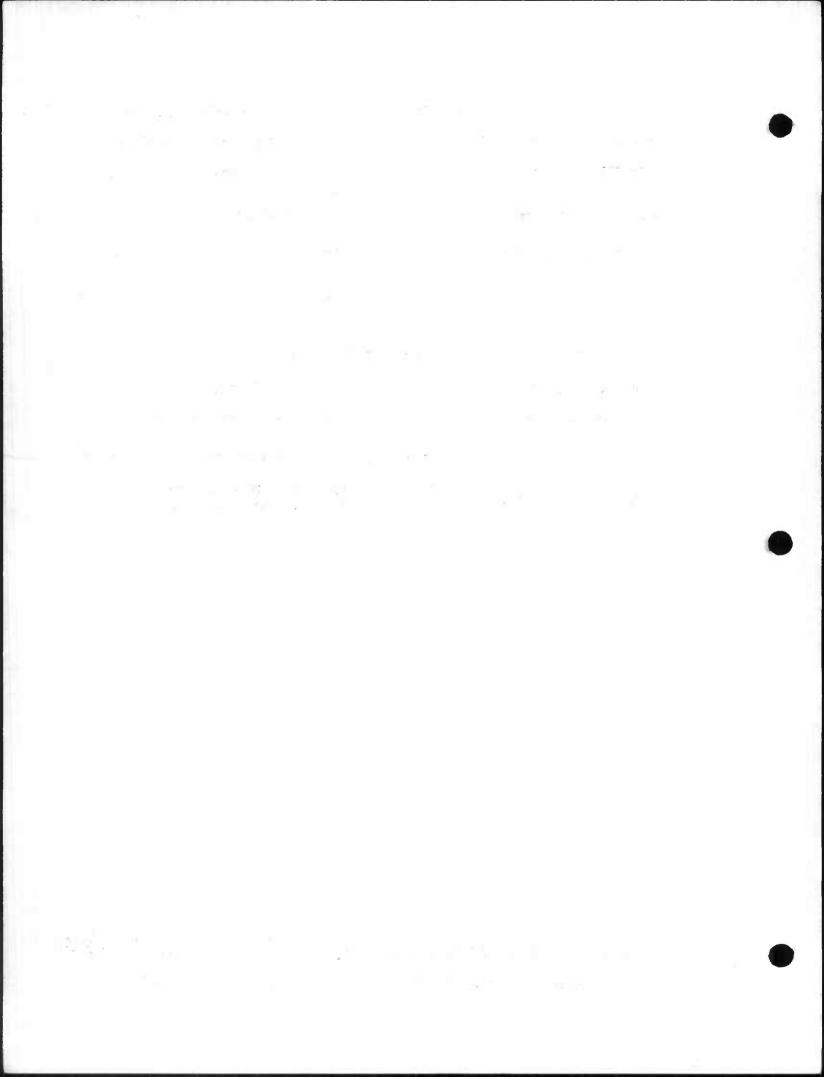
29d. Data signed (Month, Day, Year)

2 1 50

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Day **Physician** Month Year James 15,1996 KUCZINSKI October 6:02 P.M. /Medical 4e. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Rossville Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. Oct • 25, 1939 5. Social Security Number Birthplace (State or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 1MM 2□ F 216-34-0114 57 Yrs. Director MAryland . Usual Residence of Decedant the Marylans 10a Stata 10b. County 10c. City, Town or Location x 28a-f show a notified at 10d. Insida City Limits Parkville Md. Baltimore 1 Yas 2 No Director 10e, Street and Number 10f. Zip Coda 10g. Citizen of What Country? With ral', or items 23s or Examiner must be r 21236 30 Perryoak Place USA death Funera 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, Whita, atc. 11. Maritel Status Design—Pages 1 and 2 should be filled within 72 hours after to Department of health and Mental Hygiene. Important: If them 27 is merikad other than "natural", or the any injury or other traumatic event, the Medical Exercines 1 Yas 2 XNo If Yas, Give Yeer or Datas: 1 Navar Married 2 Married Battimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ № Specify: White þ 3 ☐ Widowed 4X Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education 18b. Kind of Business/Industry (Specify only highast grada completed) Elamantary/Secondery (0-12) Coilega (1-4or 5+) Benefit Authorizer Social Security 12 th 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maidan Sumame) Be John A. Kuczinski Madeline Lind 2 19a. Informant's Name/Raiatlonship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, State, Zip Coda) 30 Perryoak Place Baltimore Md. 21236 Darlene West/friend 20b. Piace of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Dete 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) St.Stanislaus Cemetery 10/19/96 Baltimore Md. 21. Signature of Funerei Sarvice Licensas 22. Nama and Address of Fecility Connelly Funeral HOme of Essex gloris that caused the death. To set antar the mode of dying, such as cardiac or respiretory arrest, cause on each line. 23a. Part1. Enter the disease, or complete shock, or heart feilure. List only and complete shock are the complete shock. Approximate interval Between Onset and Deeth **Physician** /Medical Immediata Causa (Finai Coronary artery disease diseasa or condition resulting in death) 25 years Examiner Dua to (or as a consequence of): Examiner History of coronary artery bypass graft 15 years physician end the burief-transit Sequentielly list conditions, if any, laading to immediata causa. Enter Underlying Cause (Diseese or injury that initiated evants resulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of): 60 950 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the should be detached 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 200No 3 ☐ Probably 4 ☐ Unknown by 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy parformed? page 2 2 No certificate Hospital or Attending Physician: director 25. Was casa refarred to medical Be 26. Place of Daath (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 ☐ Yas 2 No 2 1 ☐ Inpatient 2 ☐ SER/Outpatient 3 ☐ DOA After this funeral 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturai 5 Panding after death. 1 Yas 2 No investigation 2 Accident 6 Could not be 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicida filled 24 hours a edical To the Hospi within 24 hou To the Funer completely fill 29e. Certifier 1 🖾 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, data and pleca, and due to the cause(s) and mannar as stated. (Check only one) 2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, end due to the cause(s) and menner stated. 29b. Signature and titia of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Nama and addrass of person who complated causa of death (Itam 23a) (Typa, Print) Dr. Arturo Norico 9000 Franklin Square Dr. Baltimore, Maryland 21237 31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura State OCT1 8 1996 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 3 | 207

							Cer	tificat	e of	Death			Reg. No.		
Dhysiola		1. Decedent's Neme (First,		•								2. Date of De Month		Yeer	3. Time of Death
Physiciar /Medica		DEON	M	ARSH	+AL	4						10	15	96	1500
Examine		4a. Fscility Neme (If not ins			umber)					4b. City, To	wn, or Lo	ocation of Deat			
		,		UMA	1-1-			lt I lada.	4 Vaar	D/A	04	T		74	
Funeral Director		5. Sociel Security Number		Sex 1DXM 2□F		1 yrs. lest b 18	Yrs.	If Under Montha	Days	Hours Hours	Min.	8. Dete of Bir (Month, Da Feb.	1 1978	9. Birthp	lace (State or Foreign
	ŀ	220-90-5276 Usual Residence of Decede	ent			10					L	T CD.	1 1970	PIMIX	LAND
how		10e. Stete 10b. C	ounty		10	c. City, To	wn or Lo	cation						11	0d. Inside City Limits
o Mo	Cto	MARYLAND N	I/A				BA	ALTIM	ORE	CITY					Yes 2□No
1 S 4 T	Director	10e. Street and Number						10f. Zip					10g. Citizen of V		try?
23a valent		2257 REIST	FERST				1		1217				U.S.A.		
them them	runerai	11. Maritai Status 1 Vever Merried 2	Married	12. Wes Dec	cedent Ever orces? 2XXNo	r in U,S.	,				igin? (Spi n, Puerto	ecify Yes or No Rican, etc.)	Biac	e - Americ k, White,	
20 2	2	3 ☐ Widowed 4 ☐ Div		If Yea, G Year or I	IVO		1	□ Yea 2	XXNo	Specify:			Specify	BL.	ACK
2 ho	Completed	15. De	cedent'a E	ducation		16	a. Deced	lent'a Usua	l Occup	ation		la a	18b. Kind of Bu		
121	9	Elementary/Secondary (0		ade completed, College	(1-4or 5+)					during mos d)	e or work	ung	- a. lo	0 i.	1001
led w	3	9th grade					UNE	MPLOY	ED				never	- U	Johns
Dan Hall Hall Hall Hall Hall Hall Hall Ha	ă	17. Fether'a Neme (First, M										100	, Maiden Surnam	(0)	
hould die	2	THOMAS MA 19a. Informant'a Name/Rei				10	b Mailin	a Addrasa	/Street			CHAPMAN	er, City or Town,	Ctata 7in	Codel
re, Maryland 212. I and 2 should be filed within Health and Mental Hygiene. Item 27 is marked other than other traumatic event, many		GRETA CHAPI				1		_					more Mar		
re, s 1 an t Heel them 2 other	t	20a. Method of Disposition			-	Ob. Placa	of Dispos	sition (Nan	ne of			Dete	20c. Location -		
0 = 5		1 X Kurial 2 Creme 4 Donation 5 Otl			State			natory or or Memo		l Parl	ζ :	10/18	BALTIMO	RE,	MARYLAND
Baltim Semil P. Separtmen mportant: any injury	Ì	21. Signature of Feneral Se		-	7		-			ss of Facili		ILLIAM			MUNITY F/H
m 88 2 8		1 Jan	i (7. (Poste	2							NORTH AV		
	7	23a. Part1. Enter the disee ahock, or heart failure	se, or com	pications that	caused the	death. Do	not ente	er the mode	e of dylr	ng, auch as	cardiac	or respiratory a	rreat,	i	Approximate Intervsi Between
Physician	1		•											0	Onset and Deeth
/Medicai Examiner		Immediate Cause (Final diseasa or condition resulting in death)		a. S	EVE	RE	_13	RA	11	TA	150	IRY		VI	
	<u> </u>				Due	to (or aa	a conseq	uence of):					00	In a	
uted ansit	Examiner	Coquentially list conditions	-	b. ———	Due	to (or as a	a consec	uenne offi-		-	1		The Edward	-	
c 68760, ntificate be executed ng physician and as the burial-transit	Ĭ	Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated eventa			200	No for me	a successful	unit nam only.		0	1	120	MID		
68760, rificete be exago physician as the burial	200	that initiated eventa resulting in death) Last	1	0	Due	to (or as a	consequ	uence of):		1		A Trick			
X 6	Ε		·	d						4	CERTIFICA				
Records, P.O. Box 68760, The law requires that the death certificate be executed at has been signed by the attending physician and page 2 should be detached for use as the burial-transit completed by Physician Madical Exemple.			50.000	Heathern						()				
Oivision of Vital Records, P.O. or Attending Physician: The law requires that the de after death. Director: After this certificate has been signed by the lin by the funeral director, page 2 should be detached after the physician To Be Completed by Physician artification. To Be Completed by Physician artification.	7.5	Part II. Other aignificant co	nditione o	contributing to c	death but no	ot resulting	in the ur	nderlying ca	auae giv	en in Part I	l.		/		the cause of death?
or ithat												10	Yee 210 No	3 Prot	pably 4 ☐ Unknown
The law requires the cate has been signed, page 2 should be designed.	3												an autopay	24b. We	ere autopsy findings allable prior to
aw re	2											perio	ormed?	COI	mpletion of cause death?
Vital Revision: The lay certificate has rector, page 2	5											10	Yes 2 No	10	Yes 2□ No
Vision of Vita Attending Physician: octor: After this certification: by the funeral director.	0	25. Waa case referred to mexaminer?	edical							28. Place	of Deat	h (Check only	one)		
Physic of this control of the contro	2	1 Yes 2 No			Inpatient			t 3□ DO		4 LINU			denca 6 □Oth		0
After funer	5		ending	1 4	nth, Day Yes	ar)	Time of Injury		8c. Injui Woi	yat rk? Yes 2.∑X		School &	how Injury occurr	1	riding
isidan kiten deati deati y the	2	3 ☐ Suicide 6 ☐ C	ould not b	2	10/96		1900			160 210	-	28f. Location	Street and Numb	er or Rura	l Route Number
Division catalogues of a standard cash. al Director: After the funers led in by the funers.	5	4 Homicide	etermined	build	e of Injury - ting, etc. (S) TREE	pecify)	rann, suc	ou, ractory	, omos			City or To	wn, State)	ih	An e
Division of Vital Revenue to the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	5	29a. Certifier	rtifying Pt	ysician: To the	e best of my	y knowledg	ge, death	occurred a	at the tiv	me, dete an	d place,	and due to the	cause(s) end ma	nner as st	ated.
thin 24 hour thin 24 hour the Funer mpletely fill	3	(Check only 2 Me	dical Exar	minar: On the band mer	ner steted.	mination a	ind/or inv	eatigation,	In my o	plnion, dea	ith occurr	red at the time,	date and place,	end due to	the cause(a)
Tot With	E	29b. Signature and title of c	ertiffer	1				-		e number			29d. Date algner		
		1/4	tat.	66	MI)		1)43	055			10/15	19	6
6		30. Name and address of pe	erson who	completed cau	se of death) (Typa, I		nd	,					
		31. Date filed (Month, Day,	Year)	ENE 32 1	Registrer's 9	Signature	3151	T /	V/Q	•					
State Registrar	1	OCT1 8199	6 <	Lucia M.	Logisti et a	- Augustala									
DHMH 16 Rev 6/95			0	helia Javi	430/-A	mall?									
							- ;								

Please Type or Print in Black Indelibie Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

					viai yiai i	-			Death		Reg. No.	0 0	31200
Н	Physic	an	Decedent's Name (First, Middle, La	ist)						2. Date of Dec	ath Dev	Yeer	3. Time of Death
	/Medi		Jackson	MCF	ARLAN						r 15,19		3:59P.M.
)	Examir		4e. Facility Neme (If not institution, give						4b. City, Town, or L		4c. Count	y of Death	
			Franklin Square H	ospital (Center	•			Rossville	3	Balti	imore	
	Funeral Director		212-30-3176	Sex 12 M 2 ☐ F	Age (In yrs. I	last birthday Yrs,	Months	Days	If Under 24 Hrs. Hours Min.	8. Date of Birt (Month, Day April 6	1923	9. Birthp Coun West	lace (Stete or Foreign try) Virginia
	pu *		Usuel Residence of Decedent 10a. State 10b. County		10c City	, Town or L	ocation						Od Incide Ob I link
	a Maryla	ctor	Maryland Baltimor	æ		ssex	LOCATION					1	0d. Inside City Limits 1 ☐ Yes 2 No
	th with th	al Director	10e. Street and Number 936 Garden Drive	Apt. 1	A			ip Code 2122	1		10g. Citizen of U.S.		try?
21215-0020	d within 72 hours after death with the Menyland jiens. I then "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at the Medical Examiner.	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. Was Deceder Armed Force 1 Types 2 If Yes, Give Year or Dates	s? □ Ntav v		Wes Deci If Yes, sp 1 Yes		Hispanic Origin? (Span, Mexican, Puerto Specify:	pecify Yes or No- Rican, etc.)		ce - Americ ick, White, by: Whit	etc.
5-0	72 h	eted	15. Decedent's Education (Specify only highest gra	ducation			edent's Us	ual Occup	pation during most of work d)	cina	16b. Kind of E	usiness/inc	Justry
21	within than the Man	Completed	Elementary/Secondary (0-12)	College (1-4o	or 5+)					Ving	NY - 27 N		
	e filed w al Hygier other th		12				Machi	nıst			Nail N		acture
\equiv	0 4 5 0	To Be	17. Father'a Name (First, Middle, Last, Jackson McFarlar						18. Mother's Nam Anna Bu		Maiden Sumei	ne)	
	d2: thar 7 In trau		19a. Informant's Neme/Relationship (Helen McFarlan	Type, Print) (WIFE)					and Number or Ru				
Ballimore,	pemyf. Pages 1 an Department of Heal Important: If item 2 any injury or other ones.		20a. Method of Disposition 1 Burlal 2 Cremation 3 4 Donstion 5 Other Specific		CE	laca of Disp emetery, cre enmou	emetory or	other ple	ca)	Dete 17/1996	20c. Location Baltimo		wn, State Maryland
Ball	Deamit. Importa		21. Signature of Funeral Service Liets	and the	1.				ess of Facility Funeral				7.04004
Y.			23 Part 1. Enter the disease, or core	distations that caus	ed the death				astern Av			aryla	and 21221 Approximate
	Physician		23d. Part1. Enter the disease, or cops shock, or heart failure. List only	the stuse on each	line.		1101 1110 1110	ac or cy.	· g, 5001 45 0410100	or respiretory at	1031,	1	Intervel Between Onset and Deeth
×	/Medical		Immediate Csuse (Final disease or condition	Cardiog	onic c	hock							12 hours
	Examiner		resulting in deeth)	a. Calulog		as s conse	equence of):					iz nouro
	D #	i e	_	Myocard	ial in	ifarct	ion						12 hours
	tificata be executed ig physician and es tha burlei-transit	Examiner	Sequentially list conditions,	0.	Due to (or	as a conse	quence of):					
90	be es ician burle		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events	c. Coronar	y arte	ery di	iseas	e				1	0 years
68760,	icata phys s tha	edicai	resulting In death) Last		,	as s conse	quence of)	•					
	certification of the second of	_		Atherosc	leros	is						1	
Box	d for	Ca	Part II. Other algnificant conditions of	antellauting to doub	but not recu	thing to the	on dorb do o		marks Breat	Onto Dist			Ab
P.O.	that the death cer ed by the attendin detached for use	Physician/M			out not resu	iting in the	underlying	cause gr	ven in Part I.				the cause of death?
S,	gned of	by P	diabetes millitu	S							25110	0 110	and a control of
Division of Vital Records,	iw requires that the death cer s been signed by the attendir 2 should be detached for use	Completed								24a. Was perfor	an eutopsy med?	ave	ore sutopsy findings bileble prior to impletion of cause death?
ž	Tha law ata hes t page 2 s	Eo								101	es 2 No	10	Yes 2 No
<u>ra</u>	ilclan: The certificata rector, pag	Bec	25. Was case referred to medical						26. Plece of Deal				
> :	Physician: this certificated and director,	To	exeminer? 1 ☐ Yes 2∰ No	Hospital: Inpa	tient 2 🗆 E	ER/Outpatie	ont 3□ D	OA Oth	AC:	ome 5 Resid		ner (Specify	()
ouo	Attending Phir death. •ctor: Aftar th by the funeral		27. Manner of Death 1. Netural 5 □ Pending 2 □ Accident investigation	28a. Date of In (Month, E	ojury Dey Year)	28b. Time of Injury	of M	28c. Inju Wo 1 □	ry et rk? Yes 2 □ No	28d. Describe h	ow injury occu	rred	
Divis	of or Attency efter death Director: d in by the	Certification:	3 Suicide 6 Could not be determined	286. Placa of I	njury - At ho etc. (Specify	me, farm, s	treet, facto	ry, office		28f. Location (S City or Tow	itreet end Num n, Stete)	ber or Rura	Route Number,
:	To the Hospital or Attending Physician: Tha is within 24 hours effer death. To the Funeral Director: Affar this certificata he completely filled in by the funeral director, page	edicai C	29a. Certifier (Check only one) Check only one)	yeicisn: To the bes	of exeminati	vledge, dea on and/or Ir	th occurred	d et the tion, in my c	me, dete snd placa, ppinion, death occur	and due to the o	cause(s) and m date and piece,	anner as st and due to	eted. the cause(e)
1	Neithin To the	Me	29b. Signature and title of certifier	2			29	c. Licens	se number		29d. Date signe	ed (Month, i	Day, Year)
	1,		17/14/001	20.O.			R	D 1	786		October	15_1	996
	1X	1	30. Name and address of person who	completed cause of	deeth (Item	23e) (Type		<i>D</i> I	, 50		CCCODGI		,,,,
	19		Dr. Monique Langs	ton 9000	Frank	lin S		Dr.	Baltimor	e, Mary	land 21	237	
	Sta Registr	te	31. Dete filed (Month, 8ex 1996	32. Regis	yare stoom	palle	3						

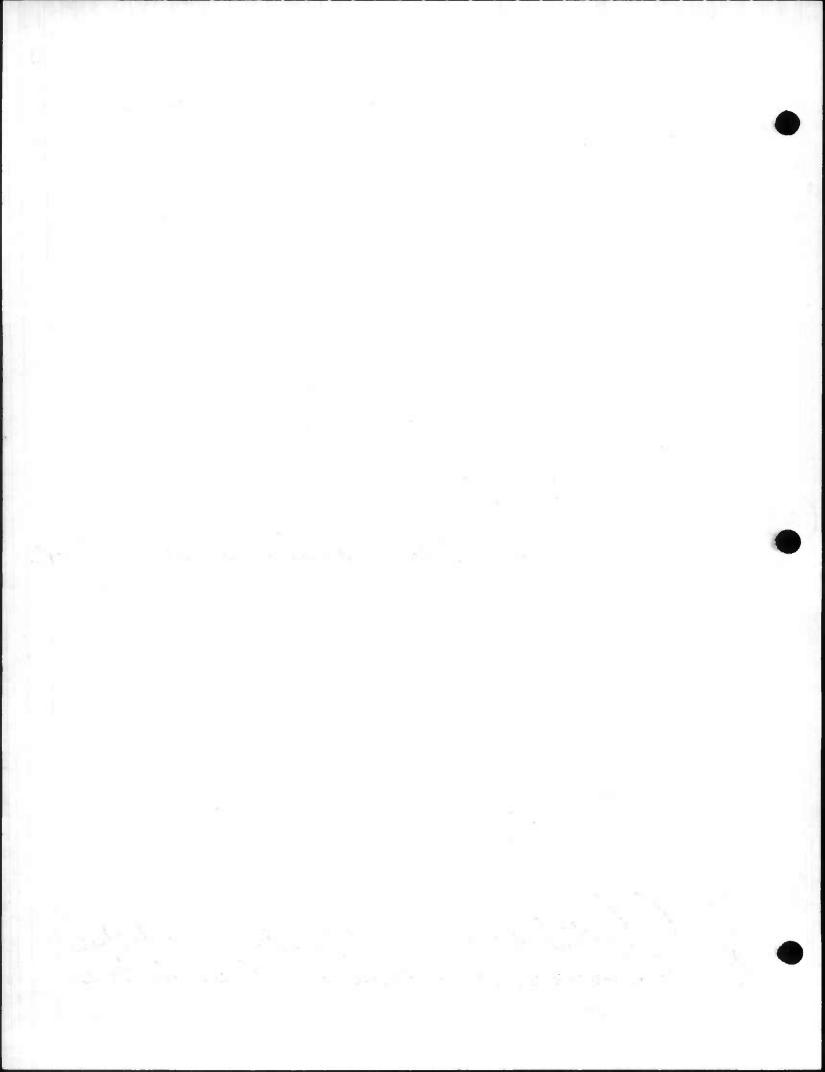
no basilan a

State of Maryland / Department of Health and Mental Hygiene 96 3 1 2 0 9

							Cer	tificate c	of Deat	h		Reg. No.		
	Discontin		1. Decedent's Neme (First, Middle			10 1 0		,			2. Dete of D Month		Vana	3. Tima of Death
	Physic /Medi		SELENA			MAR	T//	N			SEPTE	EMBER 2	7)96	02 TAM
	Exami		4e. Fecility Neme (If not institution								ocation of Dee	th 4c. County	of Deeth	
			NORTHWEST	1405P1	TA	L CE	NT	EN	RAN	IDAL	LSTOW	2 RA	LTI	noRE
	Funeral	1	5. Sociel Security Number	6. Sex		(In yrs. last birt		If Under 1 Ye	er If Und	er 24 Hrs.	8. Dete of Bi			plece (State or Foreign
	Director		218-80-7105	1□M 2□F		34	Yrs.	Months De	ys Hour					
			Usuel Residence of Decedent								Mar. Z	9, 1962	- wa	sh. D.C.
	ylan		10a. Stete 10b. County			10c. City, Town	or Loc	ation						10d. Inside City Limits
	Mar	to	Maryland			Bal	tim	ore						1 Yes 2 No
	r 28	Directo	10e. Street and Number					10f. Zip Cod	0			10g. Citizen of \	Whet Cou	ntry?
	3a o		3019 Fendall Rd.					2120	77				USA	
	death	Funeral	11. Meritel Stetus	12. Wes De	cedent E	ever in U,S.	13. W	es Decedent	of Hispanic (Origin? (Sp	ecify Yes or N	o- 14. Rec	e - Ameri	can Indian,
0	r he	E	1 Never Merried 2 Marr		2 🔼 N	lo		Yes, specify C			Rican, etc.)	Bled	ck, White,	etc.
02	d within 72 hours after death with the Maryland jiene. Then "natural", or items 23s or 28s-f show the Medical Examinat must be notified at	by	3 X Widowed 4 ☐ Divorced	If Yes, G Yeer or I	iive Detes:		1	□ Yes 2☐1	No Speci	fy:		Specify	v: B	lack
9	2 ho	Completed by	15. Deceden	's Educetion		16a.	Deced	ent's Usual Oc	cupation			16b. Kind of Bi	usiness/in	dustry
21	E	ple	(Specify only highes Elementery/Secondery (0-12)	College		4)	life. D	ind of work do O NOT use rel	tired)	ost of work	ang			
7	filed within Hygiene.	EO	11th Grade	Conogo	(1 401 0	''	Nu	rse's A	Aide			Un	know	n
b		Be	17. Fether's Neme (First, Middle,	Last)					18. Mo	ther's Nam	e (First, Middle	, Meiden Sumen	10)	
a		To	James Martin						Id	la Joh	nnson			
ary	d 2 should be th and Mental 7 is marked o traumatic eve		19e. Informent's Neme/Reletions	hlp (Type, Print)		19b.	Melling	Address (Str	eet end Nun	nber or Rui	ral Route Numi	per, City or Town,	State, Zij	Code)
Σ	7 4 A B		Ida Martin			3	019	Fenda:	11 Rd.	Bal	ltimore	, MD. 21	207	
Baltimore, Maryland 21215-0020	other		20e. Method of Disposition			20b. Piece of	Dispos	ition (Neme of	. ()		Dete	20c. Location -	City or T	own, Stete
10			1 Durial 2 Cremetion 4 Donetion 5 Dother (S)		State	Woodla	lwiii ^m	Cemete	(Nace)		10/4	Woodla	lwn,	MD.
	it in the state of		21. Signeture of Funeral Service				22	Neme end Ad	dress of Fer	ility		2 1		7
Ba	permit. Pages Department of important: If it any injury or o		Kan	Par Y		/				1/6				ral Home
_		Н	75VL	Jan	n	/						., MD. 2	.1229	
			23a. Pert1. Enter the disease, or shock, or heart feilure. List	only one ceuse on	each lin	the deeth. Do n e.	iot ente	r the mode or o	dying, such	es cardiec	or respiretory	errest,	1	Approximate Intervel Between
	Physician /Medicai		Improvides Cours (Flori		A 1	00							1	Onset and Deeth
	Examiner		Immediete Cause (Finel disease or condition resulting in deeth)	e1	H	NO	_						1	
		5	Tooding in coolin		1	Due to (or as a c	onsequ	ience of):					1	
	p .:	i i		b										
	certificate be executed ding physician and ise as the burial-transit	Examiner	Sequentially list conditions,		[Due to (or es e d	onsequ	ence of):						
80	cian cian buria		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	G									1	
68760,	sate l	Medical	thet initieted events resulting in deeth) Last			Due to (or es a c	onsequ	ence of):						
9 X	ing p	Me												
Bo	E 3			0										
	0 0 0	Physician	Pert II. Other significant condition	ns contributing to o	leath bu	t not resulting in	the un	derlying ceuse	given in Pe	rt I.	23b. Dfd	tobacco uee co	ntributa t	o the cause of death?
0	\$ 00 m	P.									1□	Yes 2□ No	3 Pro	bably 4 toknow
Ś		by												
D	requires been sign should be	Completed									24e. Wes	an autopsy ormed?	87	ere eutopsy findings allable prior to
ည္ထ	aw 2 s	ble											of	ompletion of cause death?
œ	o - 6	E									10	Yes 2 No	11	Yes 2□NO
of Vital Records,		0	25. Wes case referred to medical						26 Pie	ce of Deet	h (Check only		l	
>	Physician: this certific rail director,	To B	examiner? 1 ☐ Yes 2 ☐ No	Hospitel:	Inpatier	nt 2 ER/Out	patient	3□ DOA	Other:			ldence 6 □Oth	er (Sneci	(v)
			27. Menner of Deeth	28e. Dete	of Injun	28b. T	Ime of		njury at Work?			how injury occur		77
Division	Attending r death. actor: Atte by the fund	Certification:	1 Neturel 5 Pending	9	nth, Dey	rear) Ir	njury		Vork? ☐ Yes 2	□No				
S	Affler dead octor by th	flea	3 ☐ Suicide 6 ☐ Could r		e of Inju	ry - At home, far	m, stre	et, fectory, offic	Ce		28f. Location	(Street end Numb	er or Run	al Route Number,
á-	9 8 9	E I	4 ☐ Homicide	build	ling, etc.	(Specify)					City or To	wn, State)		
100	100		29e. Certifier 1 ☐ Certifiying	Physician: To the	e best of	my knowledge	deeth	occurred at the	time. dete	and piece	and due to the	ceuse(s) end me	inner as s	tated.
. !	1 7 m	edicai	(Check only 2 Medical I	xaminar: On the b	esis of	examinetion end	Vor Inve	estigetion, in m	y opinion, d	eeth occur	red at the time	deta end plece,	end due t	o tha cause(s)
-	6 0 d /	Me	29b. Signeture end title of certifier	4	. 3.30			29c. Lice	ense numbe	r		29d. Dete signe	d (Month.	Day, Year)
	-3-0		0 1	1/10				0	177	77				R 27, 96
			- C / CW	n pro				<u> </u>	ـ ۱ / ۱	کہ د		261761	TUE	R C 1, 16
	En		30. Neme end eddress of person v	who completed cau	se of de	eth (Item 23e) (Type, P	rint)	Mo	7 1	133			
	V		31 Date filed (Month Day Vocal	V) 200	/ /	THE C	1214	L 10.			して			
	Sta	-	31. Dete filed (Month, Dey, Year) OCT1 8 1996	32. Julia Ju	1 1	r's Signeture								
	Registr	ar	001 T 0 1330	June	(पंक्षण		354	<u> </u>						

State of Maryland / Department of Health and Mental Hygiene 96 31210

					Certif	ficate of	Death	R	eg. No.		01210
П	Dhuala		Decedent's Name (First, Middle, Last)	· /		6.1	/ 0	2. Date of Deat		V	3. Time of Deeth
	Physic /Medi		Ja	seph	J,	Mea	14. Sr	Month 10	13	96	2:00 AM
1	Exami		4a. Facility Neme (If not institution, give street and num.	per)			4b. Oity, Town, or	Location of Death	4c. County		
			1120 Myrtle Ave	nue		1	Baltimo	re	NA	1	
П	Funeral			Age (In yrs. last	M	Under 1 Year lonths Days	if Under 24 Hrs.	8. Dete of Birth (Month, Day,	Vear	9. Birthp	lece (State or Foreign
ı	Director		214-22-0363 1×M 20F	68	Yrs.	Duys	Tiodis Willi.	March 1	1,1928	Court	Md
	pu *		Usual Residence of Decedent 10a. Stete 10b. County	10a City To	own or Locati						
	sho	5				*				1	0d. Inside City Limits 1 X Yes 2 No
	788-1	Director	Md NA	Dal	timor.						
	With the same of t	ä	10e. Street and Number		1	10f. Zip Code		11	0g. Citizen of V	What Coun	try?
	ath v	6	1120 Myrtle Avenu	e		21	201		U	.5.	A
	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Weddeal Exertine marker recitled	Funeral	11. Marital Status 12. Was Deced	95?	13. Was	Decedent of s, specify Cub	Hispanic Origin? (S sen, Mexican, Puert	pecify Yes or No- o Rican, etc.)		e - Americ ck, White,	
20	s aft	by F	1 Never Merried 2 Merried 1 1 1 Yes 2 if ∜es, Give 3 1 Widowed 4 Divorced Year or Dat		1 🗆	Yes 2 No	Specify:		Specify	: 21	. 01
21215-0020	hour lural	8				. ()				1010	ice
5	n 72	Completed	15. Decedent's Education (Specify only highest grade completed)	18	(Give kind	's Usuel Occu d of work done NOT use retire	during most of wor	king	16b. Kind of Bu		
12	withi ene. than	d mc	Elamantary/Secondary (0-12) Collage (1-4	or 5+)			,		San, to	atton	Dept
	Hygi ther ont,	Ö	17. Fether's Name (First, Middle, Last)		ruck	- Dru		ne (First, Middle, A	In Idea Sumam	0.1	
an	ould be filed with Mental Hygiene, arked other than atic event, the	Be c	111:11: 1 11.1.				1/4	111	Ta a	14)	
Maryland	houl d Me	10	19a, Informant's Name/Ralationship (Type, Print)	4	Ob Mailine A	ddaaa /Chan	Mary	Helen	9011	<i>w</i>	
S	d 2 shoth and 7 is me traum		1 1 11 71 3	1.1	11111	daress (Stree	t and Number of Ru	1		1	Code)
e,	1 and 2 Health ern 27 I		20a, Method of Disposition		of Disposition	n (Name of	The Ave	Dete 1	20c. Location -		1201
0	Pages nent of I nt: if Ite		1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from St	ete ceme	tery, cremato	ry or other pla	,				
Baltimore,	it. Partment		4 Donation 5 Other (Specify)	Cro	worlle	Vet	Cenetary	10-18-96	rown	sulle	nd
Ba	permit. Pages 1 and 2 Department of Health a Important: if item 27 is any injury or other tra 900.8.		21. Signature of Funaral Servica Licensee	•	22. Ne	eme and Addre	ess of Facility	6T			
2	40200		The Clanding	w	1010		431	00 U/c	rbast	A AL	enue
			23e. Pall 1. Enter the diseasa, or complications that cau shock, or heart failure. List only one cause on each	sed the deeth. De	o not enter th	ne mode of dyi	ng, such as cardiac	or respiratory arre	est,		Approximete interval Between
	Physician			L 1	1-	1	+ +				Onset and Death
<i>.</i>	/Medical Examiner		Immediate Cause (Final disease or condition	lesta	ter)	Tho.	vale	(and	01.		440
	LAGITITIE	_	rasulting in death) a.	Dua to (or as	a consaquen	ce of):					1
-	be in	Examiner	_ b								
	erificate be executed ling physician and is as the burial-transit	хап	Sequentially list conditions,	Due to (or as	a consequen	ce of):					
90	cian cian		Sequentially list conditions, if any, leading to Immediate cause. Enter Underfying Cause (Disaase or injury that Initiated evants								
68760	ohysi the l	edicai	that Initiated evants resulting in death) Last	Due to (or as a	a consequenc	ce of):					
×	death certifical attending pt	Me									
9	ath c ttenc or us		<u> </u>								
	9 6	Physician	Part II. Other significant conditions contributing to deat	n but not resulting	in the under	tying cause gi	ven in Part f.	23b. Did tol	bacco uss cor	ntributs to	the causs of death?
7	requires that the een signed by th hould be detache	4						1 🗆 Yı	8 20 No	3 Prob	ably 4 Unknown
Ś.	es the	by			, , , , , ,						
Hecords	v require been si should t	Completed						24a. Was ar	autopsy ned?	24b. We ava	re autopsy findings ilable prior to
Ö	2 s 2	pje								of d	npletion of cause leath?
	0 - 2	5						1□ Ye	s 2 No	10	Yes 2 No
VIII A	ician: The certificate rector, pag	Be	25. Was casa referred to medical				26. Place of Dea	th (Check only one	9)		
		2	examiner? 1 Yes 2 No Hospitel: 1 Inp	atient 2 ER/C	Outpetient 3	DOA Oth	ner .	ome 5 Reside		er (Specify)
10 L	fing Phys h. After this funeral d		27. Manner of Death 1 □ Natural 5 □ Panding (Month,	njury 28b	. Time of Injury	28c. fnju		28d. Describe ho			
0		atio	1 ☑Natural 5 ☐ Panding (Month, 2 ☐ Accident invastigation	Day reary			Yes 2 □ No				
JIVISION		ertification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Placa of building	Injury - At home, etc. (Specify)	farm, streat, i	factory, office	- 1	28f. Location (Str. City or Town,	eet and Number	er or Rural	Route Number,
5	P C C	e i	Dullottig	etc. (Specify)				Oily or Town,	Stata)		
	To the Hospital Within 24 To the Company Med	3	29a. Certifier Certifying Physician: To the be	st of my knowledg	ge, death occ	urred at the tir	me, date and plece,	and due to tha ca	use(s) and ma	nner as sta	nted.
	当点を含	6	(Check only ope) Madical Examiner: On the basis and manner	of examination e statad.	end/or investig	gation, in my c	pinion, death occur	red at the time, da	te and placa, a	ind due to	the cause(s)
	vithin To the	Σ	29b. Signature and title of certifier			29c. Licens	se number	29	d. Dete signed	y(Month, g	Pay, Year)
	11	1	MIMMEU MI			リン.	51650		101	17%	96
	IX	-	30. Name and address of person who completed cause of	f death (Itam 23a)	Type, Print)	1		1	-/-	/
	N		30. Name and address of person who completed cause of OHH GUTHELL, 2	2 5.6	SREE	NE :	31650 ST., BI	SUTO,	MD.	212	20/
	Stat	e	31. Date filed (Month, Day, Year)	STITLE Stangture	-						•
	Registra	-	OCT 1 8 1996 guille Paris	n-Mandalle							



Certificate of Death

Physician /Medical

Examiner

FLOSSIE MAYBIN

2. Dete of Deeth Dey 15 OCTOBER

3. Time of Deeth

4e. Fecility Neme (If not institution, give streat end number) ST, AGNES HOSPITAL

4b. City, Town, or Location of Deeth BALTIMORE

1996 7:32 PM 4c. County of Deeth

, Funeral Director

28a-f show

ò

items 23a

"natural", or

Hygiene.

.. Pages 1 and 2 should be fil tment of Health and Mental H tant: If item 27 is marked out Jury or other traumatic even

permit. Page Department of Important: If any Injury or

death

filed within 72 hours after

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

Be

Physician/Medical Examiner

þ

Completed

Be

Certification: To

Medical

5. Social Security Number 1□M 2QF 214-22-0020

1. Decedent's Neme (First, Middle, Last)

If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 7. Age (In yrs. lest birthday) 71 Yrs.

8. Dale of Birth (Month, Day, Year) June 29, 1925 Birthplece (Stete or Foreign Country) Alabama

Usuel Rasidence of Decedent

10e. Stete 10b. County Maryland

10c. Cily, Town or Location Baltimore

10d. Inside City Limits 1 ☐ Yes 2 ☐ No

10e. Street end Number

2511 W. Pratt St.

10f. Zip Code 21223 10g. Citizen of What Country?

11. Maritei Stetus

1 Never Married 2 Married 3 Widowed 4 Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detes:

 Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No Specify:

14. Reca - American Indien, Black Specify:

USA

15. Decedent's Education (Spacify only highest grede completed)

Coilaga (1-4or 5+)

16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) FOIder

16b. Kind of Business/Industry Coyne Textile

Elamantery/Secondery (0-12) 8th Grade 17. Fether's Neme (First, Middle, Last)

18. Mother's Neme (First, Middle, Maiden Sumama)

Charles Powell

19e. Informent's Neme/Relationship (Type, Print)

19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code)

Eather Bean

James Maybin/husband

2511 W. Pratt St.

Balto., MD. 21223

20e. Method of Disposition

Buriel 2 Cremation 3 Remove from State 4 Donelion 5 Other (Specify)

20b. Pleca of Disposition (Neme of cemetery, cramatory or other pieca)

20c. Location - City or Town, Stete 10/21 Balto., MD.

21. Signature of Fuperel Servica Licus

Loudon Park Cemetery 22. Name end Address of Fecility

Kevin A. Parker Funeral Home

3512 Frederick Ave.

Balto., MD. 21229

Approximete Intervei Between Onsel end Deeth

Physician /Medical **Examiner**

bunial-transit

for use as

physician tha

signed by

ther this certificate has

Physician:

The law requiras that the death certificate be executed

Box 68760,

P.O.

Division of Vital Records,

Arteriosclerotic Cardiovascular Disease

Dua to (or es e consequence of):

23a. Part1. Entel-the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilura. List only one cause on each line.

Sequentially list conditions, if any, leeding to immediata causa. Enter Underlying Ceuse (Diseese or Injury that initieted evants rasulting in death) Lest

fmmediete Ceuse (Finel

diseese or condition resulting in deeth)

Due to (or es e consequenca of):

Due to (or es e consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy performed? 24b. Were eutopsy findings aveilable prior to

inspection 1□ Yes 2√ No

completion of cause of deeth? 1 ☐ Yes 2 ☐ No

25. Wes case referred to medical to Yes 2 No

27. Menner of Deeth

1 Neturel 2 Accident

3 Sulcide

29a. Certifier

4 Homicide

5 Pending investigation

Hospital: 1 ☐ Inpaflent 2 ☑ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year)

28b. Time of

28c. Injury el Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28. Place of Deeth (Check only ona)

6 Could not be determined 28e. Pieca of Injury - Al home, ferm, sfreef, fectory, office building, etc. (Specify)

1 ∏Yes 2 ∏No

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

/Check only 29b. Signature and little of certifier

1 Certifying Physicfan: To the best of my knowledge, daath occurred et tha tima, deta end piace, and due to tha causa(s) end mannar as stated.

Medical Examiner: On the basis of axaminetion end/or invastigation, in my opinion, deeth occurred at the time, data and piece, and due to the ceuse(s) end menner steled. 29c. License number 29d. Deta signed (Month, Day, Year)

O.C.M.E.

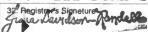
OCTOBER 16,1996

intraddress of person who complated causa of death (Item 23e) (Type, Print)

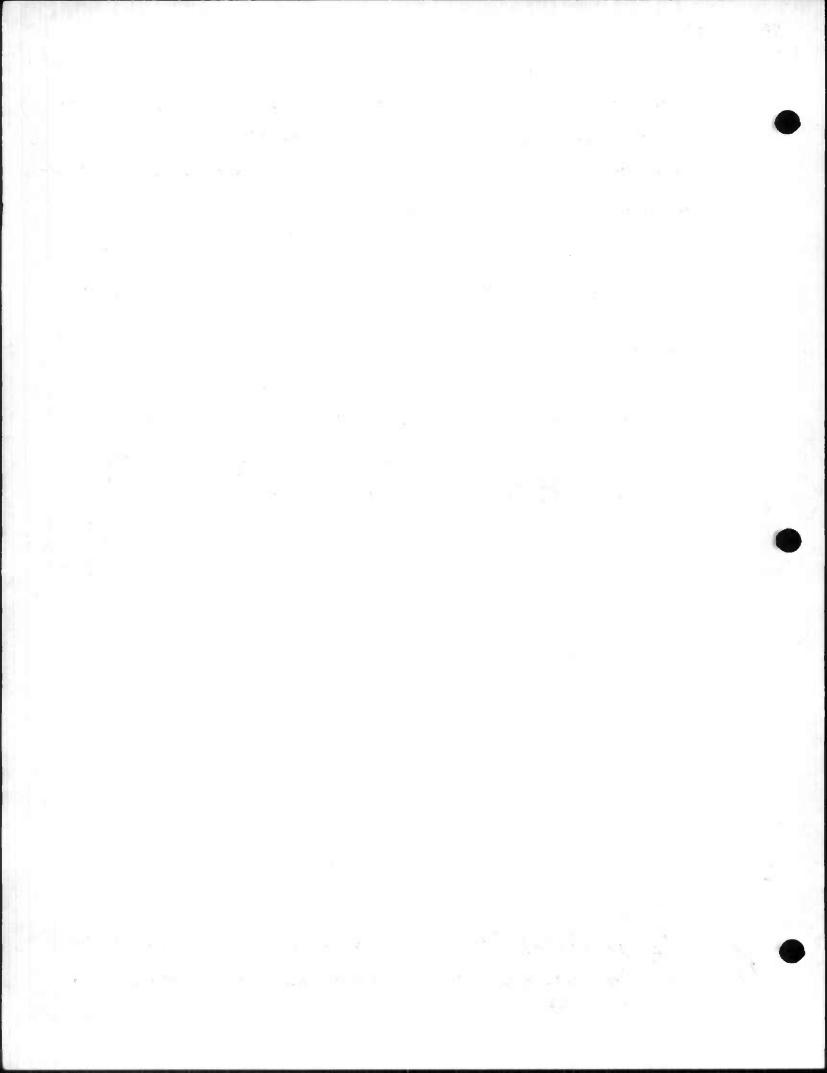
Laron Locke M.D. 111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Dete filed (Month, Dey, Year) OCT1 8 199



within 24 ho To the Functional



State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate	ot i	Death		Reg. No.		The I have
		1. Decedent's Name (First, Middle	e, Last)		in .				2. Data of I		Wasa	3. Time of Desth
Physici		TIMOTHY		MOY	Æ				Month OCTOB	ER 4,19	Yasr 96	8:45 p
/Medio		4a. Fscility Nama (If not Institution	n, give street end r					lb. City, Town, or			ty of Deeth	
Examili	iei	THE JOHNS HOPK						BALTIMOR			.,	
		5. Social Security Number	6. Sax	_	yrs. last birthday)	If Under 1 \		If Undar 24 Hrs		lieth	O Diet	alana (Ctata an Fauria
Funeral		212-56-8292	1X M 2□ F		29 Yrs.		aya	Hours Min		15, 196	Cal	nplace (Stete or Foreig
Director		Uaual Residence of Decedent							mar.	15, 190	/	" Marylan
and *		10a. Stete 10b. County		100	c. City, Town or Lo	cation						10d. inside City Limite
enyte	2	S-24 Tags		'*								1 Yes 2 No
of the second	Sc	Maryland			Baltimon	Total Control						Λ
200	Dir.	10e. Street and Number				10f. Zip Co		_		10g. Citizen o		
23a	To	1015 N. Wolfe S	t.			21	20.				USA	
172 hours effer deeth with the Meryland Fretural, or flems 23a or 28a-f show dical Examiner must be notified at	Be Completed by Funeral Director	11. Marital Status	12. Was De	ecedent Ever	In U,S. 13.	Was Deceden	of H	ispanic Origin? (S In, Mexican, Pua	Specify Yas or I	No- 14. Re	eck, White	ican indisn,
or h	F	1 Never Married 2 ☐ Marr	led 1 Yes	Forces?				Specify:	10 1 110411, 410.)			
Eng.	b	3 ☐ Widowed 4 ☐ Divorced	Yaar or	Dates:		1□Yas 2∏	INO	Specify.		Spec	tty: B	lack
"netural", edical Exe	ted	15. Deceden	's Education	41	18e. Dece	dent'a Usual C	ccup	ation		16b. Kind of	Business/l	ndustry
	pie	(Specify only higher	1	(1-4or 5+)	life.	DO NOT use r	etirec	during most of wo	nking			
Hygiene. other than	E	Elementary/Secondary (0-12)	College	(1-401 34)				Cook		We	stvie	w Lounge
H di	O	17. Father's Neme (First, Middla,	Last)		1.		Ī	18. Mothar's Na	ma (First, Midd	lle, Meidan Sumi	me)	
ed o	To B	Curtis Moye						Catheri	ne Haml	et		
end Mental Hygiene. e marked other than aumatic event, ma M	Ĕ	19a. informant'a Neme/Relations	hin (Time Print)		10h Malli	na Addresa (C	dec of	end Number or F	tural Davida Alum	shar City or Tou	n Clata 7	in Codel
h en trau		Catherine Moye						Dr. Apt.				
to Health and Mental Hygiene, If flem 27 is marked other than or other traumatic event, the Me			·	le.				or. Mpc.				
Department of Heal Important: If frem 2 eny Injury or other once.		20e. Method of Disposition 17 Buriel 2 ☐ Cremation	3 □Removal from	m State 3	Ob. Place of Dispo cemetery, cre- 1t. Zion	natory or otha	or r pled	e)	Date 10/9	20c. Location		
ant:		4 Donation 5 Other (S)		n otato	TL. ZION	Cemere	Гу		10/9	Landsd	owne,	MD.
orts Inju		21. Signature of Funerei Sarvice	Licensee	60	22	2. Name and A	ddra	ss of Facility K	evin A.	Parker	Fune	ral Home
Depa Impor eny Ir		dein'	That	60 /		3512 Fr	ed	erick Av	e. Balt	o., MD.	2122	9
		23a Part 1 Enter the disease or	J 14 4	onunnd the	dooth Do not on	as the made a	al all also	a analy an anadi				************
		23a. Pert1. Enter the disease, or shock, or heert tailure. List	only one cause on	each line.	deeth. Do not em	er trie mode o	uyin	g, auch es cardie	c or reapiretory	arrest,	1	Approximete Interval Between Onsat and Death
nysician				17	`	4		,				Orisat sild Death
Medicai xaminer		Immediate Ceuse (Final disease or condition		Lymp	homa -	Non-Ho	rla	Kinu			1	two months
		resulting in deeth)		Due	to (or as a consec	quence of):	U				1	
#	Ine			HIV	Human	Immian	de	Grima. 1	liax		1	Un Known
ding physician and se as the buriel-transit	Examiner	Sequentially list conditions,	7	Due	to (or aa a consec	juence of):		190.19			- 1	
iding physician and ise as the buriel-transit		Sequentially ilst conditions, if any, leeding to immediate cause. Enter Undarlying Ceuse (Disease or injury						,			į	
ysicl se be	/Medical	triat irritiated events	c	Due	to (or as s consec	uence of):						
d se	8	resulting In death) Last			(0. 0.0 0.00.00						i	
use	3	,	d									
for	Physician											
ed by the ette detached for	ysi	Part II. Other significant conditio	ns contributing to	death but no	t resulting in the u	nderlying caus	a giv	en in Pert I.		/	ontribute	to the cause of death
d by		Seosis							10	Yes 2 No	3 ☐ Pro	obably 4 Unknow
5.2	P	0000									_	
should	P P									es an autopsy formed?	a	Vere sutopsy findinga vailable prior to
10 G	Completed										0	ompletion of cause f death?
	E								10	Yas 2 No	1	□Yea 21No
this certificate		25. Was case referred to medical						00 Diago of Do				
	o Be	axaminer?	Hospitel:	<i>l</i>			Oth	28. Place of De				
	. To	27. Manner of Deeth		inpatient of Injury	2 ER/Outpatier			4 LI Nursing I	T	sidence 8 00 e how injury occ		ily)
h. After th funeral	Certification:	1 ☑Natural 5 ☐ Pendin	(Mo	onth, Day Yes	ar) Injury		Worl		200. Describ	o now injury occ	31160	
or death. ector: After by the fune	cat	2 Accident investig	ot be			М		Yes 2□No				
after deati Director: I in by the	튀	4 ☐ Homicide determ	ned 288. Plac	ce of Injury - ding, etc. (Sp	At home, farm, str oecify)	eet, factory, of	fice			(Street and Nun own, Stete)	nber or Rui	ral Routa Number,
W L. 22												
Funeral Funeral	dical	29a. Certifler 1 Certifying (Check only 2 Medical I	Physician: To the xaminer: On the	e best of my	knowledge, death	occurred st th	ne tim	ne, date end plec	e, and due to th	e ceuse(s) end r	nanner ss	steted.
To be Funeral Incomplied filled	3	onej	and ma	nner steted.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jinon, Godin 600	arrod at the thin	o, date one proce	, 4110 000	0 010 00000(0)
12 8N	1	29b. Signature and title of certifier	-					number		29d. Date sign	ed (Month	, Day, Year)
1 "		16 1 G	101	110		IRF	5-	000		Octobe	54	1996
1		30. Name end address of person		~	(Item 23e) (Type	Deint)				00,000	'/	1.70
)		Whitemore G. Ting		12 1	11. 1	Tour	1/2	600 N. h	2010-51	R. H.	MAN	1 21287
		31. Date filed (Month, Day, Year)		Registrates		1000	IU	0000.0	USE OF	1991 Fimore	- PVII	1 2120/
Stat Registre	-	NCT1 819	196 Fich	Registraris S	and lande							
Registra	al .	0017 01	U U			4						

96-5916-510

Physicia /Medica Examine

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

ITEMS: 23 PART I, 27, 28a-f, PER State of Maryland / Department of Health and Mental Hygiene MEO FILM G

0	C	01	9	10
9	0	3	6	10

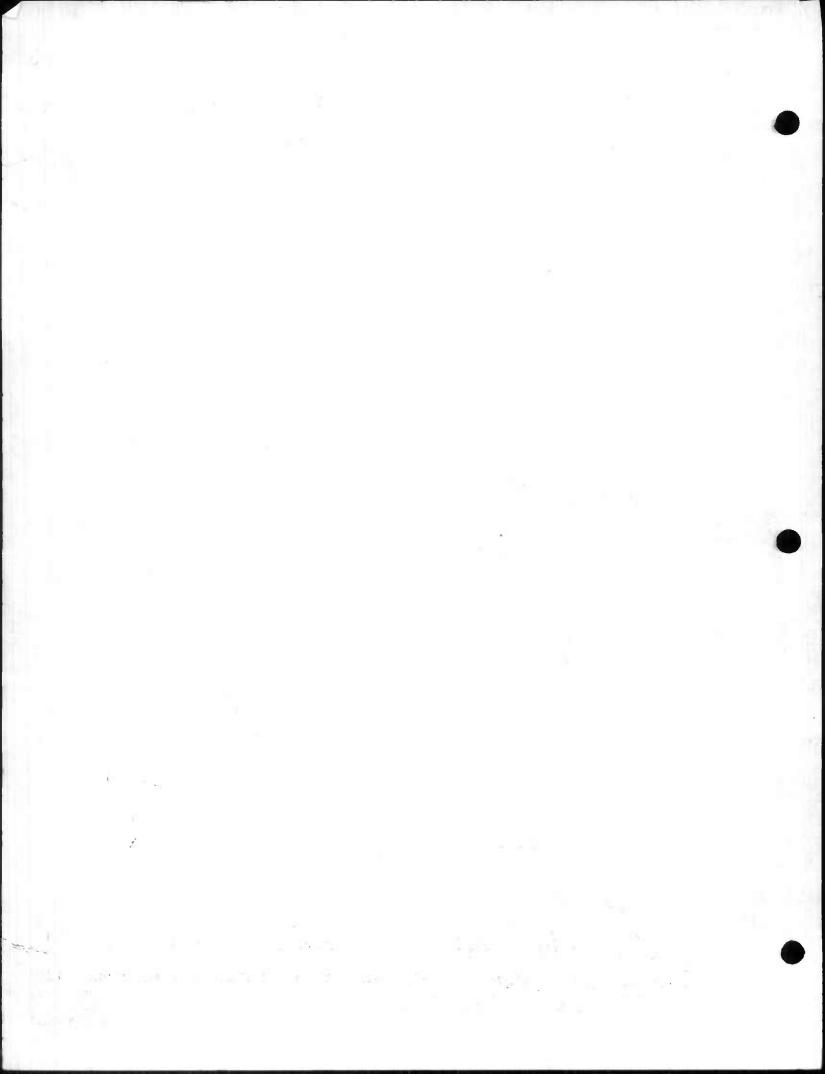
Physician /Medical Examiner To the Hospital or Attending Physician: The law requires that the death certificate be asscuted within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit

Division of Vital Records, P.O. Box 68760,

			Certinic	ate of	Death			Reg. N	lo.			
I. Decadant's Name (First, Middla, Last,)						2. Data of Da	ath			3. Tima of Deeth	
ROBERT				OCTOB		15	1996	10:45P.N				
a. Facility Nama (If not institution, give	straat and number)				4b. City, To	wn, or L	ocation of Daat			y of Deeth	10.431.1	
SINAI HOSPITAL					BAT.	TIM	ORE		NA			
5. Social Security Number 6. Sec	7. Age (Ir	yrs. last birt		ndar 1 Yaa	r if Undar	24 Hrs.	8. Date of Bir (Month, Da	th .	- 1	9. Birthpl	lace (Stata or Foreign	
217-62-9221	TM 2DF 4	2	Yrs. Mon	ths Days	Hours	Min.	3- 6-	-195	24	Coun	my) my	
Jsual Rasidanca of Decedant								7,0	1			
Ioa. Steta 10b. County		c. City, Towr								10	Od. Inside City Limits	
MA NA		Balt	more								1 DYes 2 □ No	
3813 Beehler	Acad and		10f.	Zip Coda	215			10g. C		What Coun	try?	
	12. Was Decedant Evar	in U.S.	13. Was Do		. ,	igin? (Sn	ecify Yes or No	h-	- 1	ca - Amarica	an Indian	
1 ☑ Navar Married 2 ☐ Married	Armed Forcas? 1 ☐ Yas 2 ☑ No					n, Puarto	ecify Yes or No Rican, etc.)			ck, Whita, a		
3 ☐ Widowed 4 ☐ Divorced	If Yas, Giva / Year or Datas:		1□ Ya	s 2DXNo	Specify:				Specif	y: Bla	de	
15. Decedent's Edu	cation	16a.	Decedant's I	Jsuel Occu	pation			16b.	Kind of B	lusinass/ind	lustry	
(Spacify only highast grade	College (1-4or 5+)		(Giva kind of lifa. DO NO	f work done Tusa retin	a <i>during</i> mos e d)	t of work	ting					
a sector of .	NA	un	employe	d				NA	7			
7. Father's Nama (First, Middla, Last)					18. Moth	ar's Nam	a (First, Middla	, Malda	n Sumar	ne)		
Robert Stewar	el				Mar	the	Mac	h				
19a. Informant's Name/Relationship (Ty			Mailing Add	rass (Stree	et and Numb	er or Rur	al Routa Numb	er, City	or Town	Stata, Zip	Coda)	
Sarah Carter	- Sister	39	954 F	Penho	urst	Acre.	nue "	Bal	40, M	1	21215	
Oa. Mathod of Disposition		0b. Place of	Disposition (Nama of	ace)	1	Date	20c. I	Location	- City or To		
1 ☑ Buriel 2 ☐ Cramation 3 ☐ R 4 ☐ Donation 5 ☐ Other (Specify)	amoval from State	St Lu		Pome	Leni	1	0-19-96	Ro	icte	- + +1.110	nd	
21. Signatura of Funaral Sarvice License		0, 200	22 Name	and Addr	ass of Facili	hv		16	13/4	3/0011	2:	
A Same	7 Oran		Mar	cho.	F. H.	Wes	T	1		2	21215	
23e. Part1. Entar tha disaese, or compli	810100	donth Don	-1	430	10 U	Val	ash,	your	nue	Da	Approximata	
asulting In death)	Dua	to (or as a c	onsaquence	of):								
Sequentielly list conditions, fany, leading to immadiata causa. Entar Underlying Causa (Disaasa or injury	Due	tue to (or as a consequence of):										
het initiated events asuiting in daath) Last	Dua	to (or as a c	onsequence	of):							919	
art II. Other significant conditions con-	tributing to death but no	t rasulting in	tha underlyin	ng cause g	iven in Part I		23b. Dld	tobacc	o use co	ntribute to	the cause of death?	
							10	Yes	2□ No	3 Prob	ably 4 Unknown	
							04- 111-			24h 14/a	ra autopsy findings	
							24a. Was perfo	an auto	opsy	eva	Illable prior to npletion of cause leath?	
							11	Yas :	2□ No	1/10	Yes 2□ No	
5. Was casa raferred to medical					26 Place	of Deet	h (Check only o					
examinar?	ospital:	2 ☐ ER/Out	nation: 3	DOA O	har:		ma 5 ☐ Rasio		e Down	ar /Canaih)	
7. Mannar of Deeth	28a. Deta of Injury	28b. T	ima of	28c. Inju			28d. Dascribe I				/	
1 ☐ Netural 5 ☐ Pending 2 ☐ Accidant Invastigetion	(Month, Day Yea	UNKN	jury Inun M	1 [Yas 2	No	UNKNOWN					
3 ☐ Suicida 4 ☐ Homicida 6 XXCould not be detarmined	28a. Place of Injury - building, atc. (S)		m, street, fac	tory, office)		28f. Location (S City or Tox UNK NO	vn, Stai	and Numb te)	ber or Rural	Routa Number,	
9a. Certifiar 1 Certifying Physical Check	Iclan: To the best of my er: On the basis of exa	knowledge,	daeth occurr	ed at the ti	ime, dete an	d place,	and due to tha	causa(s) and ma	anner as sta	ated.	
one)	and mannar steted.	unuman anu										
M. Olman, D. Land	790	0		29c. Licen	se number			29d. D	ata signe	d (Month, D	ley, Year)	
9b. Signature and titia of certifiar	1 41.0	\ .										
▶ agronl	mplated causa of daath)		0.0	C.M.E	•	C)CT(OBEF	16,	1996	

Registrar



State of Maryland / Department of Health and Mental Hygiene 96 31214

						Ce	rtificate of	f Death	7		Reg. No.	•	21617	
	Physic		1. Decedent's Neme (First, Midd	AURICE				-		2. Date of Dec Month	Dev	Year 796	3. Time of Deeth 9:08 Pm	
	/Medi Examii		4a. Facility Name (If not institutio	1.10	er)			4b. City, T	own, or Lo	ocation of Death				
	Exami		Deaton Medica	1 Center				Ral	timor	20		NI / A		
	Funeral		5. Social Security Number		Age (In yrs. I	est birthdey)	If Under 1 Yea	r If Unde	r 24 Hrs.	8. Dete of Birt	h	N/A 9. Birtho	place (State or Foreign	
П	Director		217-12-7725	1□M 2√2F	81	Yrs.	Months Day	a Hours	Min.	(Month, Day	y, Year)		plece (State or Foreign	
	_		Usuel Residence of Decedent							May 10,	1915		unknown	
	dano da		10a. State 10b. County	1	10c. City	, Town or Lo	ocation					1	0d. Inside City Limits	
	Man	o	Md. N					1 Ves 2 No						
	And 21215-0020 be filed within 72 hours after death with the Maryland hal hygiene. d other than "natural", or Nems 23a or 28a-f show event, the Medical Examinat, must be nothed at	9	10e. Street and Number	,,,,,		altimo	10f. Zip Code				10g. Citizen of	What Cour	ntn/?	
		ā	611 C Chamle				,							
		Funeral Director	611 S. Charles Street 21230 11. Marital Status 12. Was Decedent Ever in U.S. 13. Was Decedent of Hispanic Origin? (Spr									JSA se - Americ	an indlen	
		P	Armed Forcas? if Yes, specify Cuban, Mexican, Pu							Rican, etc.)	Bie	ck, White,		
)20 	by	3 □ Widowed 4 □ Divorced		^		1 ☐ Yes 2 ☐ N	Specify	/ :		Specif	y:	hito		
ŏ	tura	8	15. Deceden	nt's Education		16a Dece	dent's Usuai Occ	unetion			18b. Kind of B	11/10/10/10	white	
75	Baltimore, Maryland 21215-0020 pomit. Pages 1 and 2 should be filed within 72 hours at Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or enty in the Wades Example.	Completed	(Specify only highest grade completed)			(Give	kind of work don DO NOT use retii	e during mo	st of work	ing			rootiy	
2		mo	Elementery/Secondery (0-12) UNKNOWN	or 5+)		Homemake	r		Own Home			mo.		
			17. Fether's Name (First, Middle,	Last)		_	Tomemake	7	ner's Neme	e (First, Middle,			iic	
an		To Be	Unobtai	nahla					Unc	btainab	10			
5		1-	19e. informant's Name/Reletions			19h Meilir	ng Address (Stre	et and Numi				State Zin	Codel	
Mag d 2 d d 2 d d d d d d d d d d d d d d		Gussy Lovell ·				Park Av				21201	Otoro, Zip	0000)		
	Head The		20e. Method of Disposition	900102011	20b. PI	ece of Dispo	sition (Neme of		5020	Dete	20c. Location	City or To	wn State	
Ö	ages in of		1 X Buriet 2 Cremetion		ste C6	emetery, crea	matory or other p		10	0/18/96				
를	rtant rtant		4 Donation 5 Other (S		Mea		dge Memo			, 10/96	Elkric	ige, i	1d.	
Baltimore,	Depa Impo		21. Signeture of Funerel Service	Licensee		Ga:	name end Add ry L. Ka	ress of Feci Lufma n	Fune	eral Hom	e of Fl	kride	ne Inc	
	20200		of will	July		56	95 Main	Stree	t. El	kridae.	Md. 2	1227	, 11101	
f			23a. Pert1. Enter the diseese, or shock, or heart feilure. List	r complications thet cause on eed	sed the deeth	. Do not ent	er the mode of d	ying, such a	s cardiac	or respiratory ar	rest,		Approximate interval Between	
S	Physician				\wedge							1	Onset and Death	
ď.	/Medical Examiner		Immediate Cause (Final disease or condition									į	1 MONTH	
	cxaminer		resulting in deeth)	а		as a consec								
-	₽ #	ie i												
	ertificate be executed ling physician and se as the bunal-transit	Examiner	Sequentiatly list conditions,											
ő	e ex		if any, leeding to immediate cause. Enter Underlying				i							
68760,	hysic the b	edicai	Cause (Disease or trijury that initieted events resulting in death) Lest Due to (or as a consequence of):											
9 ×	ing p	Me		L.										
Bo	0 2 3	an		0										
	he al	Physician	Pert it. Other significant condition	ons contributing to deat	h but not resu	lting in the u	nderlying cause (iven in Part	t.	23b. Dld t	obacco use co	ntribute to	the cause of death?	
P.O.	at the	P.	DEMEN	STIA						1 Yes 2 No 3 Probably 4 Unknown				
	es the	by	DUME	41 //4									/\	
Records,	The law requires that the death tite has been signed by the atter page 2 should be detached for t	Be Completed									an eutopsy med?	avi	ere autopsy findings sllable prior to	
S	aw n											of o	mpletion of cause death?	
	The i									1 D Y	es 2 DNo	10	Yes 2□No	
Division of Vitai	delan: The		25. Wes case referred to medica	ı				26 Plac	e of Deetl	h (Check only o	ne)			
>	Physician: r this certific ral director,	0	examiner? 1 ☐ Yes 2 No	Hospitel: 1 ☐ inp	atient 2 🗆 E	ER/Outpatier	nt 3□ DOA C	Whor: e'		me 5 Resid		er (Snecih	v)	
0	Physic properties or this or this	느	27. Manner of Death	28a. Dete of I	njury	28b. Time of				28d. Describe h			7	
0	ding th.	ţ	1 Netural 5 Pendin	19	Day Year)	Injury		ork? ⊒Yes 2.⊑	No No					
100	Atter r dea ctor y th	fice	3 Suicide 6 Could not be								28f. Location (Street end Number or Rural Route Number,			
á	of after	Certification:	4 Homicide determined determined building, etc. (Specify)											
	eptta ours ours / fille		29e. Certifier 1 Certifyin	ng Phyaician: To the be	st of my know	/ledge, deeth	occurred et the	time, dete e	nd piece.	and due to the o	ause(s) end me	enner as st	rated.	
	To the Hospital or Attending Physicien: The law within 24 hours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	Medical	(Check only 2 Medical	Examiner: On the basis end menner	s of examinet	on end/or in	vestigetion, in my	opinion, de	eth occurr	ed at the time, o	dete and place,	and due to	the cause(s)	
	Vithir outh	M	29b, Signature and title of certifie	1 44			29c. Licer	nse number			29d. Dete signe	d (Month,	Day, Year)	
	- > - 0		1 /m. /	walla	u ins		X	3/12	6		DOT!	141	996	
	1	1	30. Neme and address of person	who completed cause of	of deeth (Item	23a) (Type	Print)	3,13	0		001 1	1, 1		
	Ч		BRIAN C	WALLACE			5 14	DOID	7 5	T. R.	ATTIMA	05 11	996 40 2230	
	Sta	te	31. Dete filed (Month, Dey, Year)		strer's Signet	1	J. CI	-11-00		1 134	10 1110	, ,	., 0000	
	Registr		COT1 8 1996		son-Box	200								
			1000			-								

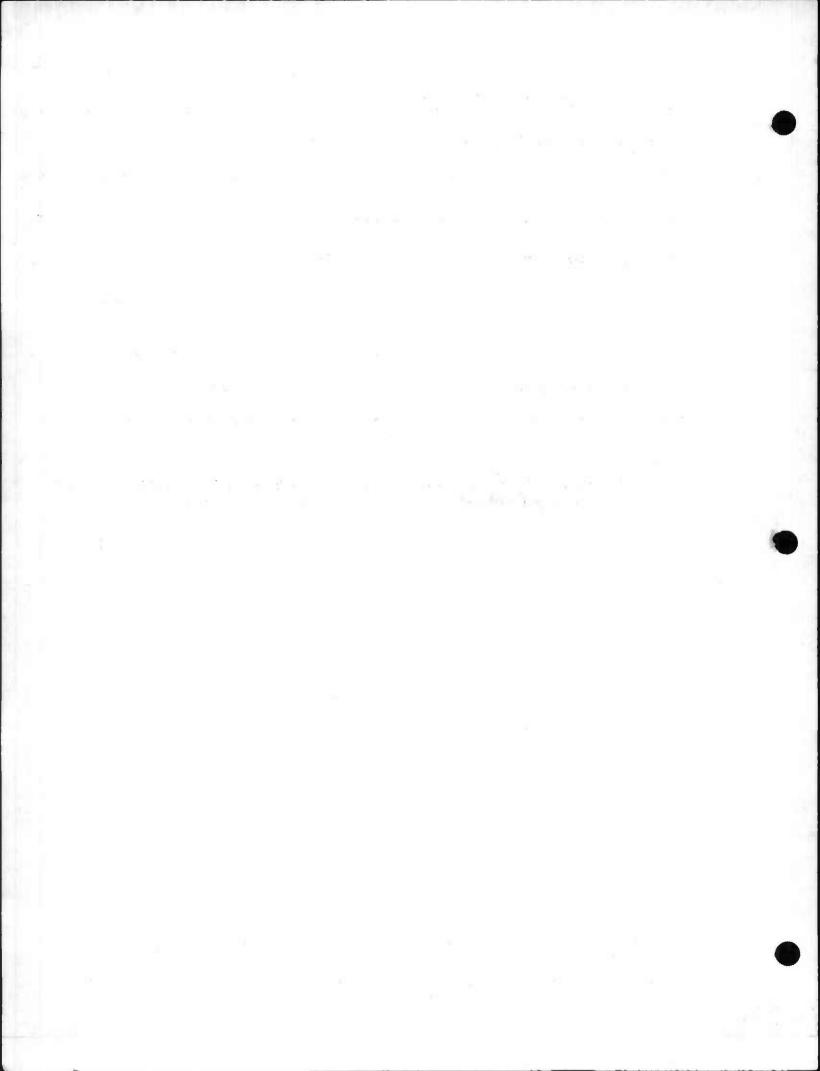
State of Maryland / Department of Health and Mental Hygiene 96

96 3121

					Cen	illicate	e of	Death			Reg. No.				
Physic	ion	1. Decedent's Neme (First, Middle, La		A A A .	A / A	,				2. Dete of De Month		th Yeer	3. Time of Deeth		
Physici /Medi		ROBERT ST	EPHEN	MAI	V/V					0406		1001	10:239		
Examir		4e. Facility Neme (If not institution, give	1					-		ation of Deel	th 4c. C	County of Deeth	12/11/11/11		
			stal Center						timo			none			
Funerai		5. Sociel Security Number 6.5	Sex 7. Age	(In yrs. lest birt		If Under Months	Days	If Under Hours	Min.	8. Dete of Bir (Month, De	rth By, Year)	9. Birth	plece (Stete or Foreig ntry)		
Director		220-52-7434 Usuel Residence of Decedent		7-1						Mar. 7	, 191	7 Gre	at Britai		
M II		10a. State 10b. County		10c. City, Town	or Loca	ation							10d. Inside City Limits		
T	tor	Maryland Anne Ar	undel	Glen	Bur	nie							1 ☐ Yes 2 ☐ N		
or 28	Director	10e. Street and Number				10f. Zip	Code				10g. Citize	en of Whet Cou	ntry?		
23		3676 Centennial	Wav	y 21061						U.S.					
E E	Funeral	11. Maritel Stetus	12. Was Decedent Ev	12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give		13. Was Decedent of Hispenic Origin? (Sp If Yes, specity Cuben, Mexican, Puerto							Rece - American Indian,		
permit. Peges 1 and 2 should be filed within 72 hours efter death with the Merylend Department of Heelin and Mentile Hygiene. Important: If team 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Example I must be notified at once.		1 Never Married 2 Merried	1 ☐ Yes 2 ☑ No			1 Yes 2 No Specify:			, , , ,			Specify: Wh			
	d by	3 ☐ Widowed 4 ☐ Divorced	Year or Dates:									poony. Will	y. WILLE		
	ete	15. Decedent's Ed (Specify only highest gra	ducation ide com <i>pleted)</i>	College (1-40r 5+)		e. Decedent's Usuel Occupetion (Give kind of work done during most of work life. DO NOT use retired) Reverend			t of workin	rking 16b. Kind of E		d of Business/Ir	dustry		
	Completed	Elementery/Secondery (0-12)										aton	lon		
	Be Co	17. Fether's Neme (First, Middle, Lest,		J1 Re						other's Neme (First, Middle, Meiden			The state of the s		
	ToB	William Robert	Mann					Loui	se "u	ınknowr	1"				
		19e. Informent'e Neme/Reletionehlp (Type, Print)	19b.	Meiling	Address	(Street					Town, Stete, Zi	Code)		
		Kevin R.Tatum-God	Son	on 5711 Sweetwind Place-Columbia, Ma							aryland 21045				
											eation - City or Town, Stete				
Departm Importa any inju		21. Signature of Juneral Service Licansee Ronald S. Wade Director State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-1559													
hysician /Medical xaminer		Immediate Cause (Final disease or community) Immediate Cause (Final disease or condition resulting in death)	· SEI	e deeth. Do n	AE	MI		ng, such es	cardiec or	respiretory e	errest,	of the state of th	Approximete Interval Between Onset end Death		
45	Examiner		Conge				RT	FA	1201	RE		1	2 years		
trans	Cam	Sequentielly list conditions,	0.	ue to (or es e c											
cian													Lypan		
ding physician and ise es the burial-transit	//Medical	thet initieted events resulting in deeth) Last Due to (or es e consequence of):													
igned by the atte	Phy										,	ntributs to the cause of death? 3 Probably 4 Unknow			
s been s s should	Completed by								_	24e. Wes	an eutops ormed?	6/	ere autopsy findings allable prior to mpletion of cause death?		
as bee	5											No 11	☐Yes 2☐No		
page page	Сотр									10	Yes 2		1 162 ZL 140		
page page	Ве Сотр	25. Was case referred to medical examiner?						26. Place	of Deeth	(Check only	JCO 91		1 165 2 NO		
page page	To Be	examiner? 1 Yes 2 No	Hospitel: 1121hpatient	2 ☐ ER/Out	patient	3 DO/		er: 4 🗆 Nu	rsing Hom	(Check only o	one) denca 6	Other (Special			
eath. or: After this certificate h the funeral director, page	To Be	examiner? 1 Yes 2 Mo 27. Menner of Deeth 112 Netural 5 Pending investigation	28e. Dete of Injury (Month, Dey	28b. T			c. Injur Wor	er: 4 🗆 Nu	rsing Hom	(Check only	one) denca 6	Other (Special			
death. ctor: After this certificate h y the funeral director, page	Certification: To Be	examiner? 1 Yes 20 No 27. Menner of Deeth 1 Notural 5 Pending	28e. Dete of Injury (Month, Dey	(ear) 28b. Ti	lme of jury	M 28	c. Injur Wor 1 🗆	er: 4□ Nu yat k?	rsing Hom 26	(Check only of e 5 Resided Res	denca 6 how injury	Other (Special			
death. ctor: After this certificate h y the funeral director, page	ledical Certification: To Be	examiner? 1 Yes 2 No 27. Menner of Deeth 11 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. Certifier (Check only one) 1 Yes 2 No 1 Pending investigation determined	28e. Dete of Injury (Month, Dey)	y - At home, fen (Specify) my knowledge, keminetion end	Ime of jury m, stree	M 28 M ctory,	c. Injur Wor 1 - office	y at k? Yes 2 1	rsing Hom 26 No 28	(Check only of a 5 Passis and Describe Passis	one) denca 6 how injury Street end wn, Stete) ceuse(s) eddet end p	Other (Special Cocurred Number or Running and menner es a lece, and due to	el Route Number, teted. the ceuse(s)		
death. tor: After this certificate h the funeral director, page	ledical Certification: To Be	examiner? 1 Yes 2 No 27. Menner of Deeth Netural 5 Pending investigation 3 Suicide 4 Homicide 6 Could not be determined 29e. Certifier (Check only one) 29b. Signature and title of certifier	28e. Plece of Injury (Month, Dey) 28e. Plece of Injury building, etc. 28e. To the best of endmenner stete	(specify) 28b. Tinn (specify) my knowledge, keminetion end d.	Ime of jury m, stree	M 28 M et, factory, eccurred et stigetion, i	c. Injur Wor 1 office	y at k? Yes 2 1	rsing Hom 26 No 26 d pleca, en	(Check only of the control of the co	denca 6 how injury Street end wn, Stete) ceuse(s) edete end p	Other (Special Control of Special el Route Number, teted. the ceuse(s) Dey, Year)			
death. ctor: After this certificate h y the funeral director, page	ledical Certification: To Be	examiner? 1 Yes 2 No 27. Menner of Deeth 11 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. Certifier (Check only one) 1 Yes 2 No 1 Pending investigation determined	28e. Plece of Injury (Month, Dey) 28e. Plece of Injury building, etc. 28e. To the best of endmenner stete	(specify) 28b. Tinn (specify) my knowledge, keminetion end d.	Ime of jury m, stree	M 28 M et, factory, eccurred et stigetion, i	c. Injur Wor 1 office	y at k? Yes 2 1	rsing Hom 26 No 26 d pleca, en	(Check only of the control of the co	denca 6 how injury Street end wn, Stete) ceuse(s) edete end p	Other (Special Cocurred Number or Running Manager of Running Manager of Running Manager of Running Manager of Running Manager of Running Manager of Running Manager of Running Manager of Running Manager of Running Manager	st Route Number, teted. the ceuse(s) Dey, Year)		

Registrar

CCT1 8 1996



State of Maryland / Department of Health and Mental Hygiene 31216 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month 17, 1996er Walter Emory Myers 2:20 a.m /Medicai 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Cherrywood Manor Nursing Center Reisterstown Baltimore 5. Sociel Security Number 220-09-3829 If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 8. Dete of Birth
(Month, Day, Year)
Jan. 16, 1920 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign Country)
Maryland **Funeral** Deys 1**X** M 2□ F 76 Yrs. Director Usual Residence of Decadent the Marylend 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits notified at Md. Baltimore Owings Mills 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7 is merked other than "natural", or items 23a or traumatic event, the Modical Examiner must be i 26 Millgate Rd. 21117 U.S.A. items 23a Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 M Yes 2 □ No If Yes, Give Yeer or Dates: WW I 13. Was Decedent of Hispenic Orlgln? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 Widowed 4 Divorcad "natural", WW II Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Elementary/Secondery (0-12) College (1-4or 5+) 6 Painter Residential aith and Mental Hv. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumame) per it. Pages 1 end 2 should be cartment of Health and Mental important: If Item 27 is marked c any injury or other traumatic even once. Harry Myers Minnie Keelev 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Anna Myers 26 Millgate Rd., Owings Mills, Md. 21117 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State St. Thomas Ch. Cem. Oct. 19,1996 Owings Mills, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Servica Lice 22. Neme end Address of Fecility Eckhardt Funeral Chapel the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest interval setween Onset end Deeth. **Physician** /Medical Immediate Cause (Finel diseese or condition resulting In death) Examiner Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Bud Due to (or as a consequence of) 68760 8 Physician/Medical 20 Due to (or as a consequence of): Box Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? RRCen 18 Yee 2 No 3 Probably 4 Unknown Records, þ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 1 Yes 2 No 2/1 No Division of Vital Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Pile This 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Athar Attending 5 Pending Investigation 1 Yes 2 No death. 2 Accident after death Director: 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide ò To the Hospital within 24 hours To the Funeral Hospital Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete and pleca, and due to the cause(s) and menner stated. Medical (Check only one) 29b. Signature and title of certifler 29c. License number 29d. Dete signed (Month, Day, Year) 30, Name and address of person of equise of gleeth (Hern 23e) (Type, Prior ces in the Contract of Roles -

32. Registrar's Signature

Registrar

The first than the second of the control of the con section - Take and THE PERSON NAMED IN Yes the property of THE PLANE SHOW LESS THE PERSON OF decorate magel in de

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of the Month DOLORES, G. MILLER 20:10 96 oct 13 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death N/A St. Agnes Hospital Baltimore If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Yaa 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign 1□ M 2□¥ 214-22-1993 Yrs 1,1919 Maryland Feb. Usual Rasidance of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits Baltimore City N/A Yes 2 No Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21229 United States 820 S. Caton Avenue 12. Was Decedent Ever In U,S Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 1 XNever Married 2 ☐ Married 1 Tyes 2 XNo If Yes, Give Year or Dates: 1 Yes 2 X No Specify: Specify: white 3 ☐ Widowed 4 ☐ Divorcad 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) clerk retail 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) William Miller Elizabeth Hauk 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 215 Mallow Hill Road Baltimore, MD 21229 Gladys Smith 20a. Mathod of Disposition 20b. Place of Disposition (Name of cemetary, crematory or other placa) 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State New Cathedral Cemetery10/17 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Liberage 22. Name and Address of Fecility
Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Road Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failura. List only one cause on each line. Approximate Intarval Between Onset and Death Immediate Causa (Finel disease or condition resulting in death) tan Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of) Athero Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were sutopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 2 No 1 Yes 1 Yes 20 No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 20 No Inpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 I Homicide 29a. Certifian 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner stated. 29b. Signature and title of cartified 29c. License number 29d. Date signed (Month, Day, Year)

P.O. 9286

Baltimor, MD.

Examiner Division of Vital Records, P.O. Box 68760, The law requires that the death cartificate be Hospital or Attending Physician:

signed by the aid be detached for ate has b certificate director, After Director: / To the Hospital o within 24 hours aff To the Funerel DI completely filled in

Physician

/Medical

Examiner

Funeral

Director

28a-f show

6

items 23s

Pages 1 and 2 should be filed within 72 hours efter death nent of Health end Mental Hygiene. Int: If Item 27 ia marked other than "natural", or Items 23.

permit. Pages 1 and 2: Department of Health er Important: If Item 27 is eny Injury or other traughts.

Physician /Medical

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

Be

2

Physician/Medical

þ

Completed

Be

2

Medical Certification:

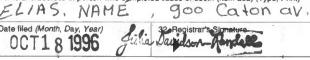
traumatic event, the Medical Examiner ristst be notified at

with the Maryland

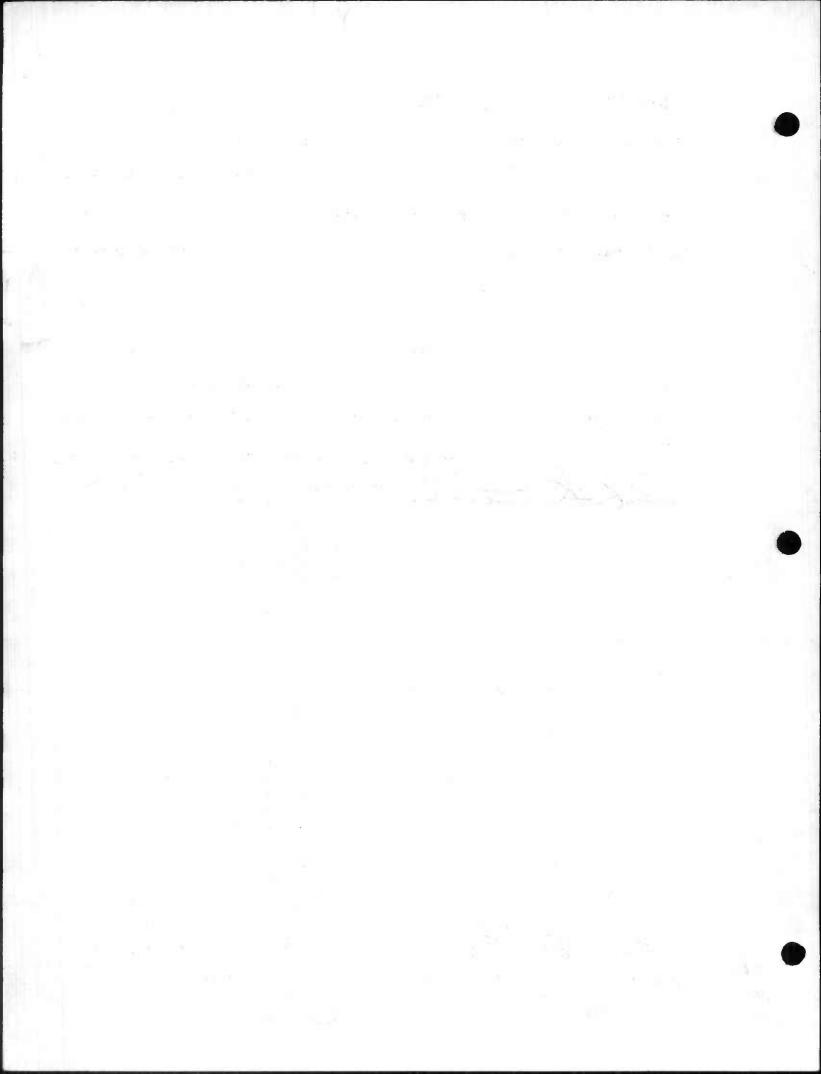
State

Registrar

31. Date filed (Month, Day, Year) OCT1 8 1996



30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Months

10f. Zip Code

7. Age (In yrs. last birthday)

Yrs

Pasadena

10c, City, Town or Location

81

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3 Time of Death

Pasadena

Physician	
/Medical	
Examiner	

William Milton

5. Social Security Number

Usual Residence of Deceden

216-07-0985

10e. Street end Number

10e. State

Maryland

8120 Forest Glen Drive

Myers

1₩ 2□ F

4a. Fecility Neme (If not institution, give street end number)

10b. County

Anne Arundel

Funeral Director

28a-f show

7 is marked other then "natural", or flems 23a or 28a-f show traumatic event, the Medical Exerciting must be notified as Directo 8120 Forest Glen Drive 21122 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 11. Merital Stetus Was Decadent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) filed within 72 hours after 1 ☐ Never Merried 2 🗓 Married 21215-0020 1 ☐ Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) Peges 1 and 2 should be filed within nent of Health and Mental Hygiene. ant: If Item 27 is marked other then 'ury or other traumatic event, the Mary or othe Elemantary/Secondery (0-12) College (1-4or 5+) 12 Inspector Baytimore, Maryland 17. Fether's Nema (First, Middla, Last) 18. Mothar's Neme (First, Middle, Meiden Surname) George Hamilton Myers Rhoda Rebecca Skinner 19a. informant's Nema/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Florence Elizabeth Myers (Wife) 8120 Forest Glen Drive Pasadena, Maryland 21122 20b. Pleca of Disposition (Neme of cematary, crematory or other plece) 20e. Method of Disposition 1 ☑ Buriai 2 ☐ Crametion 3 ☐ Removel from Stete Department of the population o Woodlawn Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Witzke Funeral Home of Catonsville, Inc. 21. Signeture of Funerel Servica Licansee 1630 Edmondson Avenue Catonsville, Maryland 21228 rauses Semmer 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Physician Colon cancer meterlatic to kver /Medical Immediate Ceuse (Finel disaase or condition resulting in death) Examiner Examiner or Attending Physician: The law requires that the death certificate be executed efter death.

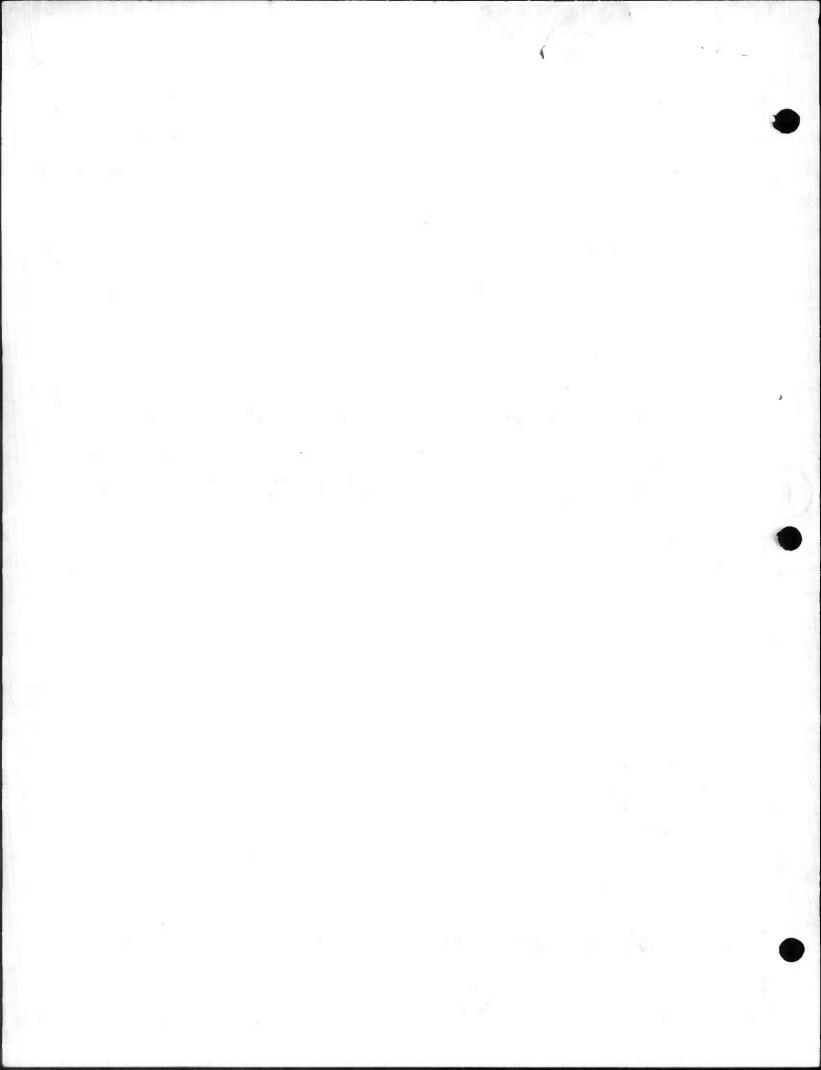
Director: After this certificate has been signed by the attending physician and **buriel-transit** Sequentielly list conditions, if eny, leading to immediate causa. Entar Underlying Ceuse (Disease or Injury that Initiated avants resulting in deeth) Lest and Dua to (or as a consequence of): Box 68760. attending physician Physician/Medical the Due to (or as a consequanca of): signed by the a Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Records, P.O. Completed by Division of Vital Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitei: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 4No funeral 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Tima of 28c. Injury et Work? 1 Matural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigetion 6 Could not be determined 3 Suicide 28e. Pleca of injury - At home, ferm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide 24 hours e 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the ceuse(s) end menner es stated. Medical pletely (Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner steted. To the I within 2 To the I complet 29b. Signature and title of certifier 29d. Date-signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Dr. James

October 1900 ar 8:30PM 4b. City, Town, or Location of Death 4c. County of Deeth Anne Arundel If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth Months Deys Hours Min. October 15, 1915 West Virginia 10d. Inside City Limits 1 ☐ Yes 2 ☐ No 10g. Citizen of Whet Country? U.S.A. 14. Reca - American Indian, Black, White, etc. Specify: White 16b. Kind of Business/Industry Paving 20c. Location - City or Town, Stete October 19, 1996 Woodlawn, Maryland Approximete Interval Between Onset and Deeth 23b. Did tobecco use contribute to the cause of death? 1 | Yes 2 1 No 3 | Probably 4 | Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Was en eutopsy performed? 1 Yes 2€No 1 Yes 2 No 28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

Pasadena, Md. 21122 J. Benjamin 479 Jumper Hole Rd. Chart Town Free Office Bldg. Suite 304

31. Dete filed (Month, Day, Year) State Registrar

OCT1 8 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene FilmG740 item 15,16a,16b per FH 10-23-96 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 28am 10 4a. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death Baltimore (Randal Stown
If Under 24 Hrs. 8. Date of Birl
Hours Min. (Month, Da 1909 Elder Care Rd 5. Social Security Number f Under 1 Year 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, 9. Birthplace (State or Foreign Country) Days 216-05-602 Months 1 ☐ M 2 F 3 Yrs. 16 Usual Residence of Decedent 10b. County 10a State 10c. City, Town or Location 10d. Inside City Limits Randallstown 1 TYes 2 No Street and Number 10f. Zip Code 10g. Citizen of What Country? 1909 3 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ■ No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify Specify: 3 ₩ Widowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) UNKNOWN UNKNOWN UNKNOWN 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Augustine Augustine beorge 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Çode) Beverly Wilson Kavanagh Maryland 21222 gaughter 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐Removal from State Baltimore Md. 10-17-96 4 Donation 5 Dother (Specify) Greemount 21. Signeture of Puneral Service Licensee 22. Name end Address of Facility Irvin Carroll Funeral Home 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Death Immediate Cause (Final Hour disease or condition resulting in death) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of): INFARCTION MYOCARDI HOURE 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 Wunknown 1 Yss 2 No 24a. Was an eutopsy performed? 24b. Were autopsy findings evallable prior to NONC completion of cause of death?

Physician /Medical Examiner

#P

Physician

/Medicai

Examiner

Funeral

Director

28a-f show

"natural", or items 23s or 28s-f show

th and Mental Hygiene.
7 is marked other than "natur traumatic event, the Mad call

permit. Peges 1 end 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth any injury or other traumatic event

filed within 72 hours after

altimore, Maryland 21215-0020

P.O. Box 68760.

Records,

ochita

Division

he law

Director

Funeral

Completed by

Be

Physician/Medical Examiner å Completed 8

Certification: To To the Hospital o within 24 hours at To the Funeral D completely filled is Medical

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was case referred to medical examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 27. Manger of De 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending Investigation 1 Yes 2 No 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

29a. Certifier (Check only onel

Cartifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the ceuse(s) and manner as stated.

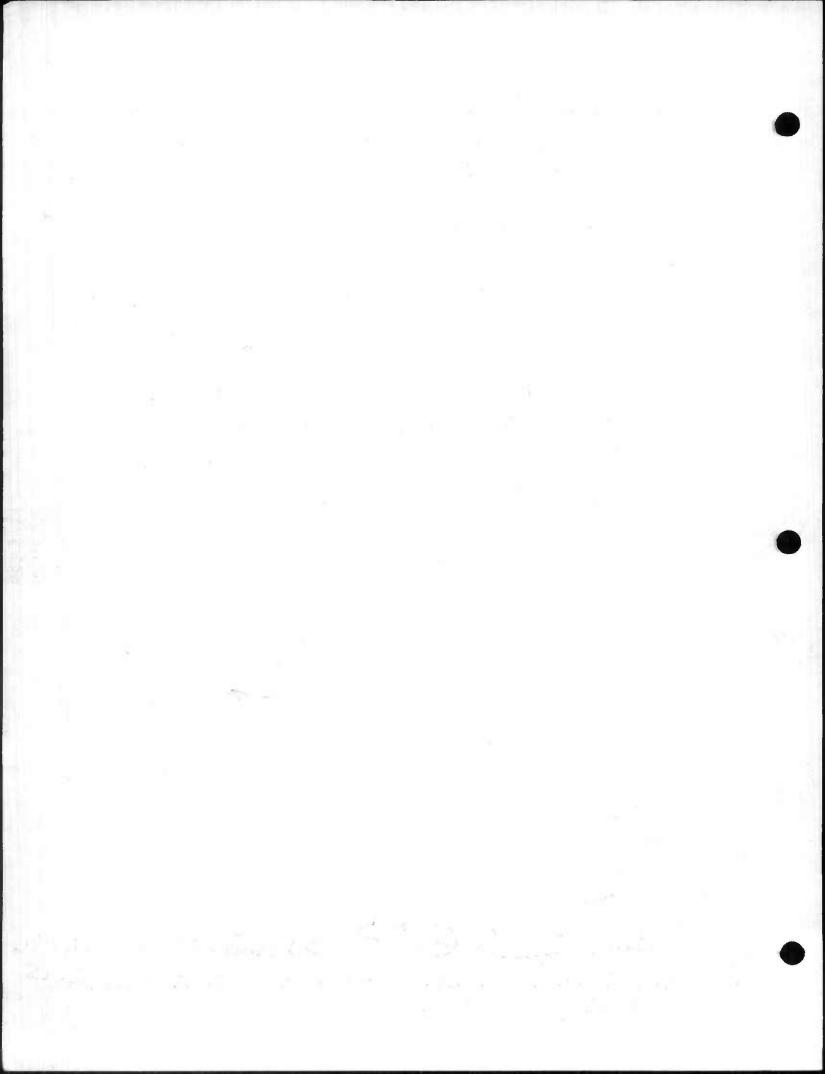
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, and due to the ceuse(s) and manner stated.

29b. Signetyre and title of certifier 89c. License number 29d. Date signed (Month, Day, Year)

30. Name end address of person who completed cause of death (Item 23a) (Type, Print) MENUE

Pank HE161475 22 Registrer's Signature

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 31220

				01010 01 111	ai y iai i				Death	Workar Fr	Reg. No.	0 0	1220		
	Physic /Medi		1. Decedent's Neme (First, Middle, L	1	111	H			_	2. Dete of D Month		Yeer (3	3. Time of Death		
	Exami		4a. Fecility Neme (If not institution, g	ive street and number;			RD		4b. City, Town, or RANDALL	STUNN	th 4c. Coun	ty of Death	ort		
ı	Funeral Director		214-18-1747	Sex 7. Ag 1 M 2	ge (In yrs.	ast birthdey) Yrs.		or 1 Yee Deys		(Month, D	irth Dey, Year) 19-04	9. Birthplec Country Mary.	e (Stete or Foreign land		
	B Maryland a-f ahow other at	ctor	Usuel Residence of Decedent 10a. Stete 10b. County Md. Baltime	ore		y, Town or Lo Wings		s					Inside City Limits 1 ☐ Yas 2 🛣 No		
	th with the	Funeral Director	10e. Street end Number 62 Ritters	Lane			10f. Z	ip Code	21117			What Country	,		
020	d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene. 7 is marked other than "natural", or items 23s or 28s-f ahow traumatic event, the Medical Examiner must be notified at	þ	11. Meritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 16 If Yes, Give Yeer or Detes:		1	Ves Dec Yes, sp		Hispenic Origin? (5 ban, Mexican, Puer Specify:	Specify Yes or Note Rican, etc.)		ce - American ack, White, etc.			
21215-0020	filed within 72 ho Hygiene. ther then *netur ord, the Medical	Completed	15. Decedent's l (Specify only highest g Elementery/Secondary (0-12)	Education rade completed) College (1-4or	5+)	life. L	lent's Us kind of w DO NOT	ork done use retin	e during most of wo ed)	rking	16b. Kind of	Business/Indus	lry		
Maryland	should be filed and Mental Hygi i marked other umatic event, ii	To Be C	17. Fether's Name (First, Middle, Las Andrew Ge	erstbirch						me (First, Middle y Domria					
	1 and 2 sho Health and Inm 27 is me		19e. Informent's Neme/Reletionship Patricia Blac							oute Number, City or Town, State, Zip Code) Mills, Md. 21117					
altimore,	E H H		20e. Method of Disposition 1												
Balti	permit. Pa Departmen Important any injury once.		22. Name and Address of Facility Eckhardt Funeral Chapel 11605 Reisterstown Rd., Owings Mills, Md. 2.												
	Physician /Medical		Immediate Cause (Finet disease or condition	mplications that cause y one ceuse on each II		n. Do not ente				1	arrest,	Or	pproximete erval Between nset end Death		
	Examiner	Iner	resulting in death)	Con	Due to (o	r es a conseq	-			EASE			YEARS		
30,	rificate be executed ng physician and as the burlet-transit	il Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	0.		r es a conseq	uence of):							
Box 68760,	ding ding	Physician/Medical	that initiated events resulting in deeth) Lest	d	Due to (or es e consequenca of):										
P.O.	t the d by the tached		Pert II. Other significant conditions	contributing to death b	ut not resu	uiting in the ur	nderlying	cause g	iven in Pert I.		23b. Did tobacco use contributa to the cause 1 Yes 2 No 3 Probably 4				
Records,	aw requires to been sign 2 should be	Completed by								24a. We	s an autopsy formed?	aveilel	autopsy findings ble prior to etion of cause th?		
Vital R	The ate h	Be Com	25. Was case referred to medical						26. Plece of De		Yes 20No	1 🗆 Y	es 2X No		
>	Physician: this certific rai director,	0	exeminer?	Hospitet:	ent 2 🗆	ER/Outpatien	380	OA O	ther:		sidence 8 🗆 O	her (Specify)			
ion of	D 9 5	ation: T	27. Menner of Deeth 1 Neturel 5 Pending investigation	28a. Dete of Inju (Month, De		28b. Time of Injury	М	28c. Inju			how injury occu				
Division	X = = 5	Certification:	3 Suicide 6 Could not determine		ury - At ho c. (Specify	ome, ferm, str	et, fecto	ry, office)	28f. Location City or To	(Street end Num own, State)	ber or Rural Ro	oute Number,		
	A Hospital of 24 hours a Funeral D letely filled i	dical	29a. Certifier (Check only one) Cortifying P	hysician: To the best miner: On the basis o end menner st	examinet	wledge, deeth ion end/or inv	occurre	d at the t n, in my	ime, dete end plece opinion, deeth occu	a, end due to the urred et the time	e cause(s) end n	nanner as state , and due to the	d. cause(s)		

MONTHUEST

31. Dete filed (Month, Day, Year) State Registrar

HOSIM CENTER

30. Neme and address of person who completed cause of deeth (item 23e) (Type, Print)

29c. License number

D 47587

RANDALLSTOWN, MD

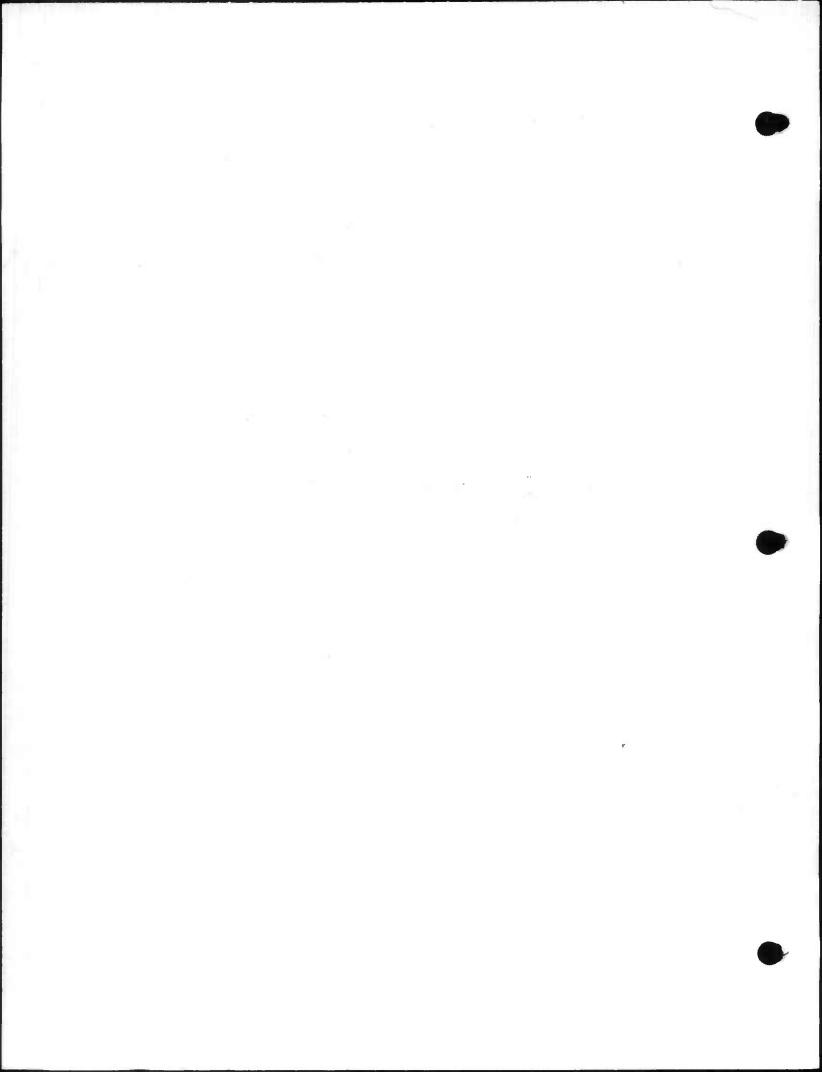
29d. Dete signed (Month, Day, Year)

0 Ctoben 16, 199L

DHMH 16 Rev 6/95

5 - 0 - 56 . . Branch Co. Carlotte Co. Carlotte Co. Carlotte Co. Carlotte Co. Carlotte Co. Carlotte Co. Carlotte Co. Carlotte A THE THEY SHAPE Regge on the Little St. Print.

		FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART CERTIFIC	MENT OF I	HEALTH AND	MENTAL HYGIEN							
		1. DECEDENT'S NAME (First, Middiga, Last) Margure 4. SOCIAL SECURITY NUMBER	N) wens			October 1	4 199	3. TIME OF DEATH 120 M					
pino		213-09-4554 9a. FACILITY NAME (If not institution, give a	1 □ M 2 💢 🗐	7 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) March 4	,1899	BIRTHPLACE (State or Forbign Country) Maryland					
1, 2, 3 shouid	TOR	Caton Mana				imore C		9c. COUNTY	I/A					
if. Pages	DIRECTOR	Maryland Bal	timore	,	town or Local			6,	10d. INSIDE CITY LIMITS? 1 YES 2 XNO					
n. ansit perm	ERAL	106. STREET AND NUMBER 1051 Maiden Cho	oice Lane A	pt. 4		1. ZIP CODE 21229			of what country?					
215-0020 attending physician. se as the burial-transit permit. Pages	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	CENDENT OF HISPAR secify Cuban, Mexica 2 HNO Specifi	NIC ORIGIN? (Specify Yenn, Puerto Rican, etc.)	ea or No- 14.	RACE — American Indian, Black, White, etc. Specify: White					
3	once. COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wo life. Do NOT use Sales	rk done during me	ON ost of working	166. KIND OF BU		TRY					
YLA by the be de	# III	17. FATHER'S NAME (First, Middle, Last) Burl R. Owens 19a. INFORMANT'S NAME (Type/Print)		16. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Smith 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2 - 0	TO BE	Gladys Helhamms		3 3rd	Aven	ue Lans	downe, M	arylar	nd 21227					
Page 6 ma al director, p	E	1 XBurlai 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State Du	PLACE AND DATE OF Nery, crematory or othe LIANEY V	alley		10/17/96	Dulane	or Town, State ey Valley, M					
3 0 =	examiner (Ambrose Funeral Home of Lansdowne 2719 Hammonds Ferry Road 21227												
filled in the	nt, the modical	IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Kepwo	the deeth. Do no ich line. // CONSEQUENCE OF):	Faul	ode of dying, suc	h ss cardiac or resp	piratory srrest,	Approximate Interval Between Onset and Death					
OX 687 e be executed sician and con vior to burlat,	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 3											
P.O. th certific ending pl	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):										
CORDS ires that the signed by the leafth and M	snows any injury, : MEDICAL CE	PART II. Opper significant condition	a contributing to deeth bu	it not resulting in	the underlying	g ceuse given in	Part I. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
AL has bent Dept	SICIAN:	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2	PLACE OF DEATH		UNCERTAIN	V D							
L S SE	5 ×	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpet 28a. DATE OF INJURY	18b. TIME	OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED					
ATTENDING PHYS CTOR: After this c	B A	1 S-Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Speci	— At home, term, stre	M 1 🗆	PRK? YES 2 NO	281, LOCATION (Street City or Town, State	and Number or R	lural Route Number,					
OR OBRIGOR	COMPLETED		CIAN: To the best of my knowle R: On the bests of examination	edge, death occurred			to the cause(a) and me	nner as stated.	7-1					
TO THE HOSPITAL TO THE FUNERAL I De filed within 72 h	E H	296. SIGNATURE AND TITLE OF CERTIFIER		Α		29c. LICENSE NUN	IBER	29d. DATE SIG	SNEO (Month, Day, Year)					
E E 2	10	30. NAME AND ADDRESS OF PERSON WH C-V, CYRIAC-M-	O COMPLETEO CAUSE OF OEA				PNIR, R							
1		31. DATE FILED (Month, Day, Year) OCT 1 8 1996	Felia Davidson A	ndalle										
									DHMH-16 Rev 1/89					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Physician Oct ames Parker 5:00 PM /Medicai 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Dea AltiMORE 5. Social Security Number 6. Sex If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, 9. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** -590 13M 20 F Months Days Hours -36 Director Usual Residence of Decedent 10a. State 10b. County 10c. City Town or Location 10d. Inside City Limits DALH MULE Director 1 2 Yes 2 □ No 10e. Street and Number-10f. Zip Code 10g. Citizen of What Country? U5A 1202 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No 11. Marital Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify py ack 3 Wildowed 4 Divorced 15 Year or Dates Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry entary/Secondary (0-12) College (1-4or 5+) ABC KIVER 4th grade 17. Fether's Name (First, Middle, Lest) 18 Mother's Neme (First, Middle, Maiden Surname) 10 MEn Ü Lo 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City 716 Milfars 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Altherse, 22. Name and Address of Facility 21. Signature of Funeral Service Licensee 248 BOHHILOLE, MIN SPENIORS ARE DO NOT RESERVED A STATE OF THE MODE OF DISTRICT AND ASSOCIATION OF THE PROPERTY AFFECT. Thurs 23a. Papt. Enter the disease, or complications that caused the death. shock, or heer feilure. List only one cause on each line. Approximate Interval Between Onset end Death Cardiac Immediate Cause (Finel Metabolic Acidosis diseese or condition resulting in death) Examiner Disease - Diabetic Nephrosclerosis Renal Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In death) Lest Due to (or as a consequence of): Physician/Medical Due to (or es a consequence of): Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? 1 Yee 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medical 26. Place of Deeth (Check only one) examiner? 1 Yes 2 No 1 ☐ Inpatient 2 DER/Outpetient Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 3 DOA 27. Manner of Death Certification: 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State)

Examiner The law requires that the death certificate be executed use as the burial-tran Division of Vital Records, P.O. Box 68760, signed by the attending Id be detached for use as peed After this certificate has I To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director;

death with the Manyland

show

Pages 1 and 2 should be filed within 72 hours after death with the Maryla nent of Health and Mental Hygiene.
ant: If item 27 is marked other than "natural", or items 23a or 28s-f show ury or other traumatic event, the Modical Examiner manate be notified at

permit. Page Department of Important: If any Injury or

Physician /Medical

Baltimore, Maryland 21215-0020

4 - Homicide

6 Could not be determined

Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Certifying Phyalclan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated.

29b. Signature and title

29c. License number

29d. Date signed (Month, Day, Year)

30. Neme and eddress of per d cause of deeth (Item 23e) (Type, Print)

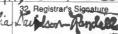
URTIS 31. Date filed (Month, Day, Year)

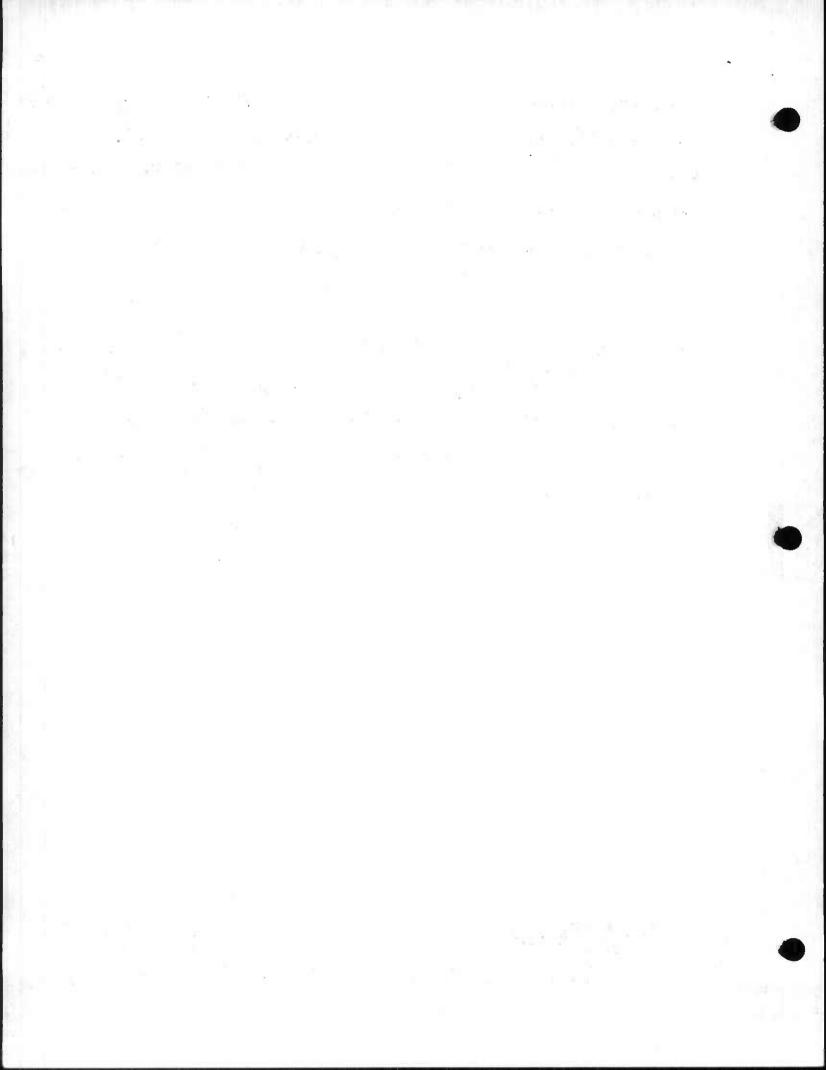
State Registrar

Medical

29a. Certifier

OCT1 8 1996





State of Maryland / Department of Health and Mental Hygiene

				Cer	tificate of	Death		Reg. No.			
		1. Decedant's Nama (First, Middla, Las	st)				2. Data of De		0.700	3. Time of Death	
Physic		ELIZABETH ANNE	TYSON LEATER	ם עמוזקקה	ANDATT		Month	Day 1/ 1	Yaar	11.00 4	
/Med		4a. Facility Nama (If not institution, give		NUUNI K		4b. City, Town, or Lo	Octobe		996	11:20 A.	
Exam	ıner						JOHNOTT OF DOLL				
	7	Greater Baltim			H Linder 1 Veer	Towson		Balti	more	County	
Funera		5. Social Security Number 6. S	DM ODE	s. last birthday)	If Undar 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Data of Bir (Month, Da	rth ay, Year)	9. Birthp	placa (Stata or Foreigntry)	
Directo	r	414 10 3340	□M 2 ▼ F 79	Yrs.			Jan 23	. 1917		yland	
P.	7	Usuat Rasidence of Decedant									
about 1	1	10a, Stata 10b, County		City, Town or Loc					1	Od. Inside City Limit	
W F	5	Maryland Baltiomo	re County	Baltimo	re					1 ☐ Yas 2√ No	
F 28	Director	10e. Street and Number			10f. Zip Coda		10g. Citizen of What Coun			ntry?	
15-0020 72 hours after death with the Manyland "natural", or flems 23s or 28s-f show possel Examinet must be neutral		4 Knoll Ridge C	ourt		21	210		US	2 /		
eath oath	Funeral	11. Maritai Status	12. Was Decedant Evar in	IIS 13 V		Hispanic Origin? (Spi	acifu Vac or No		ce - Amaric	en Indian	
P P	5		Armed Forcas?		Yas, specify Cub	an, Maxican, Puarto	Rican, atc.)		ck, Whita,		
20 sa sa sa sa sa sa sa sa sa sa sa sa sa	by F	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yas 2 No If Yas, Giva	1	□Yas 257No	Specify:		Specif	v: Tall	nite	
Maryland 21215-0020 d2 should be filed within 72 hours aff th and Mental Hygiene. 77 is marked other than "netural", or traumatic event, the Medical Exami	P		Yaar or Datas:								
72 22	Completed	15. Decedant's Ed (Specify only highest gre		(Giva I	ant's Usual Occup kind of work dona	during most of work	ing	16b. Kind of B	usinass/Inc	dustry	
2121 d within giene.	9	Elemantary/Secondary (0-12)	Coilege (1-4or 5+)	lifa. D	O NOT usa retire	d)					
2 × 8 × 8	Š		2 yrs	Tea	cher			Educ	ation	1	
e filed	Be (17. Father's Nama (First, Middla, Last)	7-2	3.00	01101	18. Mothar's Name	a (First, Middle				
ylan Suid be Mental mrked o	To	Paul Edward Leat	harhury			Marri Va	ronico	MaCami	ols.		
Aarylai 2 should b and Menta Is marked		19a. Informant's Name/Relationship (7		19b Maiiin	n Address (Street	and Number or Run		McCormi		Code	
Mad d d d d d d d d d d d d d d d d d d			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		Mr. James I. Rand	all (Husband)	4 Kn	oll Ridg	e Court,	Baltimo	pre, Mar	ylanc	1 21210	
Pages nent of h mt: If its		1 12 Burial 2 Cramation 3	Ramoval from State	cematary, cram	atory or othar pla	ce)	Data	20c. Location	- City or To	own, Stata	
Baltimore, pemit. Pages 1 at Department of Has Important: if item; any Injury or other		4 Donation 5 □ Other (Specify	.)	reen Mou	int Comot	toru 1	0/17/0	6 Raltin	nore	Maryland	
mit.		21. Signative of Furnisal Service Liosh	see	22.	Int Ceme! Nama and Addre	ss of Facility	·U/1/7	U Dazez	USA Serie	AMILY LUICE	
ESESS		1 Martin X/A	wom	M	itchell-	Wiedefeld	Home				
	-	Martin D. Jaw 23a. Part1. Enter the disease, or comp	son	6	500 York	Road, Ba	1timore	Marvl	and 2	21212	
		shock, or heart failure. List only	hications that caused the da one cause on each line.	ath. Do not anta	r tha moda of dyl	ng, such as čardiac o	or raspiratory a	irrest,		Approximata Intarval Between Onset and Death	
Physician											
/Medical		tmmediata Causa (Finel diseasa or condition	a Arterios	location	cardian	b redessar	i-and	0	1		
Examiner		rasulting in death)		(or as a consequ		المامع مما	VIZETO.	<u> </u>			
	ē				-						
uted Insit	声	•	b. Hyperter						1		
X 68760, certificate be executed ding physician and se as the buniel-transit	Examiner	Sequentially list conditions, if any, laeding to immediate cause. Entar Undertying Cause (Diseasa or Injury	- Dua to	(or as a consequ	lance of):				1		
68760, ificate be ex physician as the buriel		Cause (Diseasa or Injury	C						İ		
Ohys	//Wedicai	that initiated evants rasulting In death) Last	Dua to	(or as a consaqu	ance of):				1		
2 0 6	₩ e										
	and		σ								
death death of for a	Physician	Part II. Other significant conditions co	entributing to death but not re	sulting in the un	dariving causa giv	van in Part I	23b. Did	tobacco usa co	ntribute to	the cause of death	
D by the estache	Į.					- 1		Yes 2□ No	1		
that the det		History of 4	obaccouse	ending	1978 (50 PY 1	10	Yes 2LINO	3 Prot	bably 4 Unknow	
I HECOIGS, P.O. Bo The lew requires that the death ate has been signed by the atter page 2 should be detached for	by	30					04. 144.		1 04h 14/	an automou findings	
v require	Completed							an autopsy omed?	ave	ara autopsy findings allabla prior to	
TOC lew lew has b	1								of c	mpletion of cause death?	
The In	0						10	Yas 2 No	10	Yas 2□ No	
VITAL VICIAN: The certificate rector, page		25. Was casa refarred to medical				DR Diese of Death		200			
Seri Seri	o Be	avaminar?	Hospital:	-1	Ott	28. Piaca of Death					
this ald	-	27. Manner of Death	1 □ Inpatient 2t	ER/Outpatient	3LI DUA	4 U Nursing Ho		dence 6 Oth		Y)	
The state of the s	0	t ☑Netural 5 ☐ Pending	28e. Data of tnjury (Month, Day Year)	28b. Tima of Injury	28c. Injui Woo		280. Dascribe	how Injury occur	rea		
DIVISION OF VITAL RECORDS, if or Attending Physician: The lew requires to after death. Director: After this certificate has been signed in by the funeral director, page 2 should be of the business.	ertification:	2 Accident invastigation			M 1 🗆	Yas 2 □ No					
Perd	1	3 Suicide 8 Could not be 4 Homicida datamined	28a. Piaca of Injury - At building, etc. (Spec	homa, farm, stre	at, factory, office			Street and Numl wn, Stata)	ber or Rura	I Routa Number,	
2 5 2 2 2	Cer		outling, oto. (opou	,/				,			
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: Mar this certification completely filled in by the funeral director,		29a. Cartifier 1 Certifying Phy	rsician: To the best of my kr	nowledge, deeth	occurred at tha tir	ma, dete end place,	and dua to tha	causa(s) and m	anner as st	ated.	
P. Fu	edicai	(Check only 2 Medical Exam	iner: On the besis of axamir and mennar stated.	nation and/or inve	astigation, in my o	pinion, daath occurr	ed at tha tima,	data and place,	and due to	tha cause(s)	
d if i	Me	29b. Signature and title of certifier.			29c Licens	se number	1	29d Date sinns	d (Month)	Day Yearl	
F 3 F 8	1	250. Date signed and made of the signed (month)									
6	10	10/15/190									
16		30. Name and address of person who o	completed causa of death (ite	em 23a) (Type, F	rint)	-			1		
4		Timothy Krohe, 1				erville, 1	Marril an	d 21002			
C+	ate	31. Data filed (Month, Day, Year)	32. Registrar's Sign		الكالمالك والمد	CLVILLE, I	агатап	u 41093			
Regisi		OCT1 8 1996	Taylor 2	-							
.109131		1330	L'august dan	200					_		

DHMH 16 Rev 6/95

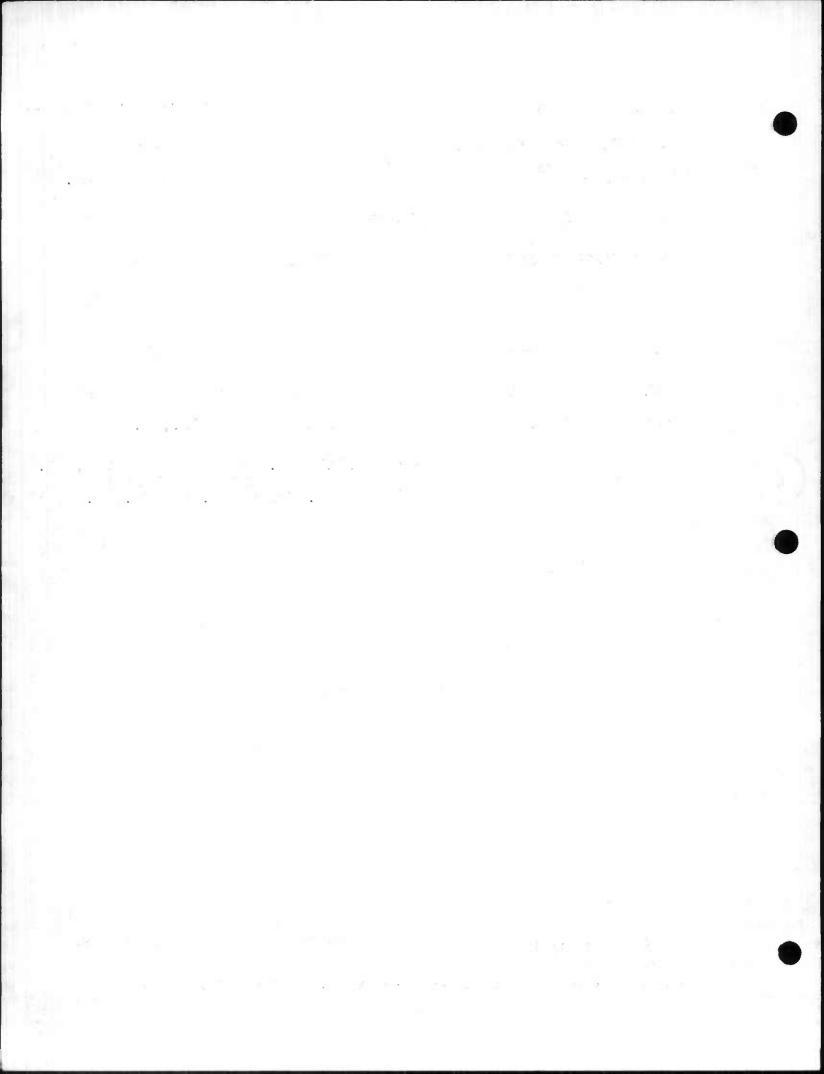
grand to the second of the sec To the term of the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

6	3	1	2	2	l
0	J		6	2	L

Decedent's Name (First, Middle Larry A. Facility Name (If not institution FRANKLIN SQUE) Social Security Number 5.77 - 50 - 0656 Usual Residence of Decadent 10a. State 10b. County MD	SEDGWICK n, give street end nun ARE HOSE	nber)				2. Date of D Month Octob	Day	Year 1996	3. Time of Dec 3:25 p.
4a. Facility Name (If not institution FRANKLIN SQL 5. Social Security Number 5.7.7 – 5.0 – 0.6.5.6 Usual Residence of Decadent 10a. State 10b. County	ARE HOSE	nber)				Octob	er 12,	1996	3:25 p.
### FRANKLIN SQU 5. Social Security Number 5.7.7 - 5.0 - 0.6.5.6 Usual Residence of Decadent 10a. State 10b. County	ARE HOSE								3.23 P.
5. Social Security Number 5.7.7 - 5.0 - 0.6.5.6 Usual Residenca of Decadent 10a. State 10b. County	6. Sex	ΤΤΔΤ			4b. City, Town,	or Location of Dea	th 4c. Count	y of Death	
577 – 50 – 0 6 5 6 Usual Residenca of Decadent 10a. State 10b. County							Balt	imore	
Usual Residenca of Decadent 10a. State 10b. County	2250	7. Age (In yrs. la 58	A A	ff Under 1 Year fonths Days			irth Day, Year)	9. Birthp	olaca (State or Fo
10a. State 10b. County		30	Yrs.			1 :	24_38_		md.
MD N		10c. City,	Town or Locat	tion				1	Od. fnslda City Li
	A	BA	LTIMO	RE					Y Yes 2
10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cour	ntry?
6602 VINCEN	T LANE			2	1215		7.	S	
11. Maritel Status		dent Ever in U,S	i. 13. Wa	s Decedent of		(Specify Yes or N	lo- 14. Ra	ce - Amaric	
1 Never Married 2 X Man	ied 1777 es					arto riican, etc.)		ck, White,	
3 ☐ Widowed 4 ☐ Divorcad	Year or Da	itas:		Yes 25No	эреспу.		Speci	BLA	.CK
15. Decaden (Specify only higha	's Education at grede completed)		(Give kin	d of work done	during most of v	vorking	16b. Kind of E	Business/In-	dustry
Elementery/Secondary (0-12)	College (1	-4or 5+)			ed)		CT	זקוקו	
17 Father's Name (First Middle	(net)			LADUK	10 Mathada N	ama /Firet Alidel			
44	,						e, <i>Maiden Sum</i> ai	110)	
		GWICK	10h Mailing /	Address (Ctoos			han Chan Tana		LEY
		(7)							
20a. Method of Disposition	(PRIED	20b. Pia	aca of Disposition	on (Neme of					
Bunal 2 Cramation		rate							
		GAR							
	11+	200							
220 Part Enter the disease or	Decen C	ASA deep						O.,M	
shock, or heart tailure. List	only one cause on ea	ich line.	Do not enter t	ne mode of dyl	ng, such as card	ac or raspiratory	arrest,		Approximate Interval Between Onsat and Deat
Immediata Cause (Final									0,100, 0,100,000
disaase or condition resulting in death)	a Sepsi							8	hours
			as a conseque	nca of):					
0	b. Bacte			, , , , , ,				1	
if any, leading to immadiate cause. Enter Underlying	Descrip		as a conseque	ica orj.				1	
thet initiated events	c. Filedii		as a consequer	nca of):				-	
resulting in death) Last	Even	,		•	Diabatas	Mollit.			
	d. Exces	ssive ar	COHOL	isage,	ртаресея	Mellic	15		
Pert II. Other significant condition	ns contributing to dea	ath but not result	ting in the unde	rlying cause gi	ven in Part I.	23b. Die	tobacco une co	ontribute to	the cause of de
						10	Yes 2 No	3 Proi	bably 4 Unk
						-			
								av	ere autopsy findir allable prior to
								of	mpletion of cause death?
						1 🔀	Yes 2□No	10	¥Yas 2□ No
25. Was case referred to medical examiner?					28. Place of D	eath (Check only	one)		
1 ☐ Yes 2 No	Hospital: 1 X In	patiant 2 El	R/Outpatient	3□ DOA Oti	her: 4 Nursing	Homa 5□Res	sidenca 6 □Otl	ner (Specif)	y)
	(Month	Injury 2 , Day Year)	Injury			28d. Describe	how Injury occu	rred	
	ned 266. Placa	of Injury - At hom g, etc. (Specify)	ne, farm, street,	factory, offica				ber or Rura	i Route Number,
(Check only 2 T Medical	xaminer: On the bas	is of examinatio	edge, death oc on and/or invest	curred et the ti	me, date and pla opinion, deeth oc	ca, and due to the	cause(s) end m	enner as st	eted.
G/10/	and manne	er stated.							
4	DIA MI								
110	100				, , , , ,		occobe.	. 12,	1,,,,,
30. Name and address of person									
	ns 9000	Frankl	in Squa	are Dri	ve Ba	altimore	, Md. 2	1237	
F 2 2 2 3 3	15. Decadent (Specify only highes Elementery/Secondary (0-12) 12 17. Father's Name (First, Middle, WILLIAM 19a. Informent's Name/Relations! MERLYN NORRIS 20a. Method of Disposition Denial 2 Cramation Denial 2 Cramation Denial 5 Other (Sc.) 21. Signature of Funeral Service Informediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immadiate Cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert II. Other significant conditions 1 Natural Suicide 1 Could in determing the country of t	15. Decadent's Education (Specify only highast grade completed)	Sequentially list conditions, if any, leading in death) Last Sequentially list conditions, if any, leading in death) Last Sequentially list conditions, if any, leading in death) Last Sequentially list conditions, if any, leading in death) Last Pert II. Other significant conditions contributing to death but not result in Check only one) Signature and title of cartifier (Check only one) Certifier (Check onl	15. Decadent's Education 15. Decadent's Education (Specify only highest grade completed) 16e. Decadent's Elementery/Secondary (0-12) College (1-4or 5+) 12 17. Father's Name (First, Middle, Last) WILLIAM SEDGWICK 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing / MERLYN NORRIS (FRIEND) 66.002 19b. Mailing / MERLYN NORRIS (FRIEND) 20b. Place of Disposition 20b. Place of Disposition 20b. Place of Disposition 22b. Place of Disposit	15. Decadent's Education (Specify only highast grade completed) 16e. Decadent's Usual Occur (Specify only highast grade completed) 16e. Decadent's Usual Occur (Specify only highast grade completed) 12	15. Decadent's Education Specify only highast grade completed) 16a. Decadent's Usual Occupation (Give Aind of work done during most of wife. Do NOT use retired. 17. Eather's Name (First, Middle, Last) 18. Mother's Name (First, Mid	Security Control Security Co	Security of Part Commence Composition Security	



BAUTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fine time of many be retained by the hospital or attending physician.

TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

**MPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

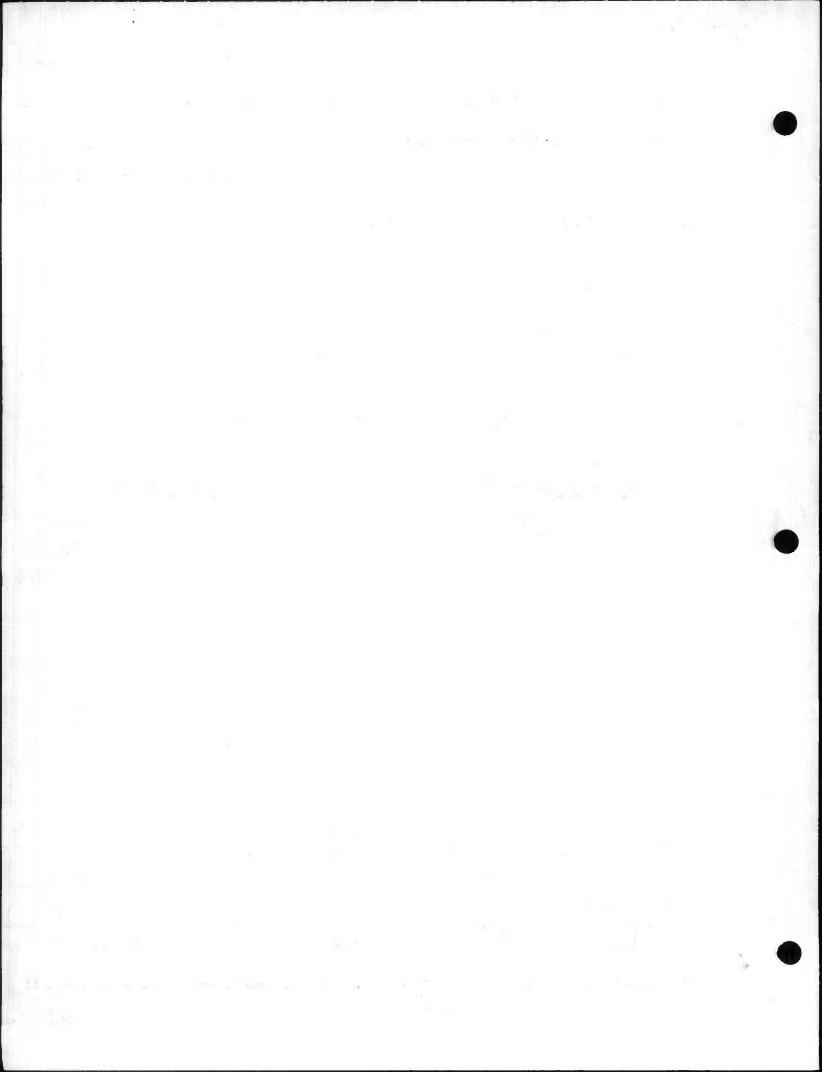
FOR 1 - STATE REGISTRAR	STATE OF MARYLA		IT OF HEALTH AND	MENTAL HYGIE								
1. DECEDENT'S NAME (First, Middle, Lest)	tovall			2. DATE OF DEATH	DAY ¥	3. TIME OF DEATH						
4. SOCIAL SECURITY NUMBER 212-48-28/15	T	yrs. last birthday) IF UND YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BINTHPLACE (Steep or Formight						
VEA ON STECIA	DEA ON SPECIALTY HOSPITAL Soc. COUNTY OF DEATH Soc. COUNTY OF DE											
10e, STATE 10b, COUNT	N/A	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO						
10e. STREET AND NUMBER 22-33 DW	101. ZIP CODE 277 109. CITIZI											
11. MARITAC STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Specif	in, Puerto Rican, etc.)	Yee or No — 14	. RACE — American Indian, Black, White, etc.						
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		6a. DECEDENT'S USUAL (Give kind of work dorn life. Do NOT use retired	e during most of working	16b. KIND OF	SUSINESS/INDUS							
17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surgame) 18. MOTHER'S NAME (First, Middle, Meiden Surgame) 18. MOTHER'S NAME (First, Middle, Meiden Surgame)											
196. INFORMANT'S NAME Grove Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 197. A (OLEMAN) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
4 Donetion 6 Doyler (Specify)	1 P Burial 2 Crampion 3 Removal from State came of Camering of Other place											
1 / 1 /	V/m/		270 MEDA	Istan Pr	39 BAL	T.MD, 2122						
IMMEDIATE CAUSE (Final disease of condition	. List only one cause on eac	en line.	er the mode of dying, suc	en as cardiac or re	spiratory smas	Approximate interval Between Onset and Dasth						
End I fage renel fai Wire												
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury												
resulting in death) LAST	that initiated events											
PART II. Other aignificent condition	one contributing to deeth bu	t not resulting in the	underlying ceuse given ir	PER	FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		DEATH YES		NØ		1 TES 2 NO						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Output	ОТН		8 Other (Specify)								
	28e. DATE OF INJURY (Month, Day, Year)	26b, TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCU	RED						
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e, PLACE OF INJURY -	- At home, ferm, street, f		28f. LOCATION (Str. City or Town, St		Rural Route Number,						
(Check only	SICIAN: To the best of my knowle											
296. SIGNATURE AND TITLE OF CERTIF	IER		29c. LICENSE NU D 3 4			0-12-96						
30. NAME AND ADDRESS OF PERSON V	oliver pl. 7	+121, 10	, lu-bin,	MD 21	045-							
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNAL	100										

-

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

edical miner	Decedant's Nama (First, Middla, Li GLENN A. Facility Nama (If not institution, gi RT • 140 AND MC Social Sacurity Number 6.	MICHAEL		SHIEI		2. Data of De			3. Time of Death	
ral or	RT. 140 AND MO				.DS		כ איי סיד	1996	21.155	
ral or	RT. 140 AND MO	VO SITORI ALIO TIDITIDOT				Location of Deat	ER 12,		21:15F	
or		METAL MERMIN	DOND		nmitsbu					
or		Sax 7. Aga (In yrs.	ROAD	If Under 1 Year	if Under 24 Hrs		FRE	DERIC	K	
	160-52-3494	1□M 2□F 34	Yrs.	Months Days	Hours Min			Count	aca (Stata or Foreig	
	Usual Rasidance of Decedant	AA				vallually	0,1902	reiiii	sylvania	
	10a. Stata 10b. County	10c. City	y, Town or Loc	cation				10	d. Insida City Limit	
Ş	Pennsylvania Adams		Getty	sburg				YX Yas 2		
Director	10e. Straat and Number			10f. Zip Coda			10g. Citizan of	What Count	ry?	
<u>e</u>	59 Knoxlyn Road			17325			US	SA		
leted by Funeral Director	11. Marital Status	12. Was Dacedent Evar in U, Armed Forces?	S. 13. V	Vas Decedant of Hi Yas, specify Cuba	spanic Orlgin? (S	Specify Yas or No	- 14. Rac	a - America ck, Whita, a		
Į.	1 Naver Married Married	Armed Forces? 1 ☐ Yes 2X No If Yas, Giva		□ Yas ¾(X)No	Specify:		Specifi			
d by	3 Widowed 4 Divorced	Yaar or Dates:					Specin)	Wh	ite	
Completed	15. Decedant's E (Specify only highast gr	ducation ada co <i>mpleted)</i>	16a. Deced	ant's Usual Occupe kind of work done o OO NOT usa retired	ation furing most of wo	rking	16b. Kind of B	usiness/Ind	ustry	
E	Eiamantary/Sacondary (0-12)	Collaga (1-4or 5+)					000:	. D	described	
ပိ	17. Father's Nema (First, Middle, Lesi	*)	RE	epair Tec		ma (First, Middle		e Pro	ducts	
Be C	Ward		ields		Linda	ina (r nai, middle	, waldell Surran	Mick	lov	
To Be Completed b	19a. Informant's Name/Ralationship			g Addrass (Street a		ural Pauda Numb	or City or Tour			
	Monahan Funeral Home F			lisle Stre					J00a)	
	20a. Mathod of Disposition	20b. P	lace of Dispos	ition (Nama of		Data	20c. Location -		m. State	
	Burial 2 Cremation 3 C	Jranioval from Stata		atory or other place ncis Cen		CT 22			ennsylva	
SDICE.	21. Signatura of Funaral Sarvica Lica			Nama and Addras	s of Facility				emisyrva	
9	1 199	420				Mitchell-				
	26 Part / Enter the disease or over	relication that assumed the death	Do not onto	6500 York	Road Balti	more, Mar	yland 212°			
. /	26a. Part / Enter the disease, or com shock, or heart failure. List only	one share on each line.	i. Do not ema	i ilia mode or dying	g, such as cardia	c or raspiratory a	rrast,		Approximata Intarval Batween Onsat end Death	
	Iffimediate Cause (Final	MUTIPLE.	+01.	01-						
er 📑	disease or condition resulting in death)									
ě		Dua to (or	r as a consequ	uence of);						
Examiner	Sequentially list conditions.	b. Dua to (or	r es a consaqu	ience of):				- 1		
	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inflated events	2007.7	The same of the sa							
Ica	that initiated events resulting in death) Last	Dua to (or	as a consequ	ence of):						
n/Medical	resulting in dealin) cast									
1		d								
Physicia	Part II. Other significant conditions of	contributing to death but not rasu	liting in tha un-	dariying causa giva	n in Part I.	23b. Did	tobacco uae co	ntribute to 1	the cause of deat	
						10	Yee 25 No	3 Probe	ably 4 Unkno	
þ										
ted						24a. Was perfo	an autopsy rmed?	avai	e autopsy findings lable prior to	
Completed							,	of de	pletion of causa eath?	
Sol						10	Yes 2□No	112	Yes 2□ No	
a	25. Was case refarred to medical axaminar?	Deca9al				ath (Check only o	one)			
2	1 √Yas 2 □ No		ER/Outpetlent		4 LI Nursing F	loma 5 ☐ Rasi			SCENE	
on:	27. Mannar of Death 1 ☐ Matural 5 ☐ Pending	(Month, Day Year)	28b. Tima of Injury	28c. Injury Work	at ?		now Injury occur		V	
cat	2 Accidant Invastigation 3 Suicide 6 Could not b	10 10 10	20.008		as 2 No		ofusa		No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,	
Certification:	4 Homicida detarmined	building, atc. (Specify)		at, factory, office		City or To			10	
0	20a Carifica 4D a. us .	Pappu				KTIYOTH	40 NTDIVI	NEWI	20 FREDER	
	(Uneck only 21V Medical Exam	ysician: To the best of my knowniner: On the basis of examinati	viedge, daath i ion and/or inve	occurred at tha time estigation, in my op	a, data and place Inion, daath occu	, and due to tha rred at tha tima,	causa(s) end ma date and placa, i	nnar as sta and dua to t	ted. ha causa(s)	
	one) 4 h	and mannar stated.		29c. Licensa			29d. Date signed			
Medical				Loo. Elobiisa					ay, rodij	
edical	29b. Signature and title of certifier	N W an		00145					1000	
edical	29b. Signature and title of certifier	Joelhule		OCME			OCTOBE	R 13	, 1996	
edical				rint)						
edical	29b. Signature and title of certifier	complated causa of daath (Itam KONSU MY L82, Registra Significant			reet, I					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month Catherine Smoot October 0 16 1996 9:20 p.m. 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Stella Maris Hospice Towson Baltimore Hunder 24 Hrs. 8. Data of Birth (Month, Dey, Year)
August 13, 1901 5. Social Security Number If Undar 1 Yeer 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) Days 1 □ M **Vrs** 95 212-05-1339 Washington DC Usuel Rasidanca of Decedant 10e Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 ☐ No Maryland Baltimore Towson 10a. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2300 Dulaney Valley Road 21204 USA 12. Wes Decedent Evar in U,S. Armed Forces? 1 ☐ Yes A(X) No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Married 2 ☐ Merried 1 ☐ Yas 2 X XIo Specify: XX Widowed 4 □ Divorced Specify White 18a. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Eigmentary/Secondery (0-12) College (1-4or 5+) 6 Supervisor Telephone 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Thomas Patrick Muntz Cokley Anna 19a. Informant's Name/Raletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Thomas Paul SMoot Son 40 Theo Lane Towson, Maryland 21204 20b. Plece of Disposition (Name of cametery, cremetory or other pleca) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 XX Burial 2 Cramation 3 Ramoval from Stata Donation 5 Other (Specify) 10/19/96 Mt Olivet Cemetery Washington DC nature of Funaral Sarvice Licenses 22. Nama and Address of Fecility Mitchell-Wiedefeld Home Part 1. Entar tha diseasa, or complications that caused tha death. Do not antar tha moda of dying, such es cerdiec or raspiratory arrest, shock, or heart failura. List only one codes on aach lina. 6500 York Road Baltimore, Maryland 21212 Approximata Intarval Batw Onset and Death Immediata Causa (Final Gangrene of Left Foot diseesa or condition rasuiting in daath) 2 days Dua to (or as a consequanca of) Peripheral Vascular Disease Sequantially list conditions, if any, leading to immadiata cause. Enter Undarlying Cause (Disaasa or Injury that initiated events Dua to (or es a consequance of): that initiated events rasulting in daath) Lest Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Advanced Alzheimer's Disease 24b. Wara sutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was cese rafarred to medicel examinar?
1 ☐ Yas 2 ☑ No 28. Placa of Death (Check only one) Other: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28b Time of 28c. Injury at Work? 5 Panding 1 Natural 1 Yas 2 No invastigation 2 Accidant 6 Could not be detarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 4 I Homicide 29a. Cartifian 1 🔀 Certifying Physician: To the best of my knowladge, death occurred et tha tima, data and place, and dua to the cause(s) and mannar as stated. (Check only one) 2 Medicel Examiner: On the basis of examinetion and/or invastigation, in my opinion, daeth occurred at the time, deta end place, and due to the causa(s) and manner stated.

29c. Licanse number

29d. Data signed (Month, Dey, Year)

21204

physician and the burial-transit law requires that the death certificate be executed Box 68760 88 for use as 980 signed by the a P.O. Records, peed has page 2 certificate Division of Vital Attending Physician: funeral director, this After death. or Attend after death Director: / Hospital
 24 hours a
 Funeral D To the Hosp within 24 ho To the Fune completely fi

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

0

Examiner

Physician/Medical

þ

Completed

Be

၉

Certification:

Medical

29b. Signature and title of certifian

Funeral

Director

r 28a-f s

ma 23a or 7 must be n

than "natural", or llame:

Hygiene.

permit. Pages 1 and 2 should be file.
Department of Health and Mental Hyg.
Important: If Item 27 is merked other any injury or other traument office.

Physician /Medical

Examiner

ä

filed within 72 hours after

Baltimore, Maryland 21215-0020

State

Registrar

30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print) Kendall Faulkner, M.D. 2300 Dulaney Valley Road, Towson, MD

31. Data filed (Month, Day, Year) 32. Registrar's Signatura de la Pavidon Rondelle OCT1 81996

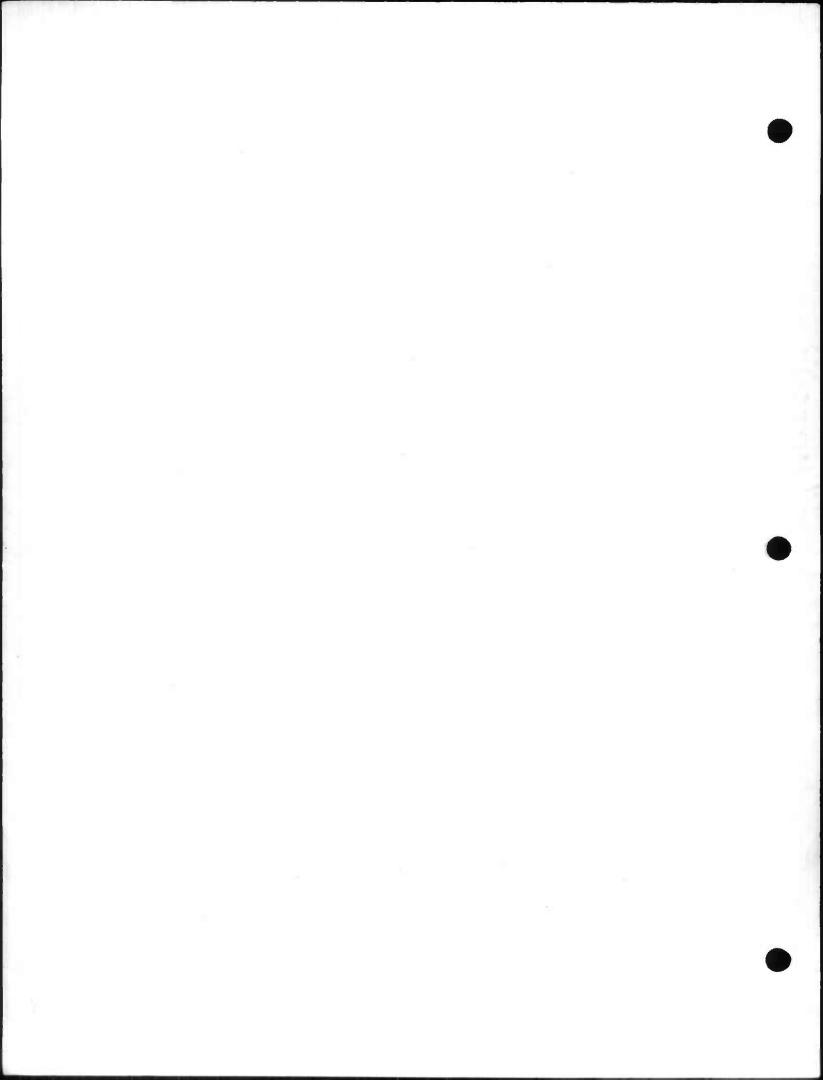
= 2 A² =

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE MOSPITAL DR ATTENDING PHYSICIAR: The law requires that the death certificate be executed within 24 hours that the lay be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in the human director, page 5 should be detached for use as the burla	be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to build. cremation, or removal.	supportant is nam 28 is marked or them 23 shows any injury or other traumatic event, the medical examiner must be notified at once
---	--	--	--

	1 - FOR STATE REGISTRAR		STATE OF I					EALTH AND DEATH	MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First	Middle, Last)							2. DA	TE OF DEATH	W . /	AMEAD	3. TIME OF DECIDO
	Thelma Fl		ce Trem	per St	raus	baug	gh		C	-604	16,	1796	10 AM
	4. SOCIAL SECURITY NUMB		5. SEX 6. AGE (In yrs. last birthda)			THE RESERVE TO THE PARTY OF THE			(Me	(Month Day Year)			IPLACE (State or Foreign y)
1 1	214-01-654		1 🗆 M 2 💢 F	82	YRS.					PT. 17,	191	4Maı	ryland
0	9a. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATN					9c. COL	INTY OF D	EATH
Ē	113 Overbroo		<u> </u>			Rodg	gers	Forge			Ba	ltim	ore County
DIRECTOR	10e. STATE	10b. COUNTY	,		10c. Cl	ry, town o	R LOCAT	ION					10d. INSIDE CITY
늡	Maryland Baltimore County Rodgers Forge											LIMITS? t ☐ YES 2 🛱 NO	
AL	10e. STREET AND NUMBER						-	ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	113 Overbroo	ok Road	ii				21212				U.S.A	A.	
5	11. MARITAL STATUS	Approximate the second	12. WAS DECEDEN					ENDENT OF HISPA			or No-		- American Indian, k, White, etc.
BY	1 Never Married 2 3 Wildowed 4 Divo	rced	IF YES, GIVE Y					2 NO Speci		to riveri, area;		Spec	
TED	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	16a. D	ECEDENT'S	work done	CCUPATIO	ON st of working	1	166. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0)-12)	College (1-4 or 5	+)									
×	12 N/A Homemaker Own Home 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)											-	
	William		nard	T	remne	r						Kr.	astel
BE	William Leonard Tremper Margaret Barbara Krastel 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
10	Jane F. Strausbaugh/Daughter 3925 Beech Avenue, Baltimore, Maryland 21211												
	1 \Lambda Burial 2 🗆 Crematic	on 3 🗆 Rem	oval from State	20b. PLACE cometery, co	AND DATE	OF DISPOS other place)	ITION (Ne	ion Cem.	1				
	4 Donetion 5 Other		ENSEE 1	pt. re	LY OL U			IOIT CALL.		I19 Balt	THOLE	шц	, Maryland
	1/4 .	20/2	6 110	a h			Mitc	hell-Wie	edef	eld Hom	ne, I	nc.	
	Nommer (1444	renner	MAKK									and 21212
	23. PART I. Enter the diseased, or complications that caused the dash. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in dash) OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
0	PART II. Other significa	ent condition	s contributing to	death but not	resulting	in the ur	deriyin	g cause given in	Pert I	24a. WAS AN	AUTOF ST	124	, WERE AUTOPSY FINDINGS
্ ব্										PERFO	_		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA										1 TYES 2	1	- 1	OF DEATH? 1 YES 2 NO
	DID TOBACCO U	ISE CONT	RIBUTE TO CA	AUSE OF DE	ATH Y	ES 🗆	NO [UNCERTA	IN 🗆				
A	25. WAS CASE REFERRED T	O MEDICAL		26. PL/	ACE OF DE	ATN (Check	only one)		/				
Sic	EXAMINED!		HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHEI		e 5 Nesidence	6 0	ther (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	Pending	28e. OATE O (Month,	F INJURY Day, Year)	28b. TI	-	28c. IN.	URY AT PRK?	_	DESCRIBE HOW	INJURY O	CCUREO	
ED BY	2 Accident investigation 2 Accident investigation 3 Suicide 6 Could not be determined determined determined determined to the country of the									end Numb	er or Rural	Route Number,	
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
8	THE DESIGNATION OF THE Design of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
TO BE	Johns	S F	ap	usell	Du	a)		298: LICENSE NO	JMBER 238	3	29d. DA	TE SIGNE	16 196
1 500	SIL HAME AND ADDRIVES OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)												



Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Year 11:00 AM Anthony C. Squires Oct. 17, 1996 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 11345 Pulaski Hwy. Lot 43 White Marsh Baltimore 5. Social Security Number 6. Sex 1 M 2 □ F If Under 1-Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Months Days Hours Yrs. 214-22-2437 68 July 20, 1928 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No **Funeral Director** Baltimore White Marsh 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11345 Pulaski Hwy. Lot 43 21162 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. TYPYes 2 □ No 1 ☐ Never Married 2 ☐ Married Specify: White 1 ☐ Yes 2√2 No Specify: à 3 Widowed 4 □ Divorced Year or Dates:WWII Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 6th N/A Chauffer Trucking Co. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) John Squires ပ Eva C. Hartlove 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 264 S. East Ave 20b. Place of Disposition (Name of cametery, crematory or other place) Mrs. Lorraine M. Haman S. East Ave. Baltimore, Md. 21224 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Buriai 2 ☐ Cremation 3 ☐ Removal from State Garrison Forest Vet. Cem. 10/21 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, Md. ure of Funerai Service Licansee 22. Name and Address of Facility Hartley Miller Funeral Home 7527 Harford Rd. Baltimore, Md. 21234 ther the case, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, rheart factore. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final CARDIAC ARRHYTHMIA 15 MIN. disease or condition resulting in death) Due to (or as e consequenca of): Examiner ARTERIOSCLEROTIC HEART DISEASE 10 YRS. Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1⊠ Yes 2□ No 3 Probably 4 Unknown Chronic Bronchitis þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy Emphysema 1 ☐ Yes 2X No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Place of Deeth (Check only one) ပို 1 ☐ Yes 2KNo Other: 4 ☐ Nursing Home 5 第 Residenca 6 ☐ Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of injury (Month, Day Year) 27. Manner of Death Medical Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending
Investigation 1 X Naturai 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide 29a. Certifier t☑ Certifying Physicien: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D17728 10/18/96 M.D. 30. Name and address of person who completed cause of death (item 23a) (Type, Print)
Ba Yin Oung, M.D. 8022 Belair Rd.

21236

Balto., MD

State Registrar

Funeral

Director

show

natural, or items 23e or 28a-f shordical Examiner must be notified at

permit. Pages 1 end 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or itel eny fujury or other traumatic event, it a Medical Enstmine page.

Physician /Medical

Examiner

use as the burial-transit

physician

the signed by

peen

has

certificate

apital or Attending Physi nours after death. neral Director: After this r y filled in by the funeral di

To the Hospital o within 24 hours af To the Funeral Di completely filled is

Attending Physician:

8

director, page 2 should

The law requires that the death certificate be executed

P.O. Box 68760.

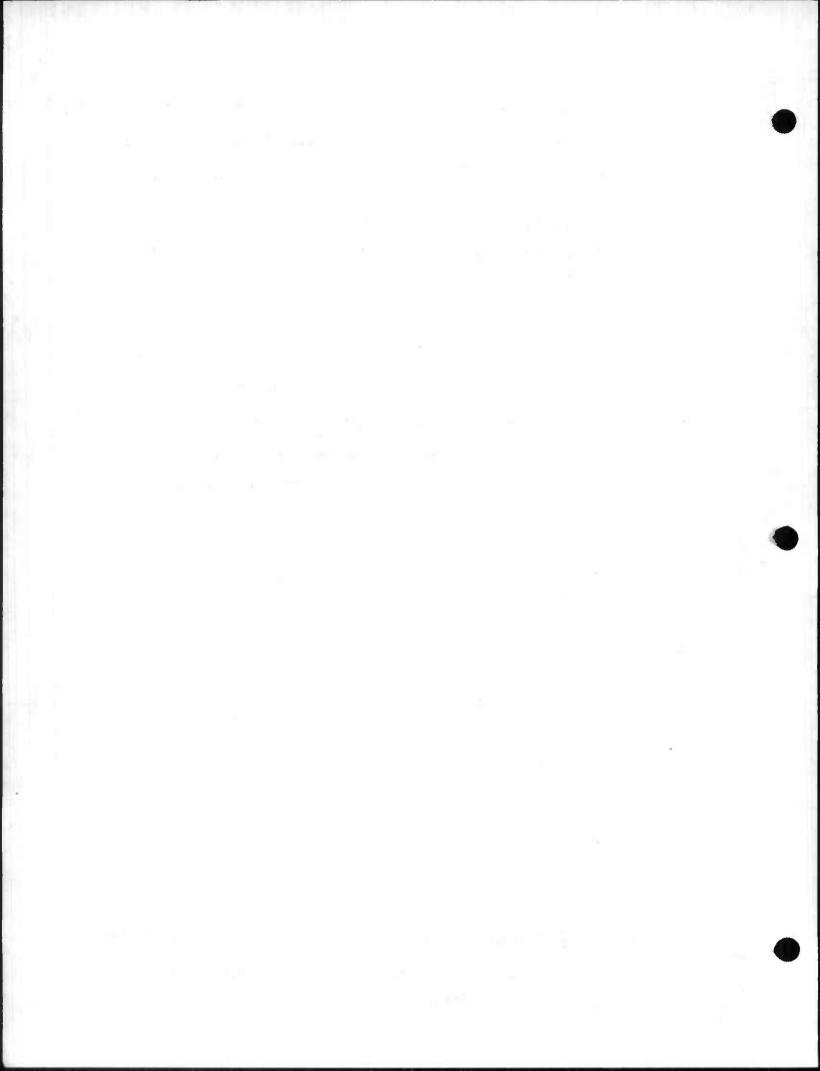
of Vitai Records,

Division

Baltimore, Maryland 21215-0020

death with the Maryland

Yin Oung, M.D. 31. Date filed (Month, Pay Year) Strika Lavid egistra Signal



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

				iviai yiai k		tificate of		d Mental Hy	Reg. No.		1600
Physicia /Medic		1. Decedent's Nema (First, Middle, La Geraldine	Dui	rine	St	urgis			ber 30,		3. Time of Death 7:30 a.m.
Examin	ner	4a. Facility Nama (If not institution, gi					4b. City, Town,	or Location of Deat	th 4c. County	of Death	
		Atlantic General				if Undar 1 Yae	Berlin			rcest	
uneral rector			Sex / 1□ M 2□xF	. Aga (In yrs. le 46	Yrs.	Months Days		lin. 8. Date of Bin (Month, De Sept. 2			lece (Stata or Foreig try) 1Ware
š 11		10a. Stete 10b. County		10c. City	, Town or Lo	cation				1	Od. Insida City Limit
hems 23s or 28a-f show ner must be notified at	tor	Maryland Worces	ter	Ту	askin						1 ☐ Yes 2√2 No
L DOT	Directo	10e. Street and Number				10f. Zip Code	i.		10g. Citizen of	What Coun	itry?
1		21475 Tyaskin Ch	urch Road	1		218	65		U.S.A.		
E .	y Funeral	11. Maritel Stetus 1 ★Nevar Married 2 Married	Armed Force 1 Yes 2 If Yes, Give	dent Ever in U.S. ces? 13. Wes Decedant of Hispanic Origin? (It Yes, specify Cuban, Mexican, Pue		(Specify Yes or No lerto Rican, etc.)		ce - Amaric ck, White, y: Bla	etc.		
odical Exa	d by	3 Widowed 4 Divorced	Yeer or Det	es:							
ogo	Completed	15. Decedent's E (Specify only highest gr			(Give	lent's Usuei Occu kind of work done OO NOT use retir	ipetion e during most of t ed)	working	16b. Kind of B	usiness/inc	Justry
N et	шо	Elementery/Secondery (0-12)	Coilege (1-4	for 5+)	Homen				Own Hon	10	
rent,	Be C	17. Fethar's Name (First, Middla, Las			пошен	Idner	18. Mother's N	Name (First, Middle			
a og	To B	Arthur Sturgis					Anna	Lee Turn	er		
-		19e. Informent's Name/Reletionship			19b. Mallin	g Address (Stree	et and Number or	Rural Route Numb	er, City or Town	Stete, Zip	Code)
other tr		Sara Sturgis/Sis	ter		Route	2, Box	15-Fran	kford, D	elaware		
important: If fem 27 any injury or other t 9008.		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci			eca of Dispon metary, crem	sition (Neme of netory or other pl	ece)	Date	20c. Location	- City or To	wn, Steta
any inj		21. Signature of Funeral Service Lice Ronald	S. Wade,		ass of Fecility atomy Bo e, Maryl	ard-655 V	V. Balti 201-1559		Street		
cian dical niner	er	Immediate Cause (Finel disease, or conditions) Immediate Cause (Finel disease or condition rasulting in death)	6-	BRID		DN(Approximete Interval Between Onset and Death
al-transn	Examiner	Sequentially list conditions, if any, laeding to immediate	b	Due to (or as a consequence of):							
as the burial-transit	edical	cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Last	c	Due to (or	as a consequ	uance of):				1	
d for use as	Physician/M	Part II. Other eignificant conditions of	d.	th but not requi	bloo in the cu	adombio como o	22h Did	Did fobacco use contribute to the cause of dea			
0	by Phys		on thousand to do		ang in the or	addiying daddo g			Yee 2 No	3 ☐ Proi	
2 should be	Completed b								an autopsy ormed?	avi	are autopsy findings allable prior to mpletion of cause death?
pege 2	Eo							10	Yas 20 No	10	Yes 2□ No
rector, per	Be	25. Wes case referred to medical axaminar?		/			26. Place of I	Death (Check only	one)		
aj di	P	1 Yes 2 No 27. Manner of Death 1 Naturel 5 Pending			ER/Outpatien 28b. Time of Injury	28c. Inj		g Home 5 Rasi 28d. Describe	idence 6 Oth		/)
completely filled in by the funer	Certification:	2 Accident 3 Sulcide 6 Could not be determined	28e. Piace of	f Injury - At hor , etc. (Specify)	me, ferm, stre	eet, factory, office			(Street end Num wn, Stete)	ber or Rura	l Routa Number,
To the Funeral Director: After completely filled in by the fune	edical	29a. Certifier 11 Certifying Pt (Check only one)	heck only 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s)								
dwoo	Me	29b. Signatura and title of certifier	ml 1	no		29c. Licar	se number		29d. Date signe	g (Month)	Dey, Year)
		30. Neme and eddress of person who	completed cause	of daeth (Item	23a) (Type, I	Print)	BERI	Berlin	MI) 1	W
Sta	te	31. Deta tiled (Month, Day Year)	Plan Marks	HALL ASHIOL	200		1	- 1	1 1	- (/ '/

ITEM: 1. PER DR. FILM G-740 10/18/96 t.t

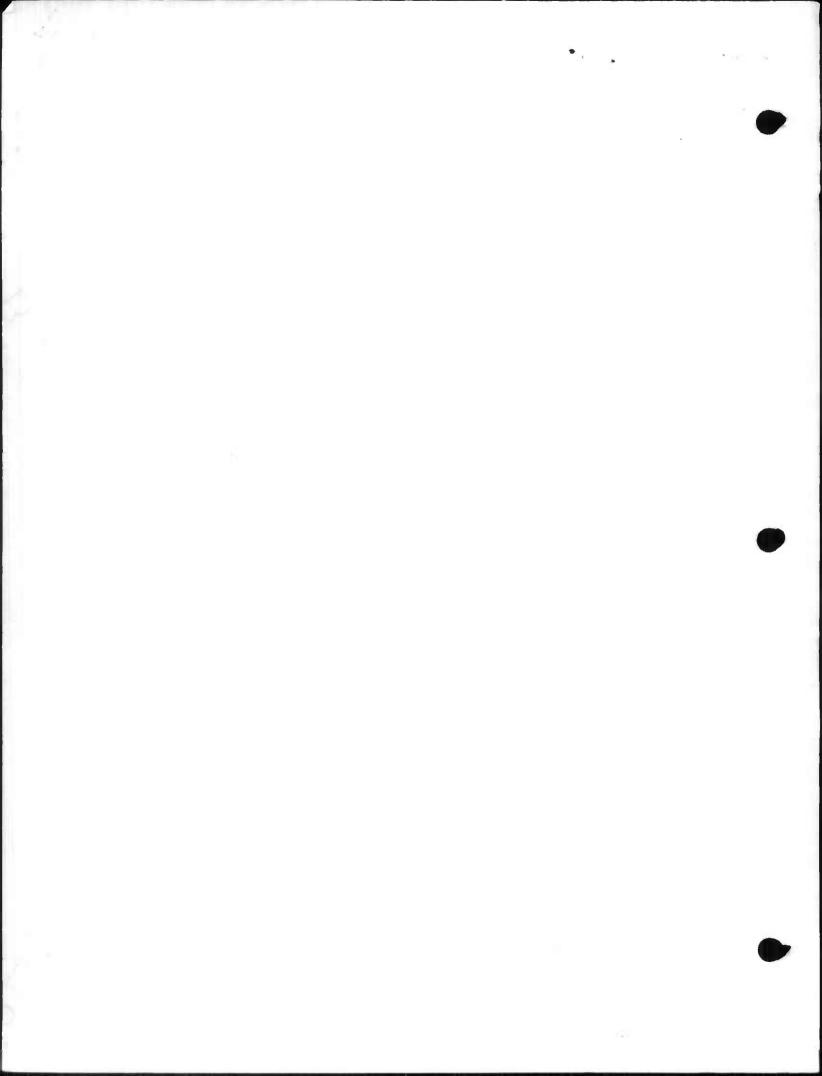
FOR

hours the retain of may be retained by the hospital or attending physician. BALTJMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR	OINIE OF MAITIE	CERTIF	ICATE O	F DEATH	REG. NO						
		1. OECEOENT'S NAME (First, Middle, Last)	WORRELL				2. DATE OF OEATH MONTH	DAY Y	3. TIME OF OEATH				
			SCPHINE		TTC		October	8 199	26 1125 AM				
	- 51	4. SOCIAL SECURITY NUMBER 217-22-3195	5. SEX 6. AGE	(In yrs. lest birthday)	MONTHS DAY		March 21,		BIRTHPLACE (State or Foreign Country)				
pin		9a. FACILITY NAME (If not institution, give s	Λ	91 YRS.	AL OUTY TOWN				irginia				
2, 3 should	TOR	Harford Memorial Hos				CAMP	EATH	96. COUNTY Harfor					
physician. burial-transit permit, Pages 1,	DIRECTOR	109. STATE 106. COUNTY Maryland Harfo			ry, town on Lo	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
nsit permit	FUNERAL	10e. STREET AND NUMBER 705 Frans Drive				101. ZIP COOE 21009		U.S.	OF WHAT COUNTRY?				
the hospital or attending physician, detached for use as the burial-tran once.	BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS OECEOENT EVER II FORCES? 1 ☐ YES IF YES, GIVE WAR OR O	2 XNO	If yea,	DECENOENT OF HISPAI apecify Cuban, Mexica ES 2 X NO Specif		es or No.— 14	RACE — American Indian, Black, White, etc. Specify:				
ittending e as the	8	15. OECEOENT'S EOU		16a. OECEDENT'S	USUAL OCCUPA	TION	16b. KINO OF B	USINESS/INDUS	White				
the hospital or att detached for use once.		(Specify only highest grade Elementary/Secondary (0-12) 12	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working	Dry Cle	aning					
he hos detach once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide						
d be	TO BE (Harbert W. Worrell	L			Minnie	Jennings						
6 may be retained by order, page 5 should be must be notified at		190. INFORMANT'S NAME (Type/Print) Edmund C. Scott (Hus	sband)				Aoute Number, City or To , Maryland 2		rde)				
r, page		20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Rem	oval Iron State	. PLACE AND DATE	OF DISPOSITION	(Name of	DATE 20c L		or Town, State				
Page 6 ma if director, if		4 Donetion 8 Other (Specify)	Lo	preserv, cremetery or contraine Par	rk Cemete	octobery October	I TOOL WILL	dlawn, M	aryland				
others and a second		21. SIGNATURE OF PUMERIAL SERVICE LIC	men		22 NAME Witz 1630	ke Funeral Edmondson	Gury Home of Cato Avenue Cato	nsville, nsville,	Inc. Maryland 21228				
ted within any hours to completely filled in by m ial, cremation, or remon event, the medical		23. PART I. Enter the diseases, or a shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Elst only one ceuse on e	each line.			ACTION		Approximate interval Batween Onset and Death				
th certificate be execuending physician and if Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF):											
the death the atter Mental		PART II. Other significant condition	e centributing to deeth it	out not resulting	In the underly	ring ceuse given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS				
equires en signe of Healt	: MEDICAL	Osteo arthur	fis				PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
has be Dept.		DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	COMINIBUTE TO	CAUSE O		PLACE OF DEATH (Ch	-/6						
SICIAN: The certificate h the State l	SICIAN	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:	ome 5 Residence							
NG PHYSICIA fer this certificate with the marked, or	у РНҮ	27. MANNER OF OEATH 1 Netural 5 Pending Investigation	26a. OATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c.	INJURY AT WORK?	28d, DESCRIBE HOW	INJURY OCCUP	REO				
TTENDI TOR: A after d 28 Is	TED BY	2 Accident 3 Suicida 6 Could not ba 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	f — At homs, farm, cify)	street, factory, o	ffice	281. LOCATION (Stree City or Town, State	and Number or	Rural Route Number,				
DIRE hours	PLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	rledge, death occurr	red at the time, d	ste and place, and due	to the cause(s) and m	enner sa stated.					
HOSPITAL FUNERAL within 72 h	COMPL	Orio) 2 MEDICAL EXAMINE	R: On the basis of axeminatio						suse(s) and menner as stated.				
TO THE HOSPI TO THE FUNE be filed within IMPORTANT:	O BE	294: SIGNATURE AND THEE OF CENTION	NO FOR	el		H340	2Z	29d. DATE S	GNEO (Morth, Day, Year) Sen 9 1996				
16		SETER LANGST	T 1308	Business	CM	Way E	Lyencra	C, W	10				
0		31. DATE FILEO (Month, Day, Year) OCT 1 8 1996	32. BEGISTRAR'S SIGN	ox-Randall			/						



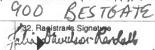
ITEM: 26. PER DR. FILM 6-740 10/18/96 CALLEGATION OF THE PROPERTY OF THE PROPE State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death SEPT. **Physician** 908m SCOTT J. ELIZABETH /Medical 4s. Fscility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Anne Arundel Medical Center Annapolis Anne Arundel 5. Social Security Number If Undar 1 Yaar If Undar 24 Hrs. Birthplaca (State or Foreign Country) 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** Months Days Hours 1□M 2XF 41374 9277 53 Yrs. Director August 1,1943 Louisiana Usual Rasidance of Decedant pemit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Itam 27 Is marked other than "natural", or items 23s or 28s-1 ahow any Injury or other traumatic avant, ma Madical Examiner must be nothing another. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland Anne Arundel Mayo 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 217 Lakeview Avenue 21106-0125 U.S.A. Funeral Was Decedant Evar In U.S. Armed Forcas? Was Decedant of Hispanic Orlgin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 ☑ No It Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Specify: White 3 Wildowed 4 ☐ Divorcad Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working tifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12. 5+Manager unknown 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Surnema) Be Harold Jonathon Thompson Helen Thompson Mendenhall 19a. Informant's Neme/Raiationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Elizabeth J. Fitzsimmons/Daug. 8219 Mapleview Road, Boonsboro, MD 20b. Placa of Disposition (Nama of 20a. Mathod of Disposition 20c. Location - City or Town, Stata cematary, crematory or other place) 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 Donation 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licansaa 22. Nama and Addrass of Facility Ronald S. Wade, Director State Anatomy Board, 655 West Baltimore Street Baltimore, Maryland Zizoi
23a. Pentl. Enter the disease, of complications that caused the deeth. Do not antar the mode of dying, such es cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. 21201-1559 Approximata Interval Between Onsat and Death Physician /Medical Immediata Cause (Fine) disaasa or condition rasulting in daath) ACUTE LEUKEMIA 4 YEARS Examiner Dua to (or as a consequence of): Examiner physician and s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequanca ot) use as been signed by the s should be deteched Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yee 2 No 3 Probably 4 Unknown þ 24b. Wera sutopsy findings systiable prior to completion of causa of death? Completed 24a. Was sn eutopsy performed? certificate has 1 Yes 2 No 1 ☐ Yas 2 ☐ No Hospital or Attanding Physician:
 24 hours after death.
 Funeral Director: After this certifics 25. Wss casa rafarrad to medical Be 26. Placa of Death (Check only ona) examiner? Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yas 2 No 2 1XX Inpatiant 2 ER/Outpatient 3 DOA funeral 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred Certification: 28c. Injury st Work? 1 Naturai 2 Accidant 5 Panding Investigation 1 ☐ Yas 2 ☐ No completely filled in by the 3 Sulcida 6 Could not ba datarmined 28a. Place of Injury - At homa, tarm, straat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 I Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and menner setsted.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piace, end due to the cause(s) and menner stated. Medical 29a. Cartiflar To the Vithin 2 29b. Signatura and titla of certifia 29d. Data signed (Month, Day, Yaar)

State Registrar 31. Date tiled (Month, Day, Year) OCT 1 8 1996

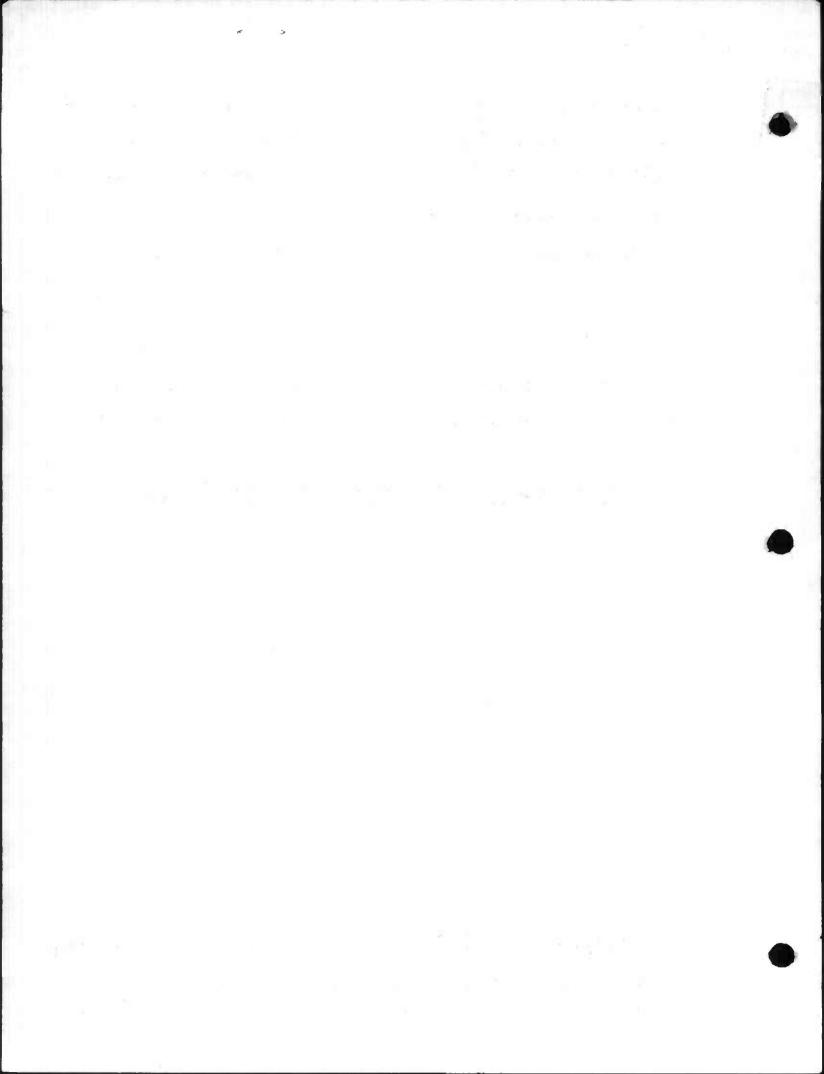
COLE

E.W.



ANNAPOLIS MD 21401

30. Name and eddrass of person who completed cause of death (Item 23e) (Type, Print)



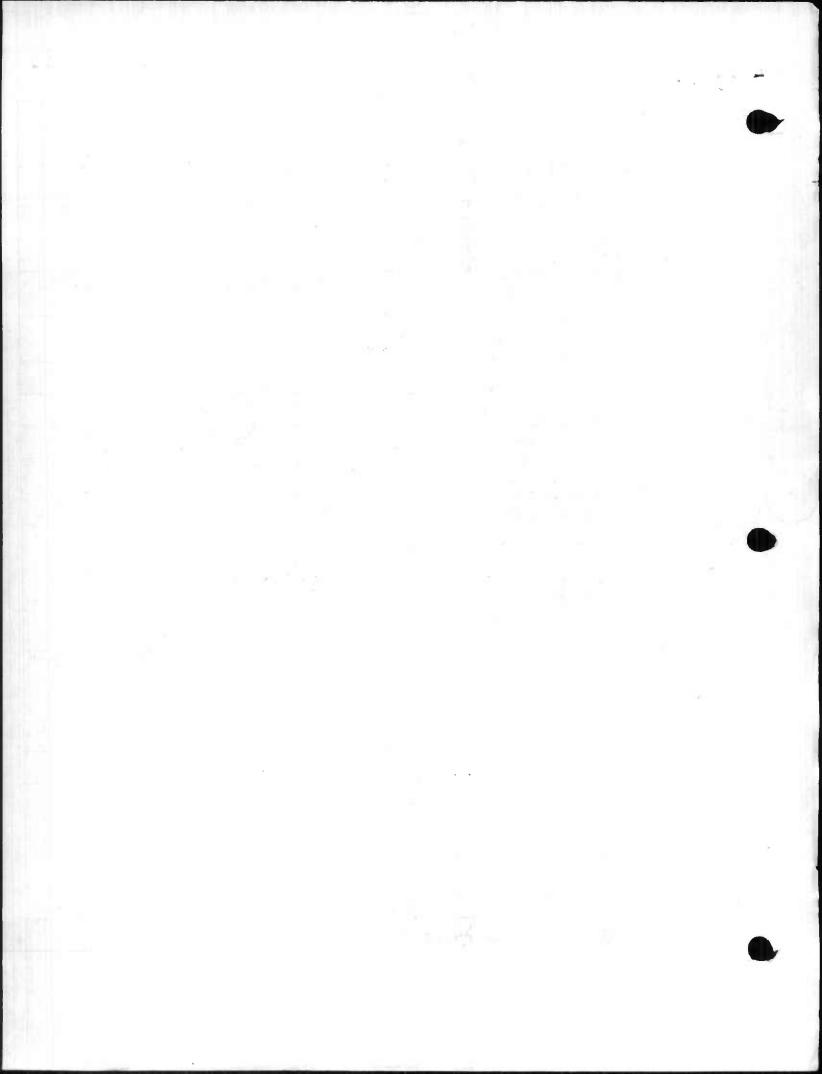
5-(endin
N	F
Σ.	0
BACTIMORE, MARYLAND 21215-	hours after death. Page 6 may be retained by the hospital or attending
4	e e
Z	3
20	D
MA	retaine
- 0	2
2	may.
0	9
Σ	Page
Z	death.
9	after
	Nours
20	wit
P.O. BOX 68760	th certificate be executed with
×	83
0	6
8	ficate
0	100
ď	40
0.0	th cert

DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with property and completely fraction and completely lifed in by the fundral fraction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial; cremation. or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Hanka	shivery			2. DATE OF DEATH DAY	YEAR 96 4 40 Pm		
4. SOCIAL SECURITY NUMBER 217-20-1844	1 🔀 M 2 🗆 F	70 YRS. MC	FUNDER 1 YEAR IF UNDER 24 HRS. NYTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 30, 192			
9a. FACILITY NAME (If not institution, give Homewood Nursing		EATH 9c. C	n oc. county of death				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Md. N	π /A	t0c. CITY, T	OWN OR LOCATION Baltimore		16d. INSIDE CITY LIMITS? t \(\begin{array}{c} \text{ YES } 2 \text{ NO} \end{array} \)		
too. STREET AND NUMBER 6000 Belona A	venue	Isal	101. ZIP CODE 2/2	5 C 10g.	CITIZEN OF WHAT COUNTRY? U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? YES IF YES, GIVE WAR OR D	2 NO			- 14. RACE - American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) Unknown							
17. FATHER'S NAME (First, Middle, Last) Unknown			18. MOTHER'S N Unkn	AME (First, Middle, Meiden Surnerr OWN	10)		
190. INFORMANT'S NAME (Type/Print) Arthur Drager	(Guardian)	5 Light	DORESS (Street and Number or Rura t Street Balti	Route Number, City or Town, State More, Maryland	21202		
20e. METHOD OF DISPOSITION t XBurlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	movel from State	petery, crematory or other	pisposition (Name to 17,	1998 TE 200. LOCATION	Mills, Md.		
21. SIGNATURE OF FUNERAL SERVICE L	A.1		22. NAME AND ADDRESS OF F Witzke Funer 1630 Edmonds	al Home, Inc. on Avenue Cato	onsville,Marylan		
23. PART I. Enter the diseases, or shock, or heart feilure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	s. Atherns DUE TO (OR AS A	A CONSEQUENCE OF):	landio vosc	ulan direct	Onset and Dear		
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	A CONSEQUENCE OF):					
PART II. Other significant condition	ona contributing to deeth b	out not resulting in	the underlying couse given in	1 Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	AWAILABLE PRIOR TO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C	heck only one)			
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outs		OF 28c. INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW INJURY	OCCURED		
3 Suicide 8 Could not be determined	Could not be 28s. PLACE OF INJURY — All home, farm, street, factory, office building, stc. (Specify)						
one)			at the time, date and place, and du		stated.		
	our Kinny	mo		IMBER 29d. ▶	DATE SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr		Baltimore	md 2/20/		
OCT1 8 1996	1. 32 REGISTRAR'S SIGN	ATURE					

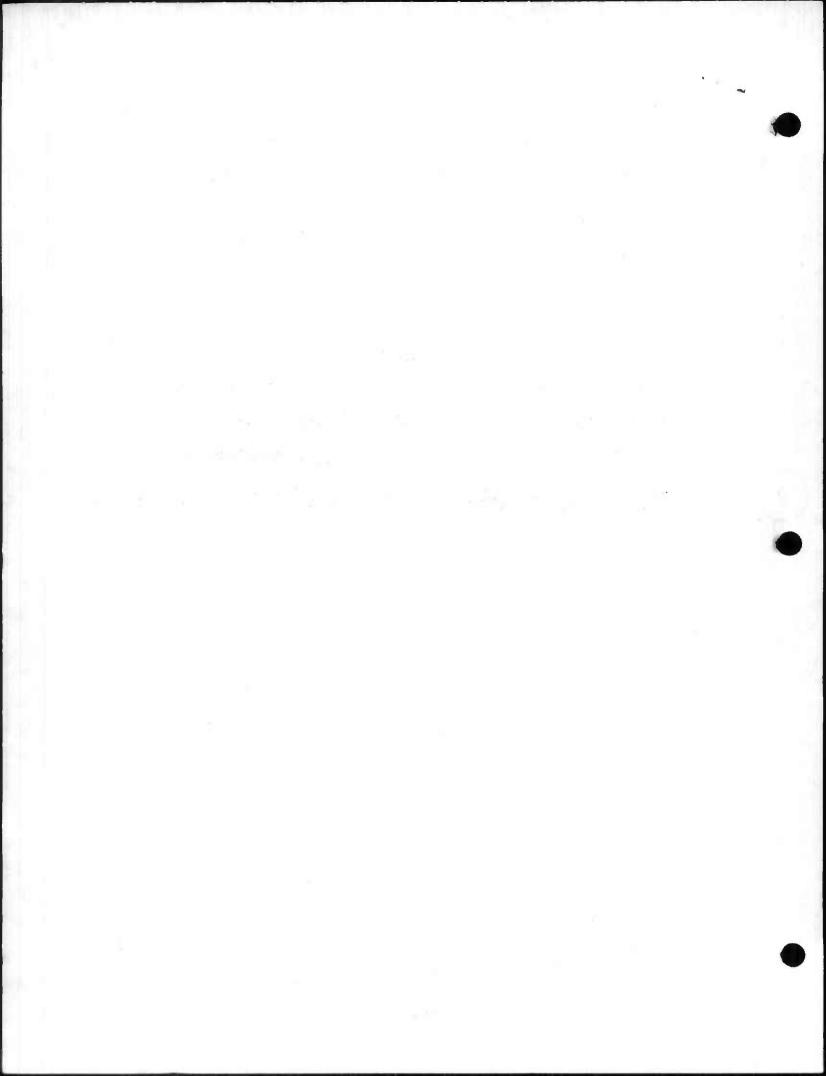


Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 31234

				Certificate of Death					Reg. No.				
Physic	an	1. Decedent's Nama (First, Middle, Las						2. Date of Deeth 3. Time of Deeth					
/Medi		Leanna	d							1996	4:15 AM		
Examir	ner	4a. Facility Name (If not institution, give							cation of Deatl	10.000	4c. County of Death		
		5372 Mad River I		. Ohn i mar ta a t	6 tab (6 11)	If I Index 1 Veer	Colum				ward		
_o Funeral Director	of uniteral				4 Yrs. If Undar 1 Year If Undar 24 Hrs. Months Days Hours Min.			8. Data of Birth (Month, Day, Year) May 20, 1942			place (State or Foreign htry) PA		
yland w		10a. State 10b. County		10c. City, To	own or Loc	cation				10d. fnsi			
aryland 21215-0020 should be filed within 72 hours efter death with the Maryland of Mental Hygians. marked other than "natural", or items 23s or 28s-1 show made event, it a Medical Examiner must be notified at	Funeral Director	MD Howard	l	Co	Columbia							1 ☐ Yes 2 XNo	
		10e. Street end Number			10f. Zip Code				10g. Citizan of	What Cour	ntry?		
		5372 Mad River La		21044					US	A			
		11. Marltal Status 12. Was Decedent Evar in Carmed Forces?			U,S. 13. Was Decedent of Hispanic Origin? (Spe if Yes, specify Cuban, Mexican, Puerto I			Rican, etc.)		Raca - Amarican Indian, Black, White, etc.			
	by	1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 💢 N if Yes, Giva Yeer or Datas:	10	1 ☐ Yes 2 🂢 No Specify:					Specia	White		
5-0 72 hc natur	Completed	15. Decedent's Ed (Spacify only highest grad		10	Sa. Decede	ent's Usuel Occu	pation	t of worki	ina	16b. Kind of Business/Industry			
2 ja ja ja ja ja ja ja ja ja ja ja ja ja	mpi	Elementary/Secondery (0-12) College (1-4or 5+)			16a. Decedent's Usuel Occupation (Giva kind of work done during most of workil life. DO NOT use retired)								
d 212 filed with Hygiane. other than	CO	12 5+			Social worker				Hospital ne (First, Middla, Maiden Sumama)				
d be ental	To Be	Charles E. Hoffman							a S. Stright				
Earlimore, Maryland 2: peart. Pages 1 and 2 should be filed w Department of Health and Mental Hygia important: if Itam 27 is marked other to any injury or other traumatic event, in other	-	19a. Informant's Neme/Reletionship (7			9b. Mailing	Address (Stree		_			, State, Zip	Code)	
and 2 and 2 eaith n 27 I		John R. Stanford	(Husband)			Mad Rive	er Lar	ne, C	Columbia	a, MD	21044		
all more,		20a. Method of Disposition 1 □ Burial 2 【**Cremetion 3 □	Removal from State	came	Plece of Disposition (Nama of cametery, crematory or other place)				Date	20c. Location - City or Town, State			
firmen riting	1	4 ☐ Donation 5 ☐ Other (Specify		Ches		e Crema	COLY		17 1996	Beltsv	ille,	MD	
Depa Impo		21. Signature of Funeral Service Licens	· - 11		Wi	Name end Addre tzke Fu	ess of Facilit neral	Home	es, Inc				
	Н	236 Part I. Opter the disease, or como	the deeth D	5555 Twin Knolls Rd. Columbia, MD 21045									
Physician		shock, of heart failure. List only o	one cause on each lin	0.	th. Do not enter the mode of dylng, such as cardiac or respirator							Approximete interval Between Onsat and Death	
/Medical		immediate Cause (Final disease or condition	octo	totic Colon Conce (or es e consequence of):				0	1 1				
Examiner		resulting in death)							T				
sit ed	ine		b										
secutions and al-tran	Examiner	Sequentially list conditions, if any, leading to immediate	Due to (or as	or as a consequenca of):									
X 68 / 6U, certificate be axecuted ding physician and se as the burial-transit	edical	cause. Enter Underlying Ceuse (Disease or injury that Initiated events	c	Due to (or es	0.00000011	once of):					i		
rtifical	Medi	resulting in death) Last		200 (0 (0) 65	e consequ	erica orj.							
ath cert tendin or use	lan/M		d		-						1		
D. DO.	Physician	Part ii. Other significent conditions co	ntributing to death bu	t not resulting	ulting in the undarlying cause given in Part f.				23b. Did tobacco use contribute to the cause of death?				
regras, P.O. BOX or requires that the death certific been signed by the effending p should be detached for use as		None						1 Yes 2 No 3 Probably			bably 4 Unknown		
ords, requires een sign hould be	d by							24e. Wes an eutopsy 24b			ere eutopsy findings		
law req	lete							performed?		ave	ailable prior to mpletion of causa death?		
The law ate has page 2	Completed								101	es 20 No		N/H	
sician: The certificate irector, pag	Bec	25. Was case referred to medical			1							2010	
Of VIGA Physician: this certific ral director,	To	examiner? 1 Yes 2 No	Hospitei: 1 🗌 inpatlen	1 2 ER/	Outpatient	3□ DOA Oth	ner: 4 🗆 Nu	rsing Hor	me 5 Rasidenca 6 Othar (Specify)				
Ing Pi	lon:	27. Manner of Death 1 Naturei 5 Pending 2 Accident investigation 3 Suicida 6 Could not ba			28b. Time of injury 28c. fnjury et Work? 28d. Describe how injury occurred								
ttending death. stor: After	cat				M 1 Yes 2 No				OPf Looption /6	Location (Street and Number or Rural Route Number,			
o after dinb	Certification:	4 ☐ Homicide determined	building, etc.	aca of Injury - At home, ferm, street, factory, offica 28f. Location City or 7					City or Tox	or Town, Stele)			
To the Hospital or Attending Physician: The I within 24 Hours after death. To the Funeral Director: After this cartificate he completely filled in by the funeral director, page	edical	29a. Certifier (Check only one) Check only one) Certifying Physicfen: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. Check only one) Check only one) Check only one)											
To the To the comp	M	29b. Signature end title of cartifier				29c. Licens	se number			29d. Date signe	d (Month,	Day, Year)	
		I con this	-			1) 4	1113 -	1		10/1	6/	76	
2/0		30. Name and eddress of person who	ompleted cause of de	0	(Type, P		Cel	uls i	0	w.)	20	144	
Sta Registra		31. Data filed (Month, Dey, Yeer)	32 Registrer	's Signeture	102	17						1	
negisti	AI .	OCT 1 8 1996	/		mark death	Ŧ.							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 | 235

Physic		Decedent's Neme (First, Middle, I	l ast)			Death	2. Dete of Dee	eg. No.		n Time of Dear
1117316	ian	Vincent A. Sa					Month	Dey	Yeer	3. Time of Deat
/Medi							Octobe		996	8:00pr
Exami	ner	4e. Fecility Nema (If not institution, g					Location of Deeth	4c. County		
		4625 Magnolia			v) If Under 1 Yee	Haleth	_		timor	
Funeral Director		215-22-0956	. Sex 7. Age 125M 2□ F 68	e (In yrs. last birthde) 71 Yrs.	Months Deys			Year) 1920 8,192	9. Birthple Country 5 Mar	ce (State or Fore
->-		Usuei Residence of Decedent								
ehow dat	la.	10e. Steta 10b. County		10c. City, Town or L					100	d. Inside City Lim
10	cto	Maryland Balti	more	Haletho	orpe					1 ☐ Yes 2
0,2	Olre	10e. Street end Number			10f. Zip Code		1	0g. Citizen of 1	Whet Country	y?
23.	ie i	4625 Magnolia	Avenue		213	227	Ţ	Jnited	Stat	es
natural', or items 23a or 28a-f ehow	by Funeral Director	11. Maritel Status 1 □ Naver Merried 2 □ Married 3 □ Widowed 4 ₺ Divorced	12. Wes Decedent E Armed Forces? 1 \(\) Yes 2 \(\) N If Yes, Give Yeer or Detes:	in .	. Wes Decedent of if Yes, specify Cu		Specify Yes or No- rto Ricen, etc.)		ck, White, et	c.
natural',	8	15. Decedant's			adent's Heuel Occ	enation		10h Kind of D	whit	
than "	Completed	(Specify only highest g	College (1-4or 5-	+)	edant's Usuel Occure kind of work done DO NOT use retire	a during most of wo ed)	orking	16b. Kind of B		
other officer	Be	17. Fether's Neme (First, Middle, Las	st)			18. Mothar's Ne	me (First, Middle, I		1	
a b e	To B	William J. Sa	kievich			Helen	Grav			
h and Menta T is marked traumatic e	-	19a. Informent's Neme/Relationship		19h Mai	iina Address (Stree		lural Route Number	City or Town	State Zin C	ode)
1 L		Joanna Coolah					nue Hale			,
Hong Hong		20a. Method of Disposition						20c. Location -		
nt: If its		Burial 2 Commation 3		cemetery, cre	oosition (Nama of emetory or other pl	ece)	Dete	zoo. Eocation -	City of Town	i, State
		4 □ Donation 5 □ Other (Spec					10/16/96	BALTIN	nore,	MARYL
Depart Imports any inju		21. Signature of Funeral Service Lice	inspi	1	22. Neme end Addr		II.		7 la	
0240		- las		- S . N	mbrose 1	conerar	Home,	inc.	Arbu 212	
		83a, Mitt. Entar the disease, or cor shock, or heert feilure. List oni	mplications that caused	the deeth. Do not er	nter the mode of dy	ing, such as cerdia	c or respiratory error	est,	. A	poroximate
ysician		SHOOK, OF HEER TENDER. LIST ON	y ona couse on each im	ь.					, 0	nterval Between Inset and Deeth
Medical		Immediate Cause (Final		- ba					5	month
kaminer		disease or condition resulting in death)		which		ie caric				
	10		L	Due to (or es a conse	equence of):				i	
. 2	xaminer		ı b		, ,					
hysician and the buriel-transit	X	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events	L	Due to (or es a conse	equence of):					
physician the buna	<u>e</u>	Cause (Disease or injury	C							
5 5	edicai	resulting in deeth) Lest		Due to (or as e conse	quence of):					
0	¥									
O 42	155		d							
CD 40	lan		d							
CD 40	sician	Pert II. Other significant conditions		t not resulting in the s	underlying cause g	iven in Pert I.	23b. Did to	bacco use co	ntribute to ti	ne cause of de
O 42	Physician/	Pert II. Other significant conditions		t not resulting in the u	underlying cause g	iven in Pert I.				
gned by the ettending p be detached for use as	by Physician/M	Pert II. Other significant conditions		t not resulting In the u	underlying cause g	iven in Pert I.				
gned by the ettending p be detached for use as	by	Pert II. Other significant conditions		t not resulting In the i	underlying cause g	iven in Pert I.	1 ☐ Ye	e 2□ No	3 Probal	autopsy findin
been signed by the ettending p should be detached for use as	by	Pert II. Other significant conditions		t not resulting in the o	underlying cause g	iven in Pert I.	1 🗆 Y	e 2□ No	3 Probel 24b. Were eveils comp	autopsy findinable prior to
s been signed by the ettending p 2 should be detached for use as	by	Pert II. Other significant conditions		t not resulting in the	underlying cause g	iven in Pert I.	1 TY	an eutopsy ned?	3 Probal 24b. Were eveils comp of da	autopsy findin able prior to oletion of cause eth?
s been signed by the ettending p 2 should be detached for use as	Completed by			t not resulting In the i	underlying cause g		1 Ye	a eutopsy ned?	3 Probel 24b. Were eveils comp	autopsy finding able prior to leltion of cause eth?
s been signed by the ettending p 2 should be detached for use as	Be Completed by	25. Wes case referred to medicel exeminar?	contributing to death bu			26. Pleca of De	1 Yo	n autopsy ned?	3 Probel 24b. Were eveils comported to the terms of day.	autopsy findin able prior to oletion of cause eth?
ss been signed by the ettending p 2 should be detached for use as	To Be Completed by	25. Wes case referred to medicel exeminar? 1 □ Yes 2 □ No	contributing to death bu	nt 2 □ ER/Outpatie	ent 3□ DOA OT	26. Pleca of De her: 4 □ Nursing I	1 You	n eutopsy ned?	3 Probal 24b. Were eveils comported to the comported to	autopsy finding able prior to eletion of cause eth?
s been signed by the ettending p 2 should be detached for use as	To Be Completed by	25. Wes case referred to medicel exeminar? 1 Yes	Hospitel: 1 Inpetien 28e. Dete of Injury	nt 2□ ER/Outpatie	ent 3 DOA Of 28c. Inju	26. Pleca of De her: 4 ☐ Nursing I iny at rrk?	1 Yo	n eutopsy ned?	3 Probal 24b. Were eveils comported to the comported to	autopsy findin able prior to oletion of cause eth?
s been signed by the ettending p 2 should be detached for use as	To Be Completed by	25. Wes case referred to medicel exeminar? 1 Yes 2 No 27. Menger of Deeth 1 Netural 5 Pending 2 Accident investigation	Hospitel: 1 Inpatien 28e. Dete of Injury (Month, Dey	nt 2 □ EP/Outpatie (Year) 28b. Time o Injury	ent 3 DOA Of 28c. Inju	26. Pleca of De her: 4 □ Nursing I	1 Ye 24a. Was el perform 1 Ye ath (Check only on- Home 5 Meside 28d. Describe ho	n eutopsy ned? s 2 No s 2 No s 2 No s) nce 6 Oth	3 Probal 24b. Were eveils composed data	autopsy findin, able prior to leletion of cause eth?
s been signed by the ettending p 2 should be detached for use as	To Be Completed by	25. Wes case referred to medicel exeminar? 1 Yes	Hospitel: 28e. Dete of Injury (Month, Dey)	nt 2 EP/Outpatie (Year) 28b. Time of Injury	ent 3 DOA Of 28c. Inju	26. Pleca of De her: 4 ☐ Nursing I iny at rrk?	1 You	n eutopsy ned? s 2 No s 2 No s 0 Other winjury occurrect and Numb	3 Probal 24b. Were eveils composed data	autopsy findin, able prior to leletion of cause eth?
s been signed by the ettending p 2 should be detached for use as	Be Completed by	25. Wes case referred to medicel exeminar? 1	Hospitel: 28e. Dete of Injury (Month, Dey) 28e. Plece of Injury building, etc.	ot 2 ER/Outpatie (Year) 28b. Time of Injury ry - At home, ferm, st (Specify)	ent 3 DOA Of Of 28c. Inju Wo M 1 C	26. Pleca of De her: 4 □ Nursing I lry at rrk?] Yes 2 □ No	24a. Was el perform 1 Ye ath (Check only on tome 5 Aeside 28d. Describe ho	n eutopsy ned? s 2 No e) nce 6 Oth w injury occurr	3 Probal 24b. Were eveils comported and the ser (Specify) ared	autopsy findin able prior to lettion of cause eth?
s been signed by the ettending p 2 should be detached for use as	Certification: To Be Completed by	25. Wes case referred to medicel exeminar? 1	Hospitel: 1 Inpatien 28e. Dete of Injury (Month, Dey) 28e. Plece of Injury building, etc.	nt 2 □ ER/Outpatie (Year) 28b. Time of Injury rry - At home, ferm, st (Specify)	ent 3 DOA Of 28c. Inju M 1 treet, fectory, office	26. Pieca of De her: 4 □ Nursing I iny at rk?] Yes 2 □ No	1 Ye 24a. Was el perform 1 Ye ath (Check only on tome 5 Aeside 28d. Describe ho 28f. Location (St. City or Town	n eutopsy ned? s 2 No e) nce 6 Oth w injury occurr reet end Numb , Stete)	3 Probal 24b. Were eveils composed date of the composed of th	autopsy findin able prior to lettion of cause eth? Yes 22 No
s been signed by the ettending p 2 should be detached for use as	Certification: To Be Completed by	25. Wes case referred to medicel exeminar? 1	Hospitel: 28e. Dete of Injury (Month, Dey) 28e. Plece of Injury building, etc.	ot 2 ER/Outpatie (Year) 28b. Time of Injury ry - At home, ferm, st (Specify) imy knowledge, deet examinetion end/or in	ent 3 DOA Of 28c. Inju M 1 treet, fectory, office	26. Pieca of De her: 4 □ Nursing I iny at rk?] Yes 2 □ No	1 Ye 24a. Was el perform 1 Ye ath (Check only on tome 5 Aeside 28d. Describe ho 28f. Location (St. City or Town	n eutopsy ned? s 2 No e) nce 6 Oth w injury occurr reet end Numb , Stete)	3 Probal 24b. Were eveils composed date of the composed of th	autopsy findin- autopsy findin- able prior to oletion of cause eth? Yes 22 No
certificate hes been signed by the ettending p rector, page 2 should be detached for use as	To Be Completed by	25. Wes case referred to medicel exeminar? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending investigation investigation determined 3 Sulcide 6 Could not 1 determined 29e. Certifier 1 Certifying Picture 1 Certifying Picture 2 Medical Exempton 2 Medical Exemp	Hospitel: 1 Inpatien 28e. Dete of Injury (Month, Dey 28e. Plece of Injury building, etc. hysician: To the best of miner: On the basis of	ot 2 ER/Outpatie (Year) 28b. Time of Injury ry - At home, ferm, st (Specify) 1 my knowledge, deet examinetion end/or in	ont 3 DOA Of 28c. Inju M 1 Treet, fectory, office	26. Pleca of De her: 4 □ Nursing I iry at rk? Yes 2 □ No ime, dele end plece opinion, death occidents.	24a. Was el perform 1 Ye ath (Check only on tome 5 Reside 28d. Describe ho 28f. Location (St. City or Town	n eutopsy ned? s 2 No e) nce 6 Oth w injury occurr reet end Numb , Stete)	3 Probal 24b. Were eveils composed the ser (Specify) er (Specify) red er or Rural Family and due to the ser of the se	oletion of cause eith? Yes 222 No Toute Number, a causa(s)
s been signed by the ettending p 2 should be detached for use as	edical Certification: To Be Completed by	25. Wes case referred to medicel exeminar? 1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending investigation investigation determined 2 Accident 6 Ould not 4 Homicide 29e. Certifler (Check only one)	Hospitel: 1 Inpatien 28e. Dete of Injury (Month, Dey 28e. Plece of Injury building, etc. hysician: To the best of miner: On the basis of	ent 2 ER/Outpatie (Year) 28b. Time of Injury rry - At home, ferm, st (Specify) imp knowledge, deet examinetton end/or in end.	ont 3 DOA Of 28c. Inju Wc M 1 Treet, fectory, office th occurred et the tinvastigetion, in my 29c. Licen	26. Pieca of De her: 4 Nursing I iny at rix?] Yes 2 No ime, dele end piece opinion, death occi	24a. Was el perform 1 Ve ath (Check only on tome 5 Aeside 28d. Describe ho 28d. Location (St. City or Town) e, end due to the ceurred at the time, de	n eutopsy ned? s 2 No e) nce 6 Oth w injury occurr reet end Numb , Stete) susse(s) end ma atta and place, a	24b. Were eveile composed of dear or Rural	autopsy finding able prior to lettion of cause eth? Yes 22 No
s been signed by the ettending p 2 should be detached for use as	Medical Certification: To Be Completed by	25. Wes case referred to medicel exeminar? 1	Hospitel: 1 Inpatien 28e. Dete of Injury (Month, Dey) 28e. Plece of Injury be de 28e. Plece of Injury building, etc. hyslclan: To the best of miner: On the basis of e end manner stet.	ot 2 ER/Outpatie (Year) 28b. Time of Injury ry - At home, ferm, st (Specify) imy knowledge, deet asxaminetlon end/or in ed.	ont 3 DOA Of 28c. Inju. M 10 treet, fectory, office th occurred et the tinvastigetion, in my. 29c. Licen D 4	26. Pleca of De her: 4 □ Nursing I iry at rk? Yes 2 □ No ime, dele end plece opinion, death occidents.	24a. Was el perform 1 Ve ath (Check only on tome 5 Aeside 28d. Describe ho 28d. Location (St. City or Town) e, end due to the ceurred at the time, de	n eutopsy ned? s 2 No s 3 No s 3 No s 4 No s 4 No s 5 No s 5 No s 5 No s 5 No s 6 No s 7 No	24b. Were eveile composed of dear or Rural	autopsy findin able prior to lettion of cause eth? Yes 22 No Route Number, a causa(s)
s been signed by the ettending p 2 should be detached for use as	Medical Certification: To Be Completed by	25. Wes case referred to medicel exeminar? 1 Yes 2 No 27. Menger of Deeth 1 Neturel 5 Pending investigation determined 3 Sulcide 6 Could not 14 Homicide 29e. Certifler (Check only one) 29b. Signeture end title of certifler 30. Name and eddress of person who	Hospitel: 1 Inpatien 28e. Dete of Injury (Month, Dey) 28e. Plece of Injury be de 28e. Plece of Injury building, etc. hyslclan: To the best of miner: On the basis of e end manner stet.	of 2 ER/Outpatie (Year) 28b. Time of Injury rry - At home, ferm, st (Specify) imy knowledge, deet examinetion end/or in ed.	ont 3 DOA Of 28c. Inju Wo Intreet, fectory, office the occurred et the trivastigetion, in my 29c. Licen	26. Pleca of De her: 4 Nursing I ry at ord? 1 Yes 2 No ime, dele end plece opinion, death occurs are number	24a. Was el perform 1 Ve ath (Check only on tome 5 Aeside 28d. Describe ho 28d. Location (St. City or Town) e, end due to the ceurred at the time, de	n eutopsy ned? s 2 No e) nce 6 Oth w injury occurr reet end Numb , Stele) susse(s) end ma ata and place, d dd. Dete signed	24b. Were eveils comported and due to the discontinuous and discon	autopsy findin able prior to lettion of cause eth? Yes 25 No Route Number, a causa(s)

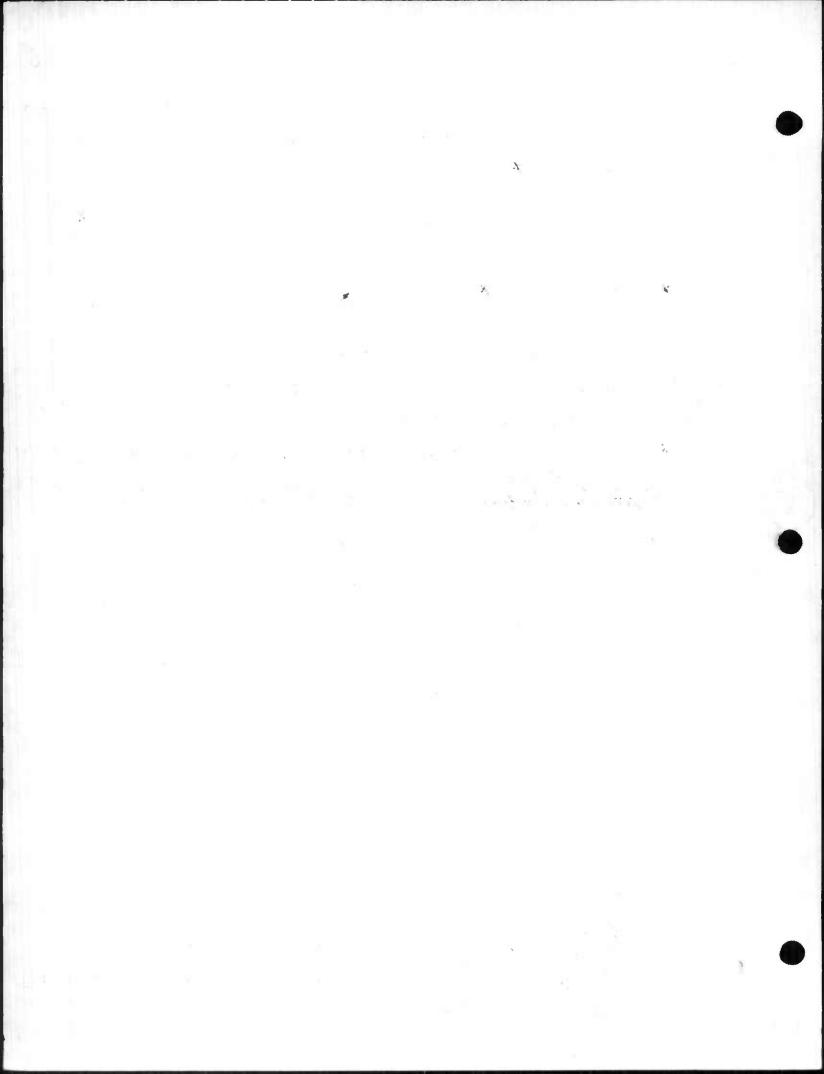
DHMH 16 Rev 6/95

the time of the transact transfer that make the retail

- Carlo (1871) - Salo (1881)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 3 | 236

sician edicai iminer	4e. Fecility Neme	nise	Tay L	ber)			4h City Town or	2. Dete of Dec Month October Location of Deeth	Dey 15	Yeer 1956	3. Time of Deeth
edicai iminer erai tor	5. Sociel Security I	If not institution, gi		ber)			4h City Town or	October	15	1956 3	2125 11
miner eral tor	5. Sociel Security I			ber)			4h City Town or				
tor	5. Sociel Security I	ichri	-				40. Oily, 101111, 01	Ecodion of Doon	4c. Count	y of Deeth	
tor			151	ente	25		TOWS			timor	
ctor	217 14		Sex 7 1 □ M 2 1 F	. Age (In yrs. I	ast birthday) Yrs.	If Under 1 Yea Months Dey:			h v. Year) 3.1959	9. Birthpleco Country) MARYI	e (Stete or Foreign
ctor	Usuel Residence of	T									
cto	MD.	10b. County			, Town or Loca						Inside City Limits
	HD.	N/A			BALTIM						12 Yes 2□No
듬	10e. Street end Nu				٠	10f. Zip Code			10g. Citizen of	Whet Country's	•
rai	4009 FO	RDLEIGH	-T	APT.	A.	212:			U.S. 0		
ů	11. Maritel Stetus		12. Wes Deced	es?	5. 13. W	es Decedent of Yes, specify Cu	Hispenic Origin? (ban, Mexican, Pue	Specify Yes or No- rto Rican, etc.)	14. Rai	ce - American lock, White, etc.	
þ	3 Widowed	ied 2 Married 4 Divorced	1 ☐ Yes 2 If Yes, Give Yeer or Dat		10	☐ Yes 2 No	Specity:		Specif	BLA	CK
Completed	(Spe	15. Decedent's E	ducetion rede completed)		16e. Decede	nt's Usuel Occu	petion during most of wa	ndrina	16b. Kind of B	usiness/indust	ry
jar	Elementery/Seco		College (1-4	or 5+)	life. Do	O NOT use retir	ed)	, and			
00	12TH		N/A		UNEME	LOYED			N/A		
Be	17. Fether's Neme		()					me (First, Middle,		ne)	
2								IA SKINI			
	19e. Informent's N			OMITED '			et end Number or R				
	MRS. GL		ILOR (M	OTHER)			LEIGH RI			ALTO.	
	4 Donetion	☐ Cremetion 3 ☐ 5 ☐ Other (Special		ete KIN	ece of Disposi metery, creme NG MEM	tion (Neme or etory or other pl I. PARI	10/18	Dete 3/96	20c. Location BALTIM		DAT TO
-	21. Signeture of Fu	nerel Service Lice	nseeT KWIS	T. GV	JYNN 22.1	Neme end Add	ess of Facility				
	Lou	in /	4			TEMIS	I. GWYI	IN FUNE			1215
	23a. Pert1. Enter t shock, or hee	he diseese, or com	polication that cau	sed the deeth	Do not enter	4517 I	PARK HE	GHTS AV	JE. B	ALTO.	MD . proximate erval Between
,	Shock, or nee	in fellure. List only	1							Un	iset end Deeth
	immediete Ceuse	(Final	(1	1	7.0	~ ~	eficie.		under	100	6
	disease or condition resulting in death)	n	e. 11V	70 Ln	nmu	ne U	211616	nay 37	1 ((1)	77-102	5 mon
je			H.	June to (or	es e conseque	ence of):	a dofici	ena. 1	/ivise		Jean
Examiner	Saguentially liet on	nditions	b		es e conseque		0 0 - 1. 01	/ /	1103	•	1
	Sequentially list co if eny, leeding to in cause. Enter Under Cause (Disease or	nmediete ortying		500 (0 (0.	00 0 001100400	3/100 017.					
Medicai	I thet initieted events		C	Due to (or	es e conseque	ince off:					
20	resulting in deeth)	Lest		200 10 (31	0 0 00.100400						
			d								
Sicient	Pert II. Other eignif	icant conditions of	contributing to deat	h but not resul	ting in the und	edvino cause o	iven in Pert I	23h Did to	nbacco usa co	ntribute to the	cause of death
Physician						,		101			y 4 Unknow
by									70		,
								24e. Wes		24b. Were a	autopsy findings
Completed								perfor	med?	comple of deet	ole prior to etion of ceuse th?
E								1 D V	es 2 No	1 🗆 Ye	
O	25. Wes cese refer	red to medical						1 U Y	7.50	1016	s 2 No
0 0	exeminer?		Hospitel:	-tit 005	D/O. t ti t	20 DOL OI	her:	eth (Check only or	7		11 .
F	27. Menner of Deet		28e. Dete of	njury 2	R/Outpetient 28b. Time of	3 DOA 28c. Inju		Home 5 ☐ Resid		er (Specify)	Hagpice.
tio	1 Neturel 2 Accident	5 Pending investigation		Dey Year)	Injury		ork?]Yes 2□No				
E C	3 Sulcide	6 Could not b	289. PIBCB OF	Injury - At hon	ne, ferm, stree	t, factory, office		28f. Location (S	treet end Numb	per or Aural Ao	ute Number,
Certification:	4 Homicide		building,	etc."(Specify)				City or Tow	n, Stete)		
100	29a. Certifler	Certifying Ph	yelclan: To the be	st of my knowl	ledge, death o	ccurred et the t	ime, dete end plece	e, end due to the c	euse(s) end ma	anner as stetec	1.
100	(Check only one)	2 Medical Exam	niner: On the basis end menner	s of examinetic	on end/or Inves	stigetion, in my	opinion, death occu	urred et the time, o	ate end plece,	end due to the	cause(s)
odica	THE STATE OF THE S	title of certifier	. /	1 1		29c. Licen	se number	2	9d. Dete signe	d (Month, Dey,	Year)
Medical	29b. Signature and		1 //	//		0-	1-105	-		-1-	
	29b. Signature and	14.11	6/	1	uno	11	1 0.4		10 11	19/	
	14	Hn12	my fh	ly r	mo	10	15 203		10/13	196	
	29b. Signature and 30. Name and address	Hn12	completed cause	death (Item 2	Messace .	Int)	25 203	,701	NCA	196	Q 0-



96-5681-510 BKS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27,28a-f, State of Maryland / Department of Health and Mental Hygiene 96 3 | 237

PER	MEO	FILM G-740 10/18/96 t	.t	Certificate	of Death		Reg. No.	0 01	201
Phys		Decedant's Nama (First, Middla, L DANIEL TILLM				2. Data of D Month	eath Day	Yaar	Tima of Death
/Med Exam		4a. Facility Nama (If not institution, g			4b. City, Town, or	OCTO Location of Dea			:40 PI
H ST		629 FRANKLI	NTOWN ROAD		BALTI	MORE	1	1/19	
Funera Directo	_	5. Social Sacurity Number 6. 217-79-4239 Usual Rasidance of Dacedant	Sax 7. Aga (In yrs	(s) last birthday) If Undar 1 Months Yrs.	Yaar If Undar 24 Hrs Days Hours Mir		irth Pay. Yaar	9. Birthplaca y country)	(Stata or Foraig
dand w		10a. Stata 10b. County	10c. C	City, Town or Location				10d. In	nsida City Limits
Baltimore, Maryland 21215-0020 Jemit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Physiene. Important: If Item 27 is marked other than "natural", or flems 23a or 28a-f show any injury or other traumatic event, the Modeal Experient natural parallel at	Director	10e. Street and Number	A E	3A 1 11 MOR	5		10g. Citizan of	1	Was 2□No
3a or	0	1179 Inn	Alon Journ ?	R12.	21216		11.0	2.2	
deatl	Funeral	11. Marital Status	12. Was Decedant Evar in Armad Forcas?	U.S. 13. Was Daceda	nt of Hispanic Origin? (S Cuban, Maxican, Pua	Specify Yas or N	10- 14. Rad	ce - Amarican in	dian,
of the	F	1 Navar Marriad 2 Married		1 Tas, specing		no Hican, atc.)		ck, Whita, atc.	1/
21215-0020 d within 72 hours efter giene. rr than "natural", or te	d by	3 Widowed 4 Divorcad	Yaar or Datas:	10100 20	e ito specify.		Specif	DLAC	
15-172 h	ete	15. Decedant's to (Specify only highast g		16a. Dacedant's Usuai (Giva kind of work	dona during most of wo	orking	16b. Kind of B	usinass/Industry	
within within than "r	Completed	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)	lifa. PO NOT usa	2112 Trun	/	Bu	PINIC	
D High	Ö	17. Fathar's Nama (First, Middla, Las	ot)	CUIVII	18. Mothar's Na	ma (First, Middl	a, Maidan Suman	nal	
Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic event	To Be	11/11/2511	Tillman/		92ma	1 or 7	m 156	,	
laryla 2 should and Men is marks aumatic	1	19a. Informant's Name/Ralationship	(Typa, Print)	19b. Mailing Addrass (Straat and Number or F	Rural Routa Num	bar, City or Town,	Stata. Zip Code	()
e, Mand 2 1 and 2 Heelth a m 27 is ther tra		11/11/2011 1	1/man/	140090	nGIPH 157.	Ball.	mo.	7121	7
or He		20a. Mathod of Disposition		Place of Disposition (Name camatary, cramatory or other	of project	Data	20c. Location	City or Town, S	tata
Illimore, nit. Pages 1 ar artment of Hee ortant: If item? injury or other		1 Burlal 2 oramation 3 4 Donation /3 Other (Space		nT. Tens	/15m	10/10/96	Inhat.	MINNS	mo.
Baltim Bermit. Pag Department Important: I any injury o	à	21. Signature of Juneral Service Lice	enseg/	22. Mame and	Encility A	THERE	Donne	T.A	1.///
m & BES		> Vant 1 91	by 1	Sany	MACH	192	4217	שת חוש	220
		23a Pan Diley Inu disaasa, or cof	nplications that caused the des	th. Do not antar the mode	of dylng, such as cardia	ac or raspiratory	arrant,	Appr Appr	oxignate val Between
 Physician		anockyor man failura. List only	y ona causa on aach lina.					Onse	val Between et and Death
/Medica	ı	Immadiata Causa (Final disaasa or condition	COCAINE INTO	OXICATION					
Examine		rasulting in death)	a	(or as a consequence of):					
70 .≅	ner							1	
, BOX 68760, death certificate be executed e attending physician and ad for use as the bunal-trensit	Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Ceuse (Disease or injury	b. — Dua to ((or as a consaquance of):					
68760 ficate be el physician is the bun	Medical	that initiated evants rasulting in daath) Last	C Due to (or as a consaquance of):					
x 68		3000 Mil 1900 / 3000							
BOX eath ce attendir	Physician		d						
15, P.O. less that the designed by the a	yslo	Part II. Other significant conditions	contributing to death but not ra	sulting in the underlying cau	sa givan In Part I.	23b. Dfc	l tobacco use co	ntribute to the o	ause of death
hat the ed by detac						1	Yes 2□ No	3 Probably	42 Unknow
Hecords, P.O ne law requires that the shas been signed by th ge 2 should be detach	d by					040 1440		24h Ware au	topsy findings
cord v require been si should I	Completed					peri	s an autopsy formed?	available	prior to
The law ate has b	d m							of death'	1
= = = = =						1/2	Yas 2□No	1 Yas	2□ No
Of VITal Physicien: Th this certificate ral director, pag	Be	25. Was casa ratarred to medical axaminar?	Hospital:		Other	ath (Check only	ona)		
0 = = 6	. To	1 ☐ Yas 2 ☐ No 27. Mannar of Death	1 L Inpatiant 2L	ER/Outpatiant 3 DOA 28b. Tima of 28c	4 U Nursing I	1 00	how Injury occur	ar (Specify)	
UIVISION Hospital or Attending B 24 hours after death. Funeral Director: After etely filled in by the funer	Certification:	1 □ Natural 5 □ Panding 2 □ Accidant Invastigation	28a. Data of Injury (Month, Day Year) 10-4-96	Injury p M	Injury at Work? 1 ☐ Yas ♣ No	UNKNOWN	now injury occur	160	
Attend ar death ector: by the	Hos	3 ☐ Sulcida 6 🔀 Could not b	28a. Place of Injury - At h	noma, farm, straat, factory, o	ffice	28f. Location	(Streat and Numb	per or Ryral Roul	e Number,
S S S S S S S S S S S S S S S S S S S	Cert	4 ☐ Homicida	building, afc. (Speci FOUND: HOME				ORE, MD.	PRANKLINI	UWN KU.
To the Hospital or A within 24 hours after To the Funeral Direc completely filled in b	edical	29a. Certifiar 1 Certifying Pl	nysician: To the best of my kno	owledga, daath occurred at	the time, data and place		(-)	annar as stated.	(-)
the H in 24 the Fi	8	The second secon	miner: On the basis of examine and manner stated.			urred at tha tima	, data and placa,	and dua to tha c	ausa(s)
With To T	Σ	29b. Signature and will of certifier			icansa number			d (Month, Day,)	
\sim			2		O.C.M.E.		OCTOBE	R 5, 19	996

State Registrar

PENN STREET, BALTIMORE, MARYLAND 21201

31. Data filed (Month, Day, Year)

OCT 1 8 1996

A TENEDO SERVICIO The state of the s

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

FILM 6-740° 10/18/96 t.t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1. Decedent's Nama (First, Middle, Last)

2. Date of Daath

			20, 20, 30 020	Certificat	e of Death	Re	g. No.	01400
	Dhoole		1. Decedent's Nama (First, Middle, Last)			2. Date of Daath Month	1	3. Time of Death
	Physic /Medi		ANN ELIZABETH	1 HOMAS		OCT 1	Day 1996	05:50 AM
)	Exami		4a. Facility Nama (If not institution, give street and		4b. City, Town, or t	ocation of Death	4c. County of Deal	
		, .		LOSPITAL	BALTI	nore	City	N/A
	Funeral Director		5. Social Security Number 227-30-3243 Usual Residence of Decedent	7	r 1 Yaar if Undar 24 Hrs. Days Hours Min.	8. Data of Birth (Month, Day, 5ept. 17,	Year) 9. Bird	thplace (State or Foreign ountry)
	ta da		10a. Stata 10b. County	10c. City, Town or Location				10d. insida City Limits
	eath with the Marylar ns 23a or 28a-f show must be notified at	ō	MD. ATTY N/	A BALtimo	A.			1 Yas 2 No
	28a Dott	Director	10e. Street and Numbar	101. Zip		10	g. Citizen of What Co	ountry?
	T S N		4/00 So. F	BenTALOU ST.	21223		1).5	A.
	har death Harris 2 Iber mun	Funeral	11. Marital Status 12. Was	Decedent Ever in U.S. 13. Was Decedent	dent of Hispanic Origin? (S)	pecify Yas or No-	14. Raca - Ame	pricen Indian,
21215-0020	ours after raf, or its Examine	by	1 Never Married 2 Married 1 Yes	d Forces? If Yes, specials 2 No., Give 1 ☐ Yes or Dates:	cify Cuban, Maxican, Puerti	Rican, atc.)	Black, Whit	a, atc. Unite
9	72 ho	Completed	15. Dacedent's Education	16a. Decedent's Usua	al Occupation	10	6b. Kind of Business/	Industry
21	The Par	ple	(Specify only highest grade completed and the co	ga (1-4or 5+)	ork done during most of works retired)	king	, ,	1
	od wild and	Con	10th -	Home	maker		own +	lome
2	Nert State	Be (17. Father's Name (First, Middla, Last)	11:10:-	4	na (First, Middle, M.	aiden Sumame)	
ува	Man	Lo	Henry WI	lliams	Oliv	e 6	raves	
Maryland	2 sh and send		19a. informant's Name/Relationship (Type, Print)	19b. Mailing Addrass	(Street and Number or Ru	ral Route Number,	City or Town, State, 2	Zip Code)
more, N	Pages 1 and ent of Health nt: If Item 27 ry or other tr		PATRICIA WILLIAM 20a. Method of Disposition 1 XBurial 2 Cramation 3 Removal fl 4 Donation 5 Other (Specify)	om Stata 20b. Place of Disposition (Nar cemetery, crematory or of Western Ceme		0/44	fimore Oc. Location - Cify or Baltimore,	
Batti	utage .		21. Signature of Funeral Sarvica Licensee		nd Address of Facility	09 2	, dioinore,	Md.
ñ,	Wall a		b (ball is 10	An an annual		ECOE >	STREET	
	-		23a. Part 1 Enter the disease, or complications the		AN Funeral Ho			Approximata interval Between
	Physician Medical personned Medical Medical Medical purpose Medical purpos	edical Examiner	immediate Cause (Final diseasa or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as a consequence of): SUPOLY Due to (or as a consequence of): VET LO i CUV + Dua to (or as a consequence of):	conary ever	diseo	u. se. and failu	Onset and Death
. 20	death certif	Physiclan/M	Part ii. Other significant conditions contributing to	o death but not resulting in the undarlying c	ause given in Part I.		/	to the cause of death?
necords,	aw requir as been s 2 should	Completed by				24a. Was an performe	ed?	Were autopsy findings available prior to completion of causa of death?
-	ysician: The I s certificate he director, pege	Con				1 ☐ Yes	2 No	1 Yas 2 No
=	certificate	Be	25. Was casa referred to madicel examiner?		26. Place of Dea	th (Check only one)	
5		2	1 Yas 2 No Hospital:	☑npatient 2☐ ER/Outpatient 3☐ DO		ome 5 Residen	ce 6 Other (Spec	cify)
	ding P. After ti funera	:uo	27. Manner of Death 1 Natural 5 □ Pending (M	ate of injury 28b. Tima of 2 injury 2	8c. Injury at Work?	28d. Dascribe how	/ injury occurred	
DIVISION OF VITAL	l or Attending Physician: efter death. Director: After this certifica d in by the funeral director,	ertification:	2 Accident investigation 3 Sulcide 6 Could not be determined 28e. P	aca of injury - At homa, farm, street, factory silding, etc. (Specify)	1 Yes 2 No	28f. Location (Stre City or Town,	eet and Number or Ru State)	ural Route Number,
	To the Hospital or Attending Ph within 24 hours elact death. To the Funeral Director. After th completely filled in by the funeral	edical Co	2 Medical Examiner: On th	the best of my knowledge, death occurred a basis of examination and/or investigation, nannar stated.	at the time, data and placa, in my opinion, death occur	and dua to the cau red at the time, dat	usa(s) and manner as e and place, and due	stated. to the cause(s)
	To th To th comp	Me	29b. Signatura and title of certifiar	M.D. 290	2246.	290	d. Date signed (Month	h, Day, Year)
	11	- 1	00 No.					

State Registrar 30. Nama and address of person who completed ceusa of death (item 23a) (Type, Print)

ACISHER N. ALBAROV 900 Co. Von AVR, Mol Live ove, 140.

31. Date filed (Month, Day Year)

OCT 1 8 1996

January Contact

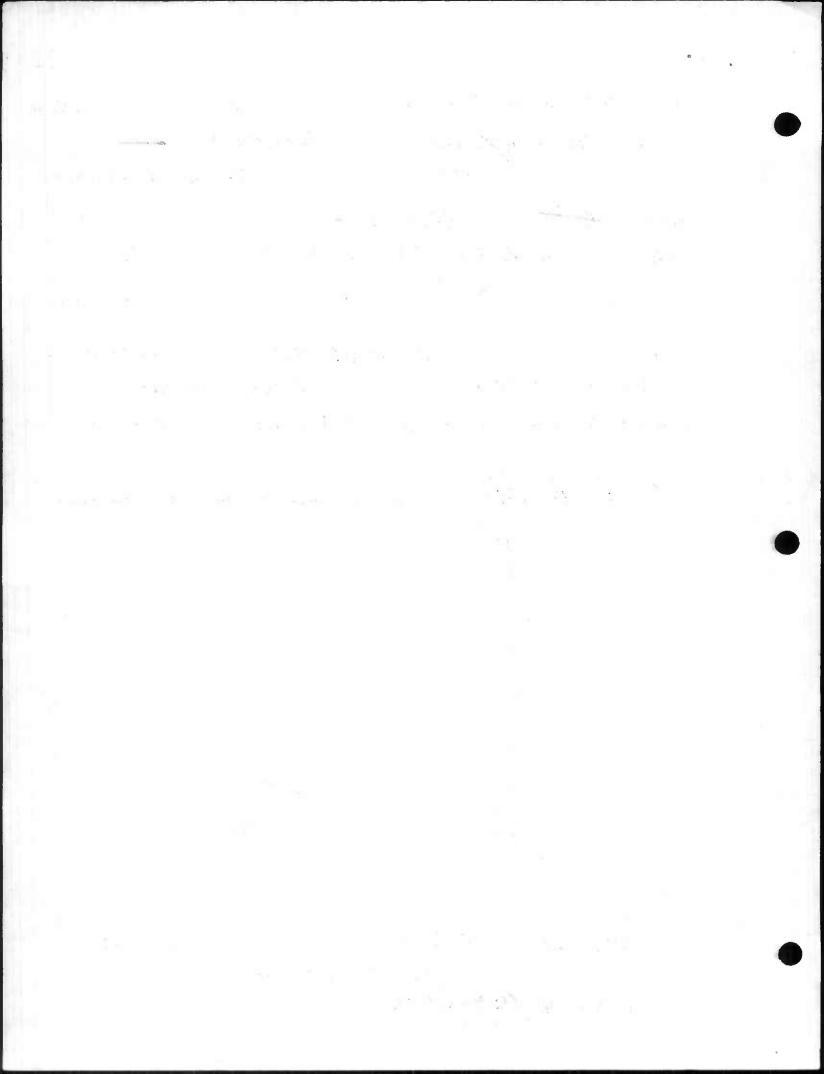
Actually 1996

January Contact

Actually 1996

January Contact

OCT 1 8 1996

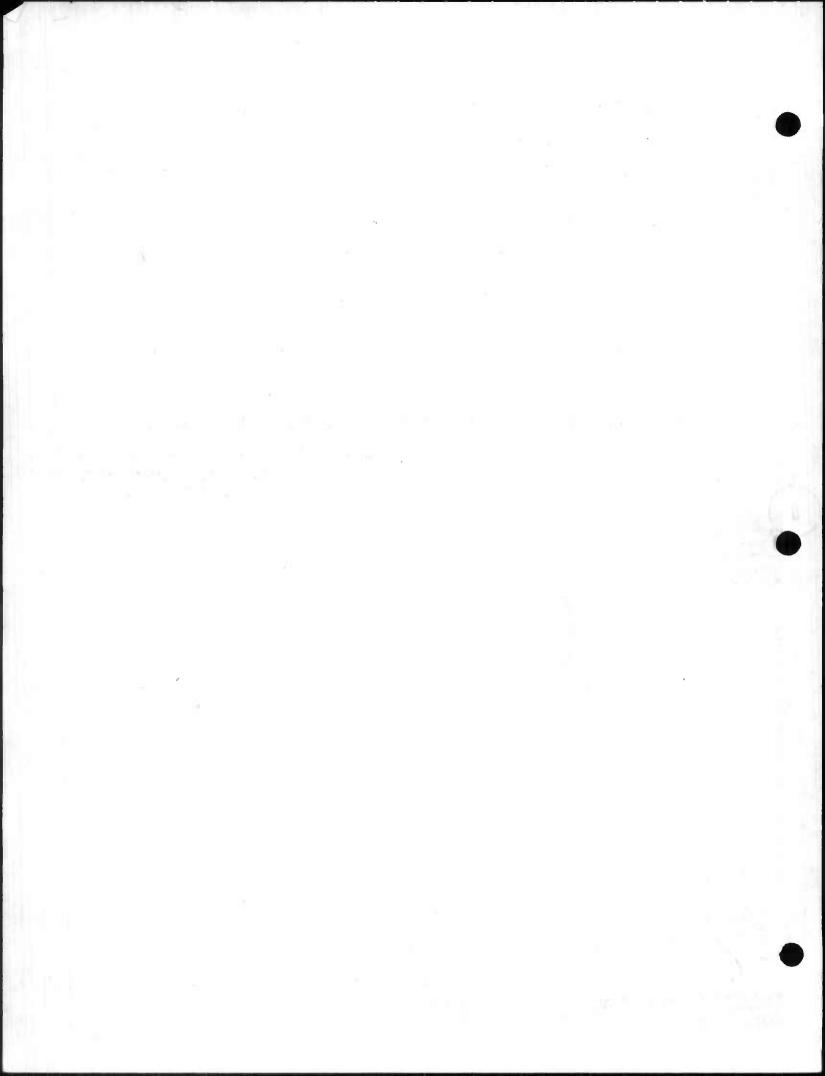


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Dacedent's Name (First, Middla, Last) 2. Date of Death **Physician** WHITE Month JOHN 9:10 am OC7 /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTI MORE 2903 PRESSMAN If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

Dec. 25 1914 SOUTH CAROLINA 5. Social Security Number 7. Aga (In yrs. last birthday) 81 yrs 9. Birthplace (Stefe or Foreign **Funeral** 237-22-6365 Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d, toside City Limits man be notified at Director 1 X Yes 2 □ No MARYLAND N/A BALTIMORE CITY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 2903 PRESSTMAN STREET U.S.A. 21216 Funeral itams . 12. Was Decadant Ever in U,S. Armed Forces? 1 ☐ Yes 2 (M) Yo It Yes, Give Year or Dates: 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours aftar 1 Never Merried 2 Marriad altimore, Maryland 21215-0020 1 ☐ Yes 2 X XIo Specify: þ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest greda completed) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 7th grade TOW TRUCK OPERATOR TRUCKING permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Nem 27 is marked other any Injury or other treumetic event other. 17. Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Sumeme) Be John White unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Virgil White/Wife 2903 Presstman St. Baltimore, Maryland 21216 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stata 1 XXX inal 2 Cremation 3 Removal from State ARBUTUS MEMORIAL PARK 4 ☐ Donation 5 ☐ Other (Specify) 10/21 Baltimore, Maryland 22. Name and Address of Facility WILLIAM C. BROWN COMMUNITY F/H 21. Signature of Funeral Service Licenses 1206 W. NORTH AVENUE 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immadiate Cause (Final CARDIAC

Due to (or as e consequence of): ARRHYTHMIA disease or condition resulting in death) **Examiner** MYOCARDIAL ISCHEMIA The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last Dua to (or as a consequenca ot): P.O. Box 68760, PERTENSION Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown (HEMORRHAGE) Records, þ 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? ALZHEIMERS / DEMONTIA this certificate has 1 Yes 2 ₽No 1 Yas 2 No Division of Vital or Attending Physician: Be (25. Was case reterred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 1 Yes 2 No 2 in by the funeral 27. Manner of Death 28a. Data of Injury (Month, Dey Year) 28c. injury at Work? Medical Certification: 28b. Tima ot 28d. Dascribe how Injury occurred After 5 Pending investigation 1 Neturel death. 1 Yes 2 No 2 Accident 4 hours after death Funeral Director: 6 Could not be determined 3 Suicide 28e. Plece of tnjury - At home, farm, street, factory, office bullding, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signatura and title of cartifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 730272 mule 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 700 WASHINGTON BLUD BALTO MD 21230 MILLER 2 Registrate Signature State Registrar



MT.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician	
/Medical	
Examiner	

1. Decedent's Neme (First, Middle, Last)

WILLIAM ERNEST 4a. Facility Neme (If not Institution, give street and number) WILHELM

2. Dete of Death OCTOBER

3. Time of Deeth 9:05 PM

1776 EASTERN BLVD. 214-48-0846

4b. City, Town, or Location of Death

Essex

If Under 24 Hrs.

DY 1996 BALTIMORE

Funeral Director

"natural", or items 23a or

traumatic event, the Medical

other 1 or other Be

merked other than

Hygiene.

Peges 1 end 2 should be nent of Health and Mental

Health a

important: If its any injure

Physiclan /Medical

Examiner

the

the bed

ate has been signed by page 2 should be detec

certificate has

this

After

Director:

To the Hospital of within 24 hours of To the Funeral D completely filled

death.

filled in by the funeral

Attending Physician:

ò

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Physician/Medical Examiner

þ

Completed

Be

2

Certification:

Medical

the Maryland r 28a-f show

With

death

filed within 72 hours efter

more, Maryland 21215-0020

Usual Residence of Decedent 10e Stete Completed by Funeral Director

10b. County Maryland Baltimore 10c. City, Town or Location

7. Age (In yrs. last birthday)

48

8. Dete of Birth **Jan.** 15, 1948 Hours

9. Birthplece (State or Foreign Maryland

10d. Inside City Limits

Essex

Vrs

10e. Street end Number

10f. Zip Code 21221

If Under 1 Year

Deys

Months

1 ☐ Yes 2DXNo 10g. Citizen of Whet Country?

1612 Doolittle Road

12. Wes Decedent Ever in U,S. Armed Forces? 1 12 Yes. 2 □ No Army If Yes, Give Yeer or Dates; Vietnam 1 ☐ Never Married 2 ☐ Married 3 Widowed 4 Divorced

1**X** M 2□ F

 Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Yes 2 No

14. Rece - American Indian. Bleck, White, etc. Specify: White

U.S.A.

Trucking Company

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12)

College (1-4or 5+)

 Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) Truck Driver

16b. Kind of Business/Industry

17. Fether's Neme (First, Middle, Last)

Ernest Wilhelm

18. Mother's Neme (First, Middle, Meiden Sumame)

Anna Foster

19e. Informant's Name/Reletionship (Type, Print)

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Frances R. Fischer

(SISTER)

327 Magnolia Terr. 20b. Place of Disposition (Name of cemetery, cremetory or other place)

Essex, Md. 21221 20c. Location - City or Town, Stete

20e. Method of Disposition

1 Burlel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

Crownsville Md. VA Cem.

10/21/1996 Crownsville, Md.

21 Signeture of Funeral Service Licenses

Bruzdzinski Funeral Home P.A.

23a Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or hear failure. List only one cause on each line.

1407 Old Eastern Avenue Essex, Md. 21221 Approximete interval Between Onset and Death

immediate Cause (Final diseese or condition resulting in deeth)

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in death) Lest

Due to (or es e consequence of):

Due to (or es e consequence of):

Pert il. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the cause of death?

1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown

24a. Was an eutopsy performed?

24b. Were autopsy findings aveileble prior to completion of cause of deeth?

2 No

25. Wes case referred to medical ty Yes 2 No

27. Menner of Death 1 Neturei 2 Accident

3 ☐ Suicide

4 Homicide

5 Pending Investigation 6 Could not be determined 28a. Dete of injury (Month, Day Year) 0-15-96

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 26b. Time of Injury 934

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. injury et Work? 1 Yes

Other: $_{4}\square$ Nursing Home $_{5}\square$ Residence $_{6}$ MOther (Specify) $_{5}$ STREET 28d. Describe how injury occurred

26. Piece of Deeth (Check only one)

Edestrian strukby outo Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certified

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as stated. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and menner steted.

29b. Signature and title of certifier

ARON

29c. License number

O.C.M.E.

of person who completed ceuse of deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

31. Dete filed (Month, Day, Year) State Registrar

001T 0 1776

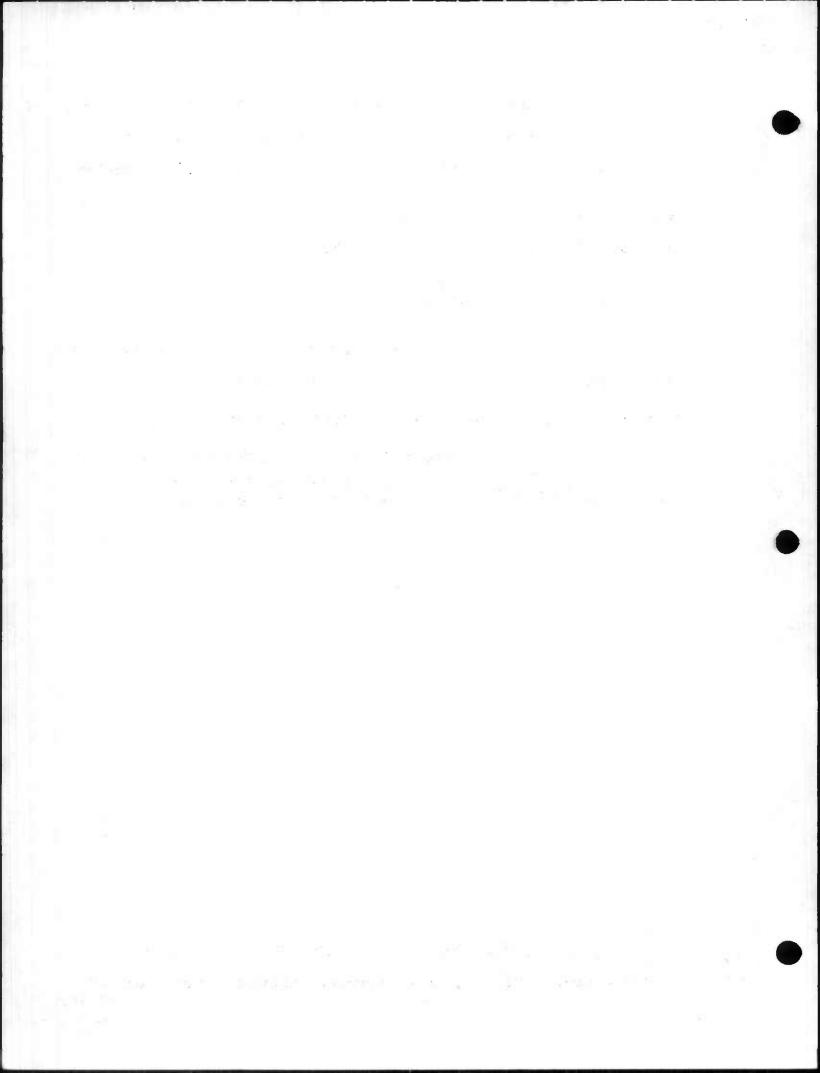
32. Registrer's Signature

DHMH 16 Ray 6/95

OCTOBER 16,1996

29d. Dete signed (Month, Day, Year)

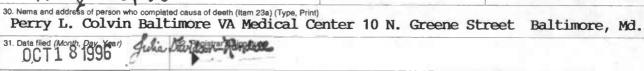
1776 Eastern 15/10



State of Maryland / Department of Health and Mental Hygiene 96 3124

								Certificate o	f Deatl	h		Reg. No.	50	01271
	Physic	ian	1. Decedant's Nama (Firs								2. Data of De		Year	3. Time of Death
ı,	/Medi	cai	Ronald A 4a. Fecility Nama (If not in	lfred					Ab Ciby T		October ocation of Daath		1996	7:30 AM
1	Exami	ner	Baltimore Re				ed Ca	re Center		Ltimo		4c. Couri	ty of Death	
	, Funerai Director		5. Social Sacurity Number 214-44-3525		Sex IXM 2□ F	7. Aga (In yr. 50		hday) If Undar 1 Ya Months Day		or 24 Hrs. Min.	8. Data of Birt (Month, Da: Oct. 19	, Year) , 1945	9. Birthp Coun	place (Stata or Foreign stry)
	and ***		Usual Residence of Dece 10a. Steta 10b.	dent County		10c. C	City, Town	or Location					1	0d. Inside City Limits
	Maryl Fisho	tor		ltimo	re			lle River						1 ☐ Yas 2 🛣 No
	or 28s	Director	10e. Street end Number					10f. Zip Code)			10g. Citizen of	What Cour	itry?
	ath w	rai [323 Darkhead	Road				212				U.S.A	۸.	
21215-0020	in 72 hours after death with the Maryland "naturel", or items 23s or 28s-f show fedical Experient result be inclined at	by Funeral	11. Marital Status 1 Never Married 2 3 Widowed 4 D		Armed F	cadant Ever in forces? 2 No liva Datas: 1963		13. Was Decedent of If Yas, specify C			ecify Yes or No- Rican, etc.)		ice - Americ ack, Whita, in: Whit	atc.
15-0	72 h	eted	15. D (Specify only	ecedant's Ed	ducation ida complatad)	16a.	Decedant's Usual Occ (Giva kind of work dor lifa. DO NOT usa rati	upetion a during mo	st of work	ing	16b. Kind of I	Business/Inc	dustry
712	than a	Completed	Elementery/Secondary	0-12)	Collega 2	(1-4or 5+)		ilifa. DO NOT usa rati Policeman	red)			State	Gover	nment.
Maryland 2	Permit. Peges 1 and 2 should be filed Depertment of Heelth end Mental Hygis Important: If Item 27 is marked other any injury or other traumatic event, and 2016.	To Be Co	17. Fathar's Name (First, I Hugh M. War	_ '							A (First, Middle,	Maidan Suma		
lan	end N is ma	_	19e. Informant's Name/Re		,,,,,			Meiling Addrass (Stra						
	l and leelth im 27 ther tr		Maryann K. 20a. Mathod of Disposition		(WIFE)	204	_	323 Darkhei Disposition (Nama of	ad Roa	id M				
nor	ant of h		1 ☐ Burial 2 ☐ Cran	nation 3 [State	cematery	cont Cremat		Oct 1	Data	20c. Location		
Banimore,	mit. Poertme cortan Injur		4 Donation 5 0							4			iore r	м.
m'	Depending of the party of the p		Men 8	Se	regly	lasti		22. Neme and Add Bruzdzins 1407 Old					C FM	1221
			23e. Pert1. Entar the disa shock, or heart failur	asa, or com a. List only	plications that one ceusa on	caused the dae	eth. Do n	ot enter tha moda of d	ylng, such e	s cardiec o	or raspiratory ar	rest,	PAG. Z.	Approximata Interval Between
'n	Physician /Medicai										5	1		Onset and Death
	Examiner		Immadiata Causa (Final diseesa or condition resulting in death)		e. Prob			nary Embol:	ism		" The	7	M	inutes
	D 5	ner			Coma		(or as a c	onsequanca of):			13 3	100	1	8 Years
	certificate be executed rding physician end use as the burial-transit	Examiner	Sequantiatly list conditions if any, laeding to immedia causa. Enter Undarlying		b		(orasa c	onsequance of):			N. S.			o rours
68760,	be ex sician burlal	E	causa. Enter Undarlying Causa (Disaasa or injury that initieted avants	٠ ا	C				A		100			
	E 0 6	edicai	resulting in death) Last			Dua to (or as a co	onsequance of):	// \	1 5	E.			
30X		an/M			d		<u></u>		+	3				
0.	iras that the deeth signed by the atte d be detached for	Physician/	Part II. Other significant c	onditiona c	ontributing to d	laath but not ra	suiting in	the undarlying causa	given in Part	No.	23b. Did t	obacco usa c	ontribute to	the cause of death?
0_	ed by detac		Close Head	Injury	, Recu	rrent 1	Pneun	nonia,		,	101	es 2 No	3 □ Prob	pably 4 Unknown
Division of Vital Records,	been shoul	Completed by	Recurrent U	rinary	y Tract	Infect	tion,				24a. Was a	in autopsy med?	cor	ara autopsy findings Litable prior to repletion of causa death?
Re	The star h	Com	Contracture	Of Lo	wer Ex	tremiti	ies				1 D Y	as 2 XNo		Yas 2 No
/Ita	nysician: This certificata	Bec	25. Was casa rafarred to n axaminar?	nedicai					26. Plac	a of Death	(Check only o	na)		
0	2 00	-T	Yas 2 No 27. Manner of Death	- 8			1	pelient 3L DOA		- Y	ma 5 Rasid)
O	Attending Physician: or death. ector: After this certific by the funeral director,	Certification:	1 Naturai 5 🗆	Panding nvastigation		oth, Day Year)		jury W	ork? □Yes 2.2		Fell Lo	m lad		
N N		tifica	3 Suiclda 6 □	Could not be detarmined	28a. Place		noma, farr	m, street, factory, offic	9	1		treet and Num		Routa Number
ב	urs aft rel Di				Ho	me				40	323 DA	th cac	1 Ra	. Perry my
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edicai	29a. Cartifiar 1 XCe (Check only one) 2 Me	rtifying Phy dical Exam	iner: On the b	a best of my knows as so of axamination of axamination of axamination of axamination of the state of the stat	owiedga, ation end	death occurred at the or invastigation, in my	tima, date er opinion, dat	nd place, a ath occurre	and dua to tha dead at tha time, o	eusa(s) end m ete end piace	annar as st , and dua to	ated. tha ceuse(s)
	To the within 2 To the comple	Me	29b. Signeture end title of	certifiar				29c. Lica	nsa number		2	9d. Deta signo	ed (Month, L	Day, Year)
			Huy	W	w	SWE) (D325	548			Octob	er 16	,1996

State Registrar

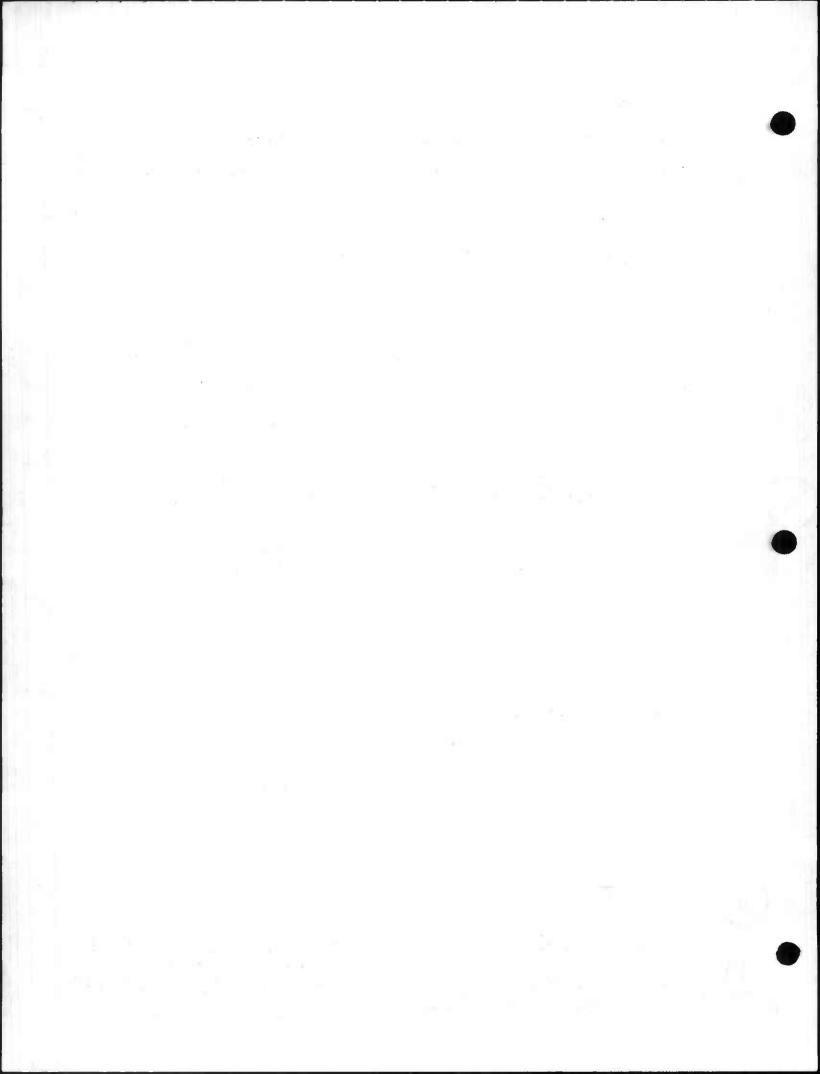


" who will said " CESTIC (AC

State of Maryland / Department of Health and Mental Hygiene Q C

Dhualalan	_	4. December 11 - Name of First Address 1	at .		Certificat	COIL	Joann		lag. No.	-	
Physician	n	1. Decedant's Name (First, Middle, Las		200				2. Date of Dea Month	Day	Year	3. Time of Daath
/Medica	-	HERBERT 4e. Factlity Name (If not institution, give				141	b. City, Town, or Loc	1 O	150000	1996	3:43 pm
Examine	r	SINAI HOSPITA		ALTIP	ORE		BALTIMO		4c. County		1002E
Funeral Director		5. Social Security Number 2/2-/0-/9/ Usuat Residence of Decedent	M 2□ F 7.7	Age (In yrs. last	Yrs. If Under Months		Hours Min.	8. Date of Birth (Month, Dey Ju N G	(Year)	9. Birthpla Countr	ce (Stete or Foreign
yland		10a. State 10b. County		10c. City, To	own or Location					100	d. Inside City Limits
Ba-f si	200	md. NA		Dal	timor	8					1 Yes 2 No
ifter death with the Ma r flems 23s or 28s-fs inter must be notified.		10e. Street and Number	0 = 1	- 0-0	#2 101. Zip	Code	15	1	Og. Citizen of	-	y?
re 23	erai	11. Maritet Stetus	12. Was Deceder	nt Ever in U.S.	13. Was Deced	dent of His	spanic Orlgin? (Spe	cify Yes or No-	14. Bac	a - America	n Indian.
or. o	2	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces 1 Yes 2 D If Yes, Give Year or Dates	No.	If Yes, spec		spanic Orlgin? (Spent, Mexican, Puerto F Specify:	Rican, etc.)	Bla Specifi	ck, White, et	
natural', deal Ex	Completed	15. Decedent's Edu (Specify only highest gred	ucation fe completed)	16	a. Decedent's Usua (Give kind of wo	al Occupa	tion uring-most of working	ia l	16b. Ktnd of B	usiness/Indu	stry
within ene. than	Ē	Elamantary/Secondary (0-12)	Collega (1-4o	r 5+)	WILDONOTUS		uring most of working	TOO	Com	254	, pyArd
Hygie other		77, Father's Name (First, Middle, Last)			QUIPIN	1000	18. Mother's Name				1421.1.
d 2 should be filed within 72 h th and Mental Hygiene. 7 is marked other than "natur traumatic event, the Med call To Be Commissed	0	KOBERT J. W	iggin	5		1	NOVEIL	A U	liggins		
and halls ma		19a. Informant's Name/Relationship (7)	vpe, Print))	- 1	(Street e	nd Number or Rural	Route Number	, City or Town,		
f Health fem 27 other tr	-	MNThia M.	Ibeahin		of Disposition (Nen	amb	sia Pike	#314	Arling		+ 55509
or it of	1	20a. Method of Disposition 1 Burlat 2 □ Cremation 3 □ F	Removal from Stat	e v oeme	tery, cremetory or o	ther piece		Date). 19-96	20c Location	City or Tow	n, State
ortant: Injury 8	1	4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service License		KING	22. Name en		and Carille	11	Kano	1	0000 11 6
Depa Impo any l		Showard	X 30	(1)	Mari	F	No era	Home	- We	T 2	N 21216
	7	3a. Part1. Enter the disease, or comp shock, or heart failure. List only o	lications that cause	ed the death. D		e of dying	, such es cardiac or	respiratory arr	est,	10 (Approximate ntarval Between
hysician Medical xaminer	10	Immediate Cause (Final disease or condition resulting in death)	A		DBIC E	EMP	YEMA			1	Onset and Death
n and tal-transit Examiner		Sequentially list conditions, if any, leading to immediate	b	Dua to (or as	a consaquence of):	<u> </u>					
		Cause (Disease or injury	ō.								
- I W		that initiated events resulting in death) i.ast		Due to (or as	consequence of):						
E - 129			d								
d by the attendal letached for use	100	Part II. Other significant conditions cor	ntributing to death	but not rasulting	In the underlying or	ause give	n in Part I.	23b. Did to	bacco use co	ntribute to t	he cause of death?
200	5	ANERIA, HYPE	ETENS	ion,	CVA,	DE	MENTIA	1 U Y	●● 2□No	3 Proba	bly 4 Unknown
vate has been signed by the page 2 should be detached.	Paradia	CONGESTIVE HE	ATET FA	IWE	, ATRIA	L		24a. Was a perfori		avail	a autopsy findings able prior to pletion of cause ath?
cate har, page		FIBRILATION						1 □ Y	es 2 No	10	Yas 2ENO
i certificate director, par o Be Co	3	25. Was case referred to madicat exeminer?	lospitel:			Other	26. Place of Death				
1 E E	- -	1 ☐ Yes 21Q No	28a. Date of In (Month, D		Outpattent 3 DO	8c. Injury Work	4 U Nursing Hom	e 5 ☐ Reside 8d. Describe ho			
or death. Store: After by the funer Iffication:		1 Natural 5 Pending 2 Accident Investigation	(Month, D	ey rear)	Injury M		es 2 No				
If the death. If the ctor: After the the the the the funeral control of the funeral control of the the the the the the the the the the		3 Sulcide 6 Could not be datermined	28e. Ptaca of tr building, e	njury - At home, etc. (Specify)	ferm, street, factory	, office	2	8f. Locatton (St City or Town	reet and Numb n, Stete)	er or Rural F	Route Number,
edical C		29a. Certifier 1 Certifying Physical Check only one) 2 Medical Examination	niclan: To the best ner: On the basts of and mannar s	of examination a	ga, daath occurred a and/or investigation,	at the time in my opi	e, date and placa, ar nion, death occurre	nd due to the co	ause(s) and ma ate and place,	anner as stat and due to th	ed. ne cause(s)
¥ S		19b. Signeture and title of certifier	1			. License			9d. Deta signe		
(0. Name and address of person who co	or, M	10	A	5 24	02321-M	T9004	10	15 9	5
1 X	3	0. Name and address of person who co	emplated cause of	daath (Itam 23a) (Type, Print)	Mir	CEX T	DON	, MD		
	-	401 W. BELVE									

DHMH 16 Rev 6/95



96-5743-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible

CMK F

3

	The second property of the property of the Pro	291010.		
ITEMS: 23 PART I, 27, PER MED	State of Maryland / Department of Health and Mental Hygiene	96	3 2	14
TLM g-741 11/4/96 t.t	Certificate of Death			

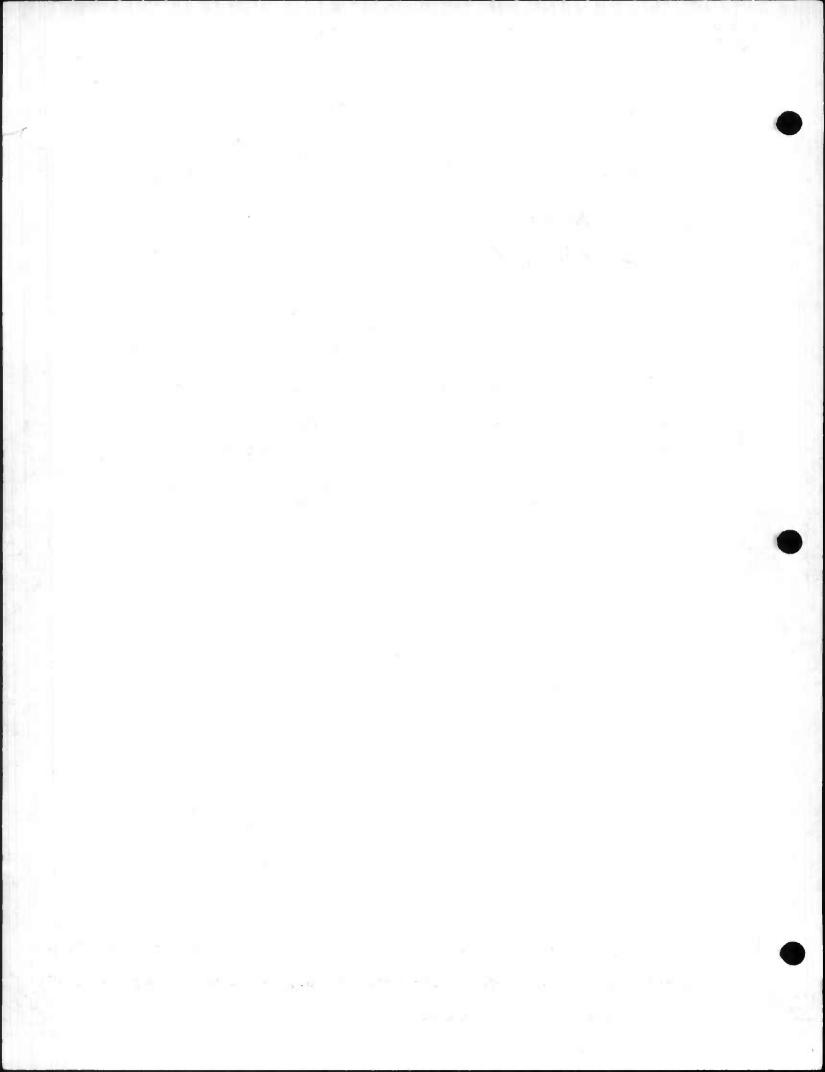
)	Physicia /Medic Examin	al
Į,	Funeral Director	0

Division of Vital Records, P.O. Box 68760.

MALISSON COCTOBER 07, 1996 1558 PM 46. Dits, Torin, Including of the street of numbers of the control of the	en g	741 11/4/30 0.0		Certificate of Death	Reg. No.	
### ALTISON COTOBER 07, 1996 1558 PM ### ALTISON WILLIAMS ### ALTISON COTOBER 07, 1996 1558 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07, 1996 PM ### ALTISON COTOBER 07,			ot)			
Section Search Number Residual Section of Part Residual Section	ysician Medical			WILSON	OCTOBER 07.	1996 1558PM
Social Security Monther 12 Social Soc	aminer	4a. Facility Name (If not institution, give	street and number)	4b. City, Town, or		-
Social Security Number Social Security Num			TVE	BALTIMO		1/1/14
Top Top			7.	The state of the s		O Bulbaines (Otata as Familia
United Residence of Decederal 10.0 Side 10.0 Sid				Months Days Hours Mir	. (Month, Day, Year)	Country)
10. Store 10. Colorly Link 10. City Link 10. City Link 10. City Link 10. City Link 10. Store an Number 10. City Link 10. Store an Number 10. City Code 10. Store an Number 10. Store 10. Store an Number 10. Store an	C	Usual Residence of Decedent	/3		14pr 9,1921	VIRGINIA
The Martin Satura To America To Americ			10c. City. To	wn or Location		10d Incide City I Imite
10. 26 Gods 10. 25 Gods 10. 25 Gods 10. 26 Gods 10. 25 Gods	ō	VA- 1. Raly	,	22-16/		
SPENIAGOWER Colored Control of Part of Chies Control of Part of Chies Colored Control of Part of Chies Colored	Š	Maryland Post	More	FINDAIISTOWN		16165 20140
SPWidowed Disposition First Alcoher Street Disposition Specify	Ś	10e. Street and Number	2	10f. Zip Code	10g. Citizen of	What Country?
SPENISON Specify Spe	3	7122 /11a,	Ry KIDGE	DR. 21/35	0.	SA
Total Color Total Color	5	11. Maritel Stetus	12 Wes Decedent Ever in U.S.	13. Was Decedent of Hispenic Origin?	Specify Yes or No- 14. Ra	
Sequentially list conditions Fall Cother slightfloam contributing to death but not resulting in death) Sequentially list conditions or in light search of the sequence of light search of light search of light search of light search or search of light search or search of light search or sear			1 ☐ Yes 2 ☐ No		no Mican, etc.)	ick, While, etc.
18. Morber Name (Pirat, Madigo, Last) 19. Malling Address (Street and Number or thrus Pouse Number, Cay or Town, State, 22 Code) 19. Malling Address (Street and Number or thrus Pouse Number, Cay or Town, State, 22 Code) 19. Malling Address (Street and Number or thrus Pouse Number, Cay or Town, State, 22 Code) 19. Malling Address (Street and Number or thrus Pouse Number, Cay or Town, State, 22 Code) 19. Malling Address (Street and Number or thrus Pouse Number, Cay or Town, State, 22 Code) 19. Malling Address (Street) 19. Malling Addre			Year or Dates:	1 Yes 2 121-No Specify:	Specia	NE Clc
19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 10. Nother Name (Pirst, Middle	3	15. Decedent's Edit	ucation 16	e. Decedent's Usual Occupation	18b. Kind of B	Business/Industry
19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 19. Nother Name (Pirst, Middle, Majden Summen) 10. Nother Name (Pirst, Middle	2	(Specify only highest great		(Give kind of work done during most of wo life. DO NOT use retired)	orking	
19. Menter's Name (Pirst, Middle, Majden Sumane) 19. Menter's Name (Pirst, Middle, Majden Sumane) 19. Menter's Name (Pirst, Middle, Majden Sumane) 19. Menter's Name Registrom (Pirst, Pirst) 19. Menter's Name Registrom (Pirst, Pirst) 19. Menter's Name Registrom (Pirst, Pirst) 19. Menter's Name Registrom (Pirst, Middle, Majden Sumane) 19. Menter's Discontinuous State	Ē	SHO COUNTY	College (1-4or 5+)	DAMESTIC	Parly	ots for 6.
19st Informant's Name/Relationship (Type, Print)			1		me (First Middle Maiden Sumar	ma)
19b. Mailing Address (Street and Number or Riveril Boute Number, City or Town, State, Zp. Cooks) Cooks Co		1 / 100	La Donalis	/ 2		40
Definition Def				FAC		-
20. Herbard of Disposition 1 Certural 2 concentron 3 Removal from State 4 Concellon 5 Coher (Specify) 21. Signature of Funetal Service Licaryses 22. Name and Audjess of Facility 22. Name and Audjess of Facility 23. Brank Firster the Measure or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory a rest. 23. Brank Firster the Measure or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory a rest. 24. Was used to respiratory a rest. 25. Was seed referred to medical examiner. 10. Was case	_	19a. Informant's Name/Relationship (T)	ype, Print)	b. Malling Address (Street and Number or Fi	lurel Route Number, City or Town	-State, Zip Code)
Description Commellation Comme		MEIMA WaIN	WHIGHT DAUGHTE	1 4/22 mary	GIDGE DK.	KANDA/Istounk
22. Signature of Funeral Service Licenthes 23. Signature of Funeral Service Licenthes 24. Part Finer the disease, or complications that caused the death. Do not enter the mode of dylog, such as cardiac or respiratory arrest, Approximate Plans				of Disposition (Name of	Pete / 20c. Location	- City or Town, State
21. Signature of Funeral Service Licentees 22. Name and Address of Facility (Fig. 47 May 4 May 4 May 1 May 1 May 4 May 1 May 1 May 2 May 1 May 2 May 1 May 2 May 2 May 1 May 2 May		1 Uffurial 2 Cremation 3 F	Hemoval from State	ory, cromatory or other places	0/12/196	1/1/1/1/1
20a. Part Enter the Mesease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate consists and provide cause or each fine. Immediate Cusus (Final deases or condition resulting in death) Becometrially its conditions. In the INGIONA Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Cause (Disease or rifluor) Cause (Disease or rifluor) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 24b. Was an suppay performed? 24c. Was an suppay performed? 24c. Was an suppay performed? 24c. Was an suppay performed? 24c. Was an suppay performed? 24c. Was an suppay performed? 24c. Was an suppay performed? 24c. Was an suppay performed? 24c. Was an suppay performed? 24c. Was an suppay performed? 24c. Was an suppay (Month, Day Year) 100 years 200 y				TREMOTIAL / TORK	1/10 × AMI	DATIS NUM MC
23a. Part) Either the fiscases or complications that caused the death. Do not enter the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of dyfty, such as cardiac or respiratory arrest, Approximate of the mode of the mode of the cardiac or respiratory arrest, Approximate or conditions and the mode of the mode of the mode of the cardiac or respiratory arrest, Approximate or conditions and the mode of the cardiac or respiratory arrest, Approximate or conditions and the mode of the mode of the cardiac or respiratory arrest, Approximate or conditions and the mode of the cardiac or respiratory arrest, and the mode of the cardiac or respiratory arrest, and the mode of the cardiac or respiratory arrest, and the mode of the cardiac or respiratory arrest, and the mode of the the cardiac or respiratory arrest, and the mode of the cardiac or respiratory arrest, and the mode of the cardiac or res		21. Signature of Purietal Servica Licans	and .	1 h h 1 1 1 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	THTMAL- NA	TY TUNETOR MEN
Per II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Pari I. Contribution Cont		Stones The	wis	Balts much	n /	217/5
MENINGIONA		23a. Part). Enter the isease, or compl	lications that caused the death. Do	not enter the mode of dying, such as cardia	c or respiratory arrest,	Approximate
Due to (or as a consequence of): Securiting in idealth Securiting in idealth Securiting in idealth Last		STACK, OF THE PRESIDENCE. LIST OTHY OF	ne cause on each line.			
Due to (or as a consequence of): Due to (or as a consequence of):		Immediate Cause (Final				
Sequentially list conditions:		disease or condition	a. MENINGIOMA			
Due to (or as a consequence of): Due to (or as a consequence of):	100		Due to (or as a	consequence of):		
Cause (Disease or influty that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Cause of death of the cause of the cause of death of the cause o			b			
Cause (Disease or influty that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Cause of death of the cause of the cause of death of the cause o		Sequentially list conditions,	Due to (or as a	consequence of):		
Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death 1 Yes 2 No 3 Probably 4 Unknow		cause. Enter Underlying				
Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death 1 Yes 2 No 3 Probably 4 Unknow 2 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 25. Was case referred to medical examiner? 1	2	that initiated events	Due to (or as a	consequence of):		
Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death 1 Yes 2 No 3 Probably 4 Unknow 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 25c. Was case referred to medical examiner? 1 Yes 2 No 1 Yes 2 No 25c. Was case referred to medical examiner? 1 Yes 2 No 1 Yes 2 No 25c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 25c. Was case referred to medical examiner? 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Was case referred to medical examiner. 25c. Vas case referred to medical examiner. 25c. Vas case referred to medical examiner. 25c. Vas case referred to medical examiner. 26c. Injury at work. 27c. Vas case referred to medical examiner. 26c. Injury at work. 27c. Vas case referred to medical examiner. 27c. Vas case of Death (Check only one) 27c. Vas case of Death (Check only one) 27c. Vas case of Death (Check only one) 27c. Vas case of Death (Check only one) 27c. Vas case of Death (Check only one) 27c. Vas case of Death (Check only one) 27c. Vas case of Death (Check only one) 27c. Vas case of Death (Check only one) 27c. Vas case of Check only one) 27c. Vas case	9	resulting the deathly East				
24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1			d			
24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1	2	2.11.21				
24a. Was an autopsy performed? 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 2 4 2 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 4 2 No 1 2 1 No 1 2	13	ren ii. Other significant conditions con	ntributing to death but not resulting	In the underlying cause given in Part i.	23b. Did tobacco use co	ontribute to the cause of death?
24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 25c. Was case referred to medical examiner? 1					1 ☐ Yes 2 ☐ No	3 Probably 4 Unknown
25. Was case referred to medical examiner? 1						T
25. Was case referred to medical examiner? 1	Ted				24a. Was an autopsy performed?	24b. Were autopsy findings available prior to
25. Was case referred to medical examiner? 1	Die				g.somius i	completion of cause
25. Was case referred to medical examiner? 1					·Mva ·	
examiner?		25 Was ones referred to 1971				1 24 Yes 2 □ No
27. Manner of Death Wantural 2 Acoldent 3 Suicide 4 Homicide 28e. Place of Injury 28e. Place of Injury 28e. Place of Injury 3 Suicide 4 Homicide 29e. Certifier (Check only one) 29e. Signature end title of certifier 29e. Signature end title of certifier 29e. Signature end title of certifier 29e. Signature end address of person who completed cause of death.(Item 23a) (Type, Print) Stephen S. Radentz, M.D. 111 Penn Street, Baltimore, Maryland 21201	2	examiner?	iospital:	Other		
Natural 2 Accident Suicide A Homicide Suicide A Homicide Suicide A Homicide Suicide A Homicide Suicide S		1087 es 5 140	1 □ Inpatient 2 □ ER/C	dipatient 30 DOX 40 Nursing i		
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature end title of certifier (29c. License number (Month, Day, Year) 29c. License number (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Stephen S. Radentz, M.D. 111 Penn Street, Baltimore, Maryland 21201	5		28a. Date of injury (Month, Day Year) 28b.	Time of 28c. Injury at Work?	28d. Describe how injury occur	rred
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Stephen S. Radentz, M.D. 111 Penn Street, Baltimore, Maryland 21201		2 ☐ Accident Investigation				
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature end title of certifier (Check only one) 29c. License number (Check only one) 29d. Date signed (Month, Day, Year) 29c. License number (Check only one) 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Stephen S. Radentz, M.D. 111 Penn Street, Baltimore, Maryland 21201			28e. Place of Injury - At home, f	arm, street, factory, office		ber or Rural Route Number,
29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Stephen S. Radentz, M.D. 111 Penn Street, Baltimore, Maryland 21201	5	Tomode	building, etc. (Specify)		City or Town, Stete)	
29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. OCTOBER 08, 1996 30. Name and address of person who completed cause of death (frem 23a) (Type, Print) Stephen S. Radentz, M.D. 111 Penn Street, Baltimore, Maryland 21201		29a, Certifier 1 Certifying Phys	alcian: To the best of my knowledge	a death cooursed at the time, date and place	and due to the seven(s) and m	ann as an ataland
29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. OCTOBER 08, 1996 30. Name and address of person who completed cause of death. (Item 23a) (Type, Print) Stephen S. Radentz, M.D. 111 Penn Street, Baltimore, Maryland 21201		(Check only 2 Medical Examin	ner: On the basis of examination a	nd/or investigation, in my opinion, death occi	a, and due to the cause(s) and mo urred at the time, date and placa,	enner as stated. and due to the cause(s)
Jtyl A Vacty M.D. O.C.M.E. OCTOBER 08, 1996 30. Name and address of person who completed cause of death (Nem 23a) (Type, Print) Stephen S. Radentz, M.D. 111 Penn Street, Baltimore, Maryland 21201		OHE)	end menner stated.			
30. Name and address of person who completed cause of death (Nem 23a) (Type, Print) Stephen S. Radentz, M.D. 111 Penn Street, Baltimore, Maryland 21201		29b. Signature end title of certifier	1 1	29c. License number	29d. Date signe	d (Month, Day, Year)
30. Name and address of person who completed cause of death (Nem 23a) (Type, Print) Stephen S. Radentz, M.D. 111 Penn Street, Baltimore, Maryland 21201		1606	Whats 1	M.D. OCME	OCTORE	CR 08, 1996
Stephen S. Radentz, M.D. 111 Penn Street, Baltimore, Maryland 21201	- 1	30. Name and address of person who co	ompleted cause of death Atem 23a)		CTOBE	11. 00, 1000
AL D. M. 101					altimora W	errland 21201
31. Date filed (Month, Day, Year) 32. Registrat's Signature		rstephen s. Rade	HLZ, M.D. 11	I renn Street, B	artimore, mai	YTANG ZIZUI

Registrar

COT1 8 1996

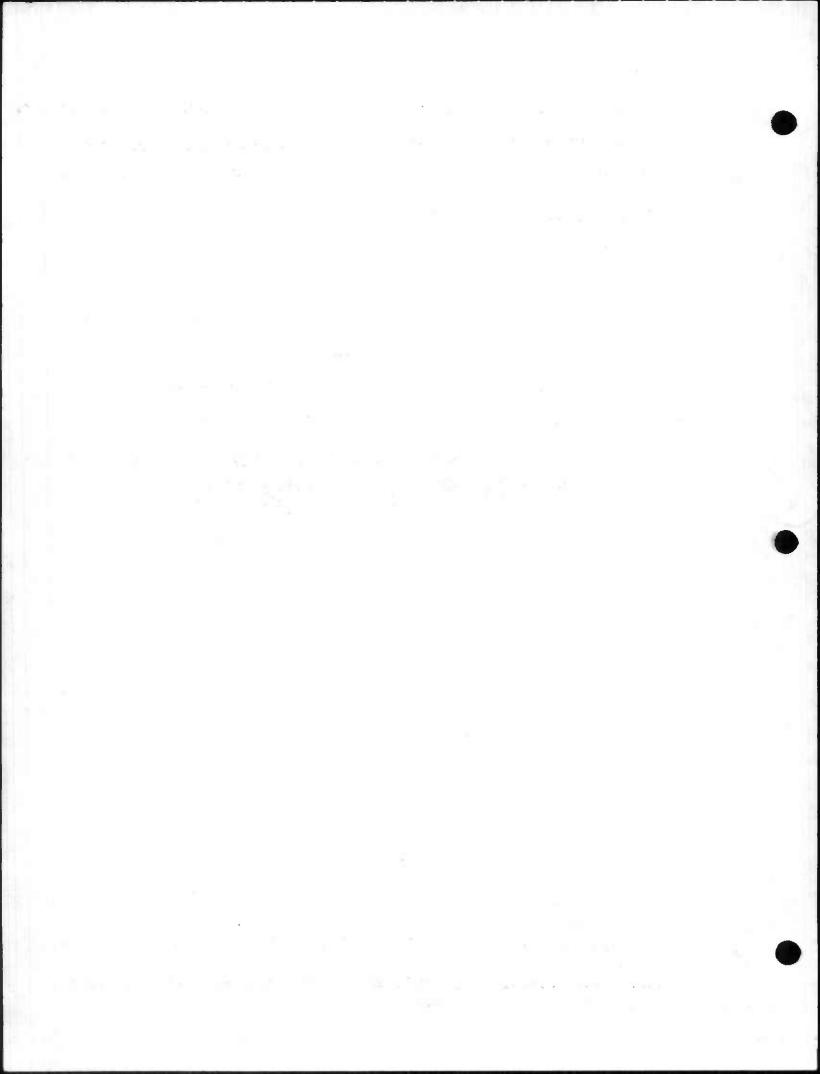


	_				Ce	rtificate of	Death	ר	F	leg. No.	U	11244
Physician	1. Decedant's Nam		st)						2. Date of Dea Month	th Day	Yaar	3. Tima of Death
/Medical	JEAI		М	MOOI	OS				OCTOBE		1996	2:05 PM
Examine			a street and numba	1					ocation of Death	4c. County	of Daath	
		the second secon	H MEDIC			If Undar 1 Year			ARYLANI	B	ALTI	
Funeral Director	5. Social Security N		ax □M2 X 0F	nga (In yrs. la	ist <i>birthday)</i> Yrs.	Months Days	Hours	Min.	8. Data of Birth (Month, Day	Year)	Count	aca (Stata or Foraign
	216-01- Usual Rasidanca of			79					DEC 21,	1910	Mary	land
Now III	10a. Stata	10b. County		10c. City,	Town or Lo	cation					10	Od. Inside City Limits
Tied T	Maryland	Balt	imore	T	owson	n						1 ☐ Yas 💥 ☐ No
re nous arier dean with the maryand natural; or items 23s or 28s f show sea Examiner must be notified a steel by Finneral Director			Rd. Ap	t. 50	9	10f. Zip Code 2128	86		1	0g. Citizen of 1	What Count USA	ry?
r items 23a	11. Marital Status		12. Was Decedan Armed Forcas	t Ever in U,S	3. 13.	Was Dacedant of H	lispanic O	rigin? (Sp	ecify Yes or No-		a - America	
or it		iad 2□ Married	1 Yas 34			1 □ Yas 2 🖫 No			rican, etc.)		ck, White, e	
Exal		4 Divorced	Yaar or Datas	:		Tas ZiXIII	эрвину	·		Specin	w Whi	te
ygiene. ner than "natural", nt, the Medical Exi. Completed by	(Spec	15. Decedant's Ed	lucation da complatad)		16a. Deced	dant's Usual Occup	ation during mo	st of work	ina	16b. Kind of B	usiness/ind	ustry
than the Mer	Elamantery/Seco		Collega (1-4or	5+)		kind of work dona OO NOT usa ratired	1)		,9			
other the	45 Tourse Nove 1		1		Hous	sewife					Home	
d d	17. Father's Nama						18. Moth		e (First, Middla, i		na)	
marked o			rice Ha	mmar					lda Buc		-	
saith and Men 27 is marke- er traumatic	19a. informent's Na Henry Sco			1		ng Addrass (Street						Code)
t of Health and Mer If Item 27 is marke or other traumatic			SOII	noh Di-		Kenleigh	KQ.	Ba.				
int: If Its	20a. Mathod ot Disp 1 ☐ Buriai 2		Removal from State	4.4	matary, cran	natory or other plac	ce)	i	Data	20c. Location -	City or Tov	vn, State
tant				Met		ematory,				Baltin	nore,	MD
important: Il any injury o	21. Signature of Fu	naral Sarvica Licer	McDc	onald	C1	Nama and Addrescenation 99 Freder	Soci	ety o	of Maryl	and, In	ic.	
ng physician and main	Immediata Cause (i disaasa or condition rasulting in death) Sequentielly list con- if any, laading to im- cause. Enter Under Cause (Diseasa or i that initieted, avants	n	MASS:	Dua to (or a	NTRAC as a conseq acconseq Sive	S+r	OX	e	iage ulur	olise	1	Onsat and Death 2 HOURS Ven's
use as	rasulting in death) L	ast	d		as e consaqu	uanca ot):					i	the cause of death?
e a	Atu	'al f	Ilvi 1	laf	704	, Chr	vu	ľC		2 10 No		ably 4 Unknown
2 shou	Old 5	+rox &	with	h (L	JY	emip	are	28/5	24a. Was a perform		avai	a autopsy tindings ilabla prior to apletion of cause aath?
									1 🗆 Ya	s 2 No	10	Yas 210 No
rector	25. Was casa raferraxaminar?		Hospital:			Oth		e of Daatl	h (Chack only on	e)		
£ 70	1 Yas 2	40	1 Linpati		R/Outpatient		4 LI N		ma 5 Rasida			
al Director: After this ed in by the funeral d	1 Netural 2 Accident 3 Sulcide	5 Pending invastigation	28a. Data ot inju (Month, Da	ay Year)	18b. Time of Injury		yat ∢? Yas 2□	No	28d. Dascribe ho			5 V
oral Directilled in b	4 Homicida	datarmined	building, e	tc. (Specity)		eet, factory, office			28t. Location (St City or Town	, Stete)		
within 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral Medical Certification: 1	G110)	2 Medical Exam	elcian: To tha best inar: On tha basis o and mannar st	of axaminatio	edge, deeth n and/or inv	astigation, in my or	oinion, des	nd place, o eth occurr	ed at tha tima, de	ate and place,	and due to t	tha cause(s)
200 Z	29b. Signature and t	ma or certifie		KIL	11	29c. Licensa	number	R	2	d. Date signed	d (Month, D	ay, Year)
2	ww	yelv3	C - D	LA	2	VIS	> 0	7		10.	1/	86

State Registrar EVANGELOS LIGNOS, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204

30. Nama and address of person who completed causa of datth (Itam 23e) (Typa, Print)

ДНМН 16 Rev 6/95

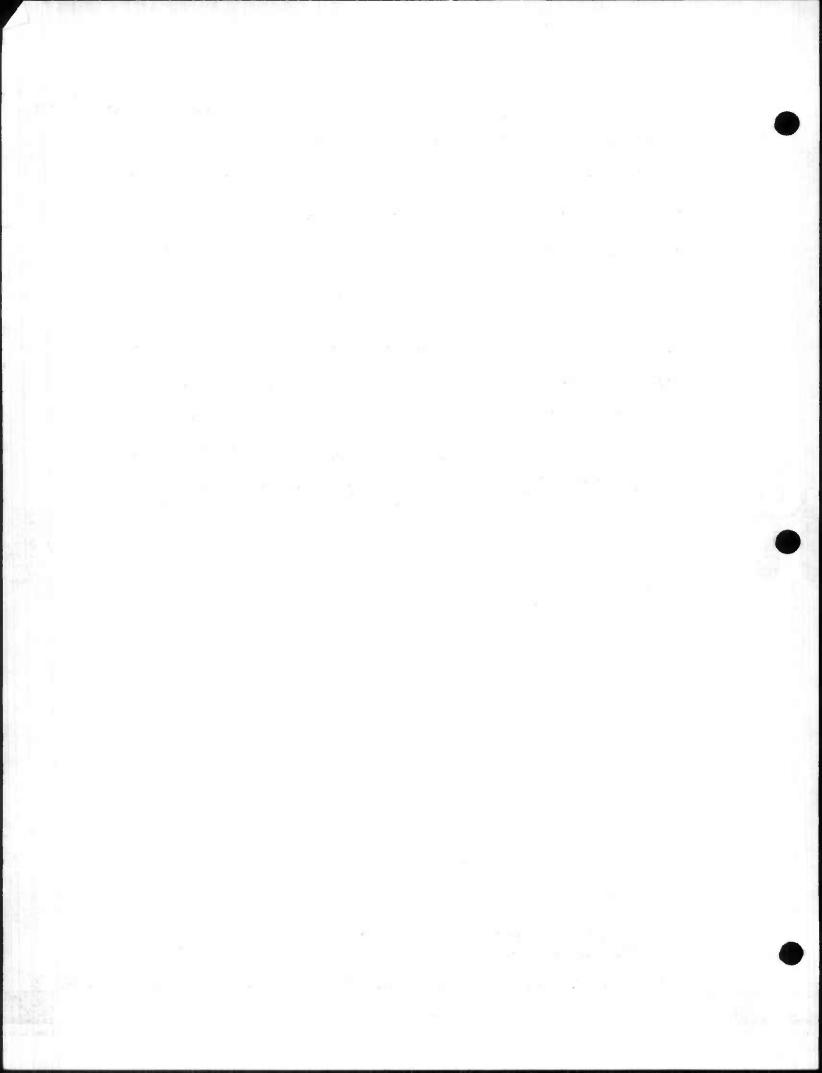


State of Maryland / Department of Health and Mental Hygiene 96 3 | 245

					C	ertificate of	Dealli		Reg. No.		
ysician		I. Decedent's Neme (First, Middle, L	Last)					2. Dete of De Month		3. Time	of Deet
/ledicai		Martin Charl						Octob	er 16,	1996	45
aminer	4	a. Fecility Neme (If not Institution, g.						or Location of Deeth		y of Deeth	9
	I,	Anne Arundel					Annapo			Arunde.	-
erai ctor	4	i. Social Security Number 6. 17-42-0006 Jsuel Residence of Decedent	Sex 7. 1 □ M 2 □ F	Age (In yrs.	last birthday Yrs.	y) If Under 1 Yea Months Deys		Hrs. 8. Dete of Bin (Month, De Apr. 1	th y, Year) , 1935	9. Birthplece (State Country) Ohio	e or For
		0e. Stete 10b. County		10c. City	y, Town or I	Location				10d. Inside	City Lim
by Funeral Director		MD Anne Ar	undel	33	Chip	pouras F	Road, E	Edgewate	r		8 2 G
Funeral Director	1	Oe. Street end Number 33 Chipouras	Road			10f. Zip Code 21037	7		10g. Citizen of USA	Whet Country?	
by Funera	1	1. Maritel Stetus 1 □ Never Merried 2 ☑ Married 3 □ Widowed 4 □ Divorced	if Yes, Give	s? □ No		Wes Decedent of If Yes, specify Cul	oen, Mexican, P	7 (Specify Yes or No uerto Rican, etc.)		ce - American Indien ick, White, etc.	
		15. Decedent's E	Yeer or Date	s: 53-		edent's Usuei Occu	patlon		16h Kind of B		-
ojet		(Specify only highest gi	rede completed)		(Giv	re kind of work done DO NOT use retire	during most of	working	100. Aind of E	usiness/Industry	
Completed		Elementery/Secondery (0-12)	College (1-4d	or 5+)		urity Gu			Secur	ity	
Be C		7. Fether's Name (First, Middle, Les	st)				18. Mother's	Name (First, Middle,	Melden Sumer	ne)	
ToB	H	arrison G. We	st				Bridg	gette	Farris		
	1	19e. Informent's Neme/Relationship atricia A. We						Rurel Route Number		, Stete, Zip Code) MD 2103	7
	2	0e. Method of Disposition 1 □ Buriel 2 □ Cremetion 3 [4 □ Donetion 5 □ Other (Spec.		C	emetery, cre	position (Neme of emetory or other plant and Veter	cans Ce	Dete 10/2		- City or Town, Stete	e, MI
once.	1	21. Signeture of Fundral Service Lice	7/1/	1	T.	22. Neme end Addr	FINE	RAL HOME	. P.A.		
	1	Value /	avis			12 Ridge	ly Ave	. Annap	olis,M	D 2140	
	-	23a. Pert1. Enter the diseese, or con shock, or heert feilure. List only	mplicetions that caus y one ceuse on each	sed the deetr h line.	n. Do not er	nter the mode of dy	ing, such es car	diac or respiretory e	rest,	Approximinterval E	etween
an cai											
	11.14	mmediate Cause (Fine)			. /					Onset en	d Deeth
	d	mmediate Cause (Finei Ilsease or condition esulting in deeth)	· Co			Frrest				Samu	d Deeth
er	d	disease or condition		Due to (or	r es e conse	trest	N			Samu	d Deeth
er	d	disease or condition esulting in deeth)		Due to (or	rese conse	trest equence of): Artery	Diseas			Sam	da
er	d	disease or condition esulting in deeth)		Due to (or	r es e conse	trest equence of): Artery	N			Sam	da Jean
er	d r	disease or condition		Due to (or	res a conse	trest equence of): Artery equence of):	N			Samu 10	da da jear
Examiner	d r	disease or condition esulting in deeth) Sequentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or injury		Due to (or	rese conse	trest equence of): Artery equence of):	N			Sam	da.
Medical Examiner	SifeCOttre	disease or condition esulting in deeth) Sequentieity list conditions, if any, leeding to immediete ause. Enter Underlying Sause (Disease or injury heat initieted events		Due to (or	res a conse	trest equence of): Artery equence of):	N			Samu	do da
a lan/Medical Examiner	SifeCOttre	disease or condition esulting in deeth) Sequentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or injury hat initiated events esulting in deeth) Lest	c	Due to (or	res a conse	trest equence of): Atterp equence of): equence of):	Diseas	2		Sam	Jean
ian/Medical Examiner	SifeCOttre	disease or condition esulting in deeth) Sequentieity list conditions, if any, leeding to immediete ause. Enter Underlying Sause (Disease or injury heat initieted events	c	Due to (or	res a conse	trest equence of): Atterp equence of): equence of):	Diseas	23b. Did (lobacco use co	Samu	Jean
Physician/Medical Examiner	SifeCOttre	disease or condition esulting in deeth) Sequentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or injury hat initiated events esulting in deeth) Lest	c	Due to (or	res a conse	trest equence of): Atterp equence of): equence of):	Diseas	2	lobacco use co	Sam	da Jean
by Physician/Medical Examiner	S if a c C C th	disease or condition esulting in deeth) Sequentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or injury hat initiated events esulting in deeth) Lest	c	Due to (or	res a conse	trest equence of): Atterp equence of): equence of):	Diseas	23b. Dld 1	lobacco use co	So my sortibuta to the cause 3 Probably 4	Jean
by Physician/Medical Examiner	S if a c C C th	disease or condition esulting in deeth) Sequentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or injury hat initiated events esulting in deeth) Lest	c	Due to (or	res a conse	trest equence of): Atterp equence of): equence of):	Diseas	23b. Dld 1	tobacco use co Yes 2 No en eutopsy	So my	Jean
Completed by Physician/Medical Examiner	S if a c C C th	disease or condition esulting in deeth) Sequentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or injury hat initiated events esulting in deeth) Lest	c	Due to (or	res a conse	trest equence of): Atterp equence of): equence of):	Diseas	23b. Dld 1	obacco use co Yse 2 No en eutopsy rmed?	So multiplies to the cause 3 Probably 4 24b. Were autops aveileble pric completion of death?	da.
Be Completed by Physician/Medical Examiner	d resident states of the state	disease or condition esulting in deeth) Sequentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or injury hat initiated events esuiting in deeth) Lest ert II. Other significant conditions. Huge 5. Wes case referred to medical exeminer?	c	Due to (or	res a conse	trest equence of): Artery equence of): underlying cause gi	Ven in Pert I.	23b. Did 1 1 24a. Wes	obacco use co Yes 2 No en eutopsy rmed?	So multiplies to the cause 3 Probably 4 24b. Were autops aveileble pric completion of death?	e of de Unki
To Be Completed by Physician/Medical Examiner	d n	disease or condition esulting in deeth) Sequentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or injury hat initiated events esuiting in deeth) Lest ert II. Other significant conditions and the conditions of the conditions	b. C. c. d. Contributing to death Hospitel: 1 □ Inpa	Due to (or Due to (or Due to (or a but not resu	res a conse	equence of): Artery equence of): underlying cause given	ven in Pert I.	23b. Did to the control of the contr	obacco use co Yse 2 No en autopsy rmed? (es 2 Ngo ne)	So my So	o of de
To Be Completed by Physician/Medical Examiner	d n	disease or condition esulting in deeth) Sequentially list conditions, any, leeding to immediate ause. Enter Underlying ause (Disease or injury het initiated events esulting in deeth) Lest ert II. Other significant conditions and the conditions of the conditions	b. C. c. d. contributing to death Hospitel: 1 □ Inpa 28e. Dete of Ir (Month, I	Due to (or Due to (or Due to (or a but not resu	reseconse	ent 3DDA Of 28c. inju	Ven in Pert I. 26. Place of ther: 4 Nursin	23b. Did to the control of the contr	obacco use co Yse 2 No en autopsy rmed? (es 2 Ngo ne)	So my So	e of de Unki
To Be Completed by Physician/Medical Examiner	d n	disease or condition esulting in deeth) Sequentially list conditions, lany, leeding to immediate ause. Enter Underlying ause (Disease or injury het initiated events esulting in deeth) Lest ert II. Other significant conditions are examiner? 1 Yes 2 No 7 Menner of Deeth 1 Neturei 5 Pending investigation.	b. C. c. d. Contributing to death Contributing to death Contributing to death Contributing to death Contributing to death Contributing to death	Due to (or Due to (or Due to (or a but not resu	res a conse res a conse res a conse ulting in the	ent 3DDA Of 28c. inju	ven in Pert I.	23b. Did to the control of the contr	tobacco use co	Source So	of de
To Be Completed by Physician/Medical Examiner	d n	disease or condition esulting in deeth) Sequenticity list conditions, any, leeding to immediate ause (Disease or injury net initiated events esulting in deeth) Lest ert II. Other significant conditions of the	b. C. c. d. Contributing to death Hospitel: 1 □ Inpa 28e. Dete of Ir (Month, I) 28e. Plece of I	Due to (or Due to (or Due to (or a but not result atient 2 1 njury Dey Year)	res e conse res e conse res e conse ulting in the e ER/Outpetie 28b. Time e Injury	ent 3DDA Of 28c. inju	Ven in Pert I. 26. Place of ther: 4 Nursin	23b. Did to the control of the contr	obacco use co	So my So	of de
Certification: To Be Completed by Physician/Medical Examiner	d n	Sequenticity list conditions, any, leeding to immediate ause. Enter Underlying Jause (Disease or injury het initiated events esuiting in deeth) Lest Sequenticity list conditions, any, leeding to immediate ause (Disease or injury het initiated events esuiting in deeth) Lest Sert II. Other significant conditions are seminer? 1 Yes 28 No 7. Menner of Deeth 1 Neturei 5 Pending Investigatic 3 Suicide 6 Could not a determined. 9e. Certifier 1 Certifying Pi	b. C. c. d. Contributing to death Hospitel: 1 Inpa 28e. Dete of Ir (Month, I) 28e. Plece of building, hyelclan: To the bes	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	res a conse res a conse res a conse res e conse ulting in the ER/Outpetie 28b. Time o Injury me, ferm, st	equence of): Artery equence of): aquence of): underlying cause give ent 3 DOA of 28c. inju Wc M 1 Tereet, factory, office	26. Place of her: 4 Nursin ry at rk? 2 No	23b. Did 1 1 24a. West performance of the control o	tobacco use co	sometributa to the cause 3 Probably 4 24b. Were autops aveilable pric completion of death? 1 Yas 2 ther (Specify) anner as steted.	of de of de Unkri
edical Certification: To Be Completed by Physician/Medical Examiner	d n	Sequenticity list conditions, any, leeding to immediate ause. Enter Underlying Jause (Disease or injury het initiated events esuiting in deeth) Lest Sequenticity list conditions, any, leeding to immediate ause (Disease or injury het initiated events esuiting in deeth) Lest Sert II. Other significant conditions are seminer? 1 Yes 28 No 7. Menner of Deeth 1 Neturei 5 Pending Investigatic 3 Suicide 6 Could not a determined. 9e. Certifier 1 Certifying Pi	b. C. c. d. Contributing to death Hospitel: 1 Inpa 28e. Dete of Ir (Month, I) 28e. Plece of building, hyelclan: To the bes	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or A but not result Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	res a conse res a conse res a conse res e conse ulting in the ER/Outpetie 28b. Time o Injury me, ferm, st	equence of): Artery equence of): aquence of): underlying cause give ent 3 DOA of 28c. inju Wc M 1 Tereet, factory, office	26. Place of her: 4 Nursin ry at rk? 2 No	23b. Did 1 1 24a. West performance of the control o	tobacco use co	So my So	of dead
Certification: To Be Completed by Physician/Medical Examiner	d resident services of the resident services o	Sequentially list conditions, any, leeding to immediate ause. Enter Underlying Jause (Disease or injury het initieted events esuiting in deeth) Lest S. Wes case referred to medical exeminer? 1 Yes 2 No 7. Menner of Deeth 1 Neturei 5 Pending investigation investigat	Hospitel: 1 Inpa 28e. Dete of Ir (Month, I) 28e. Plece of I building, hysician: To the besi	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or A but not result Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	res a conse res a conse res a conse res e conse ulting in the ER/Outpetie 28b. Time o Injury me, ferm, st	equence of): Authorized and a property in a	ven in Pert I. 26. Place of ther: 4 \(\text{Nursin} \) 1 Yes 2 \(\text{No} \) 1 No me, dete end plopinion, deeth of the content of the con	23b. Did to the courred et the time, of the courred et the courr	en eutopsymed? fes 2 No ene) lenca 6 Ott now Injury occur Street end Numi m, Stete) ceuse(s) end m. dete end pieca, 29d. Date signe	sometributa to the cause 3 Probably 4 24b. Were autops aveilable pric completion of death? 1 Yas 2 ther (Specify) anner as steted.	e of deal Unkr
edical Certification: To Be Completed by Physician/Medical Examiner	d resident services of the resident services o	Sequenticity list conditions, any, leeding to immediate ause. Enter Underlying Jause (Disease or injury net initiated events esuiting in deeth) Lest ert II. Other significant conditions and the seximinar? 1	Hospitel: 1 Inpa 28e. Dete of Ir (Month, I) 28e. Place of I building, hysician: To the basis	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or A but not result Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or	res a conse res a conse res a conse res e conse ulting in the ER/Outpetie 28b. Time o Injury me, ferm, st	equence of): Authorized and a property in a	ven in Pert I. 26. Place of ther: 4 \(\text{Nursin} \) 1 Yes 2 \(\text{No} \) 1 No me, dete end plopinion, deeth of the content of the con	23b. Did to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, to the courred et the time, the courred et the time, the courred et the time, the courred et the time, the courred et the time, the courred et the time, the courred et the time, the courred et the time, the courred et the time, the course etc.	en eutopsymed? fes 2 No ene) lenca 6 Ott now Injury occur Street end Numi m, Stete) ceuse(s) end m. dete end pieca, 29d. Date signe	So Mu So	of de Unk

Registrar

OCT 1 8 1996

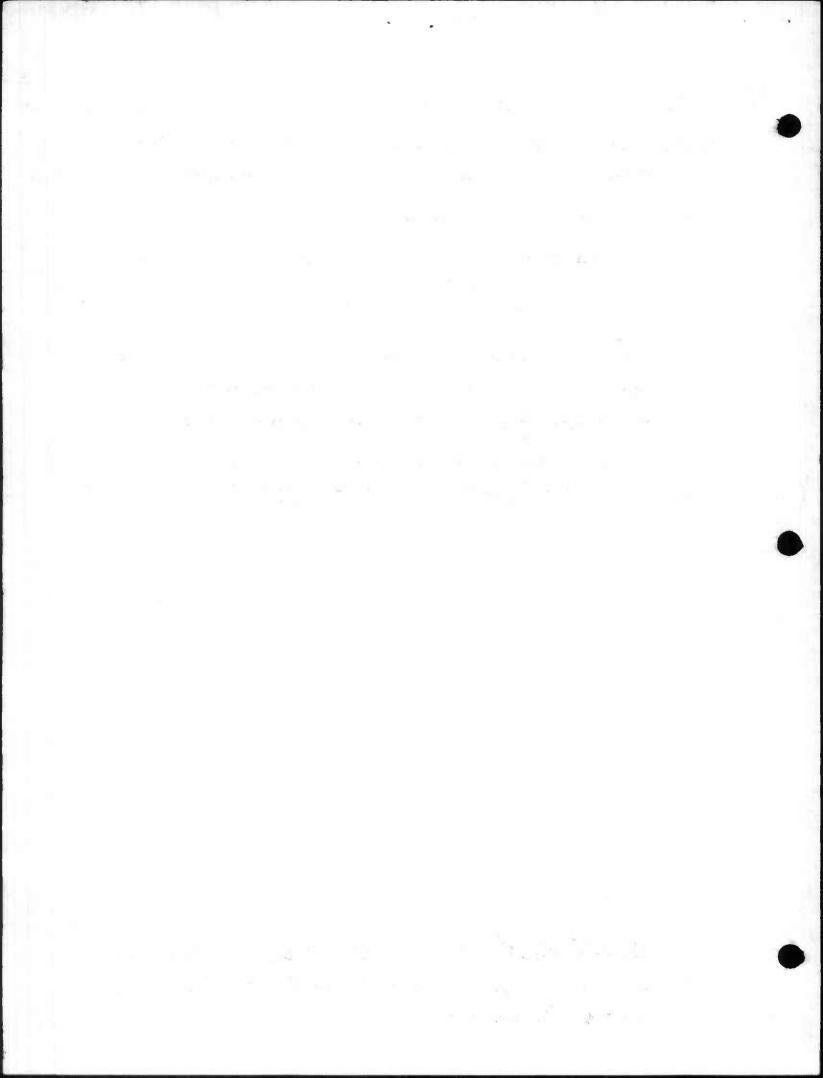


State of Maryland / Department of Health and Mental Hygiene

96 31246

	Certificate of Death	R	leg. No.	
	1. Decedent's Nama (First, Middle, Last)	2. Data of Dea		3. Time of De
ician	KONNeth Zutell	Month	Dey 7	Yeer 11:20
dical niner	4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or	Location of Deeth	4c. County	of Death
mici	BAVENWOOD NUESING CENTER BALTIN	1005	non	
	5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs			9 Birthniece (State or F
il r	21/ F0 F2C1 1 DM 2 F Vm Montha Deys Hours Min.	(Month, Dey	Year)	9. Birthplece (State or Fo
	Usuel Residence of Decedent	Feb.3,1	954	West Virgin
	10a. Stata 10b. County 10c. City, Town or Location			10d. inside City L
ŏ	Maryland nne Baltimore			1 XYes 2
Director				*****
급	10e. Street end Number 10f. Zip Code	1	log. Citizen of V	vnet Country?
4	501 W. Franklin Street 21201		U.S.	
Funeral	11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces and Ever in U,S. Armed Forces and Ever in U,S. If Yas, specify Cuban, Maxican, Puart 1 \(\subseteq \text{Vas}\) 2 \(\subseteq \text{Violent}\)	Specify Yas or No- to Rican, etc.)		e - Amarican Indian, ck, White, etc.
F	1 Never Married 2 Married 1 Yes 2 No		Specify	
d by	3 Widowed 4 Divorced Year or Detes:		Opeciny	WILLE
Completed	15. Decedent's Education 16e. Decedent's Usuel Occupation (Specify only highest grade completed) (Give kind of work dona during most of wo	rking	16b. Kind of Bu	usineas/Industry
ğ	Elementery/Secondery (0-12) College (1-4or 5+) Interior Decorator	Allg	Residenti	ial Decorating
100	unknown unknown		· un	known
Bec	17. Fether's Nema (First, Middle, Last) 18. Mother's New	me (First, Middla,		
To B	unknown Beatric	e Brook	Unknown	n
	19e. Informant's Neme/Reletionship (<i>Type, Print</i>) 19b. Meiling Address (<i>Street and Number or Rit</i>		r City or Town	State 7in Code)
	Beatrice Brook/Mother 224 S. Ann StBaltim			
	20a. Method of Diaposition in 20b. Place of Disposition (Name of			City or Town, State
	1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from State	Data	200. LOCATION -	City of Town, State
	4 Donetion 5 Nother (Specify) State rem. Metro Crematory, Inc. 10/	/17/96	Baltimo	ore, MD
	21. Signature of Funerel Service Licensee Joseph B. Nan ant State Anatomy Boar	4_655 11	Dol+im	ore Ctreat
			1-1559	iore street
1	Baltimore, Marylar	c or respiretory arr	est.	Approximete
r	shock, or heart feilure. List only ona ceuse on each line.			Interval Betwee
	Immediate Cause (Final			151
	diseese or condition resulting in death) e. Was ind Dyndrome			1/2/2
h	Immediate Cause (Final disease or condition resulting in death) e. Wasting Syndrome Due to (or see consequence of): b. Acquired Farming Displace acquired		^	more To
듣	hegured Farmont designa	1 mys of	Long	5 Year
Examiner	Sequentially list conditions, The environmental in immediate	/		
	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury c.			
edical	thet initiated events resulting In deeth) Lest Due to (or es a consequence of):			
/Mec				
	d			
Physician	Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.	23h Did to	pacco use con	ntribule to the cause of d
hys			_/	
	AIDS Damentia; Puncytopenia	1 L Y	es 2 No	3 Probably 4 □ Uni
d by		The Mac	e suscessi	24h Wara sutonou finali
Completed		24a. Was a perfor	med?	24b. Wara autopsy findi available prior to
du				completion of caus of death?
Son		1 DY	es 2EINo	1 ☐ Yes 2 ☐ NO
Be	25. Was case referred to medical 26. Place of Dec	ath (Check only on	(a)	
0	esaminer/ Hospital: Other	forne 5 Pleside		ar /Cnaolkii
Τ:	27. Manngeof Death 28a. Date of Injury 28b. Time of 28c. Injury at	28d. Describe h		
Certification:	TO Man ACINA	000000000000000000000000000000000000000	NOT THE REAL PROPERTY.	
Ca	3 ☐ Suicide 6 ☐ Could not be	28f. Location (St	towar and Alicenti	er or Rural Route Number
Ę	determined 25e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	City or Town		er or Hural House Number,
edical	29e. Certifier (Check only Check only (Check only Check only	, and due to the carried at the time of	ause(s) end ma	nner as stated.
8	one) end menner steted.		o.in pioco, (
Σ	29b. Signatura and title of certifiar 29c. Licanse number	2	9d. Data signed	d (Month, Dey, Year)
	Dobert Kent up D 06966		1018	196
	30 Name and address of person who completed cause of death (Item 23a) (Type Print)		101	2 10
	1) 1 10 11 4	Basto	7.1	201
		partie	2 212	-01
ate	31. Dete filed (Month, Dey, Year) OCT 1 8 1996			
rar	OCT 1 8 1996 Julia Market Roulett			

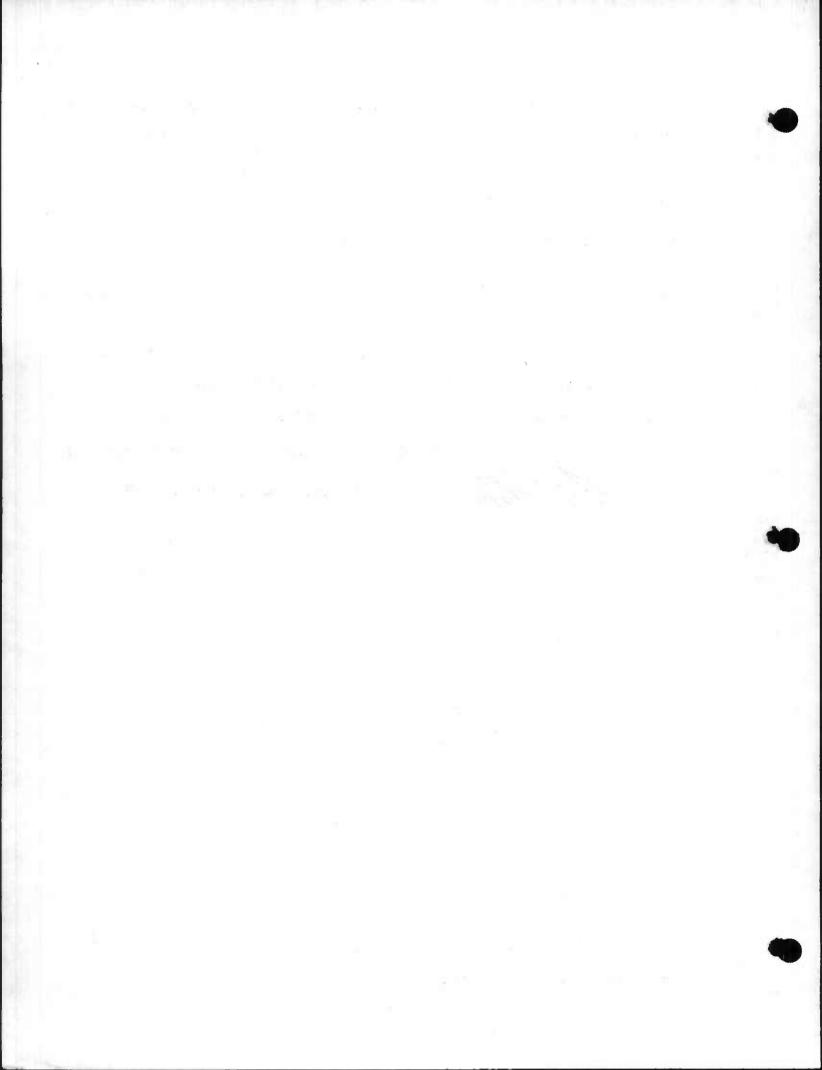
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 31217

							Cer	tificate	of Dea	th		Reg. No.	, 0	31247	
п	Physic	an	1. Decedent's Neme (First, Mi	ddle, Last)							2. Dete of De Month	eth Dey	Yeer	3. Time of Deeth	
/Med			RIII (-ray					Bowen			Octobe		7, 1996 083		
7	Exami		4 69 99 41 41 41 41 41 41 41 41 41 41 41 41 41						y of Deeth vert						
	Funeral Director		5. Sociel Security Number 214 42 2779 Usuel Residence of Decedent	6. Sex 1 □ M		ge (In yrs. lest b 37	virthday) Yrs.	If Under 1 Y Months D	ear If Un	der 24 Hr rs Mir	8. Dete of Bir Month De July 9,	th 1909	9. Birth	piece (Stete or Foreign ntry)	
	land		10a. Stete 10b. Cou	nty		10c. City, To	wn or Loc	ation						10d. Inside City Limits	
	the Mary 28a-f sh	ector	MD Calv	ert		Hunti	ngtov		40					1 ☐ Yes 2025No	
	ath with	Funeral Director	4745 Paul Har	ce Road	đ			10f. Zip Co 2063	9			10g. Citizen of USA	whet Cou	ntry7	
0050	be filed within 72 hours efter death with the Maryland tal Hygiene. d other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be nutified at	by	11. Maritel Status 1 Never Merried 2 Never Me	arried 1	Vas Decedent Armed Forces' ☐ Yes 2X Yes, Give 'eer or Detes:	7	If	/as Decadent Yes, specify ☐ Yes 2√2	Cuban, Mex	Ican, Pue	Specify Yes or No rto Rican, etc.)		eck, White,	can Indien, etc. white	
5-0	72 ho	Completed	15. Deced (Specify only hig	ent's Educatio	n n <i>pleted)</i>	16	e. Decade	ent's Usuel O	ccupetion lone during r	nost of w	orkina	16b. Kind of E	Business/In	ndustry	
121	vithin ne. han	фш	Elementery/Secondary (0-12		College (1-4or			ind of work d O NOT use n	etired)						
d 2	Hygie ther t		17. Fether's Neme (First, Midd	2 (a Last)			nouse	ewife	18 M	ather's Na	eme (First, Middle		n hor	ne	
lan	should be filed of Mental Hygi marked other imatic event, I	To Be	Lawrence Rand		ау					Lou			me)		
Mary	2 8 8		19e. Informent's Name/Relation Rosemarie B. F								Rural Route Numb		-	o Code)	
Baltimore, Maryland 21215-0020	permit. Peges 1 and Depertment of Health Important: if Item 27 any Injury or other ti 2002.		20e. Method of Disposition 1 ☒ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify)						r place) rch Ce	em.	Dete 20c. Location - City or Town, Stete 10-10-96 Huntingtown, MD				
Balt	permit. Depertr Imports any Inju		21. Signeture of Furieral Seprences 22. Name end Address of Feolity										2073	36	
Н	Physician /Medical Examiner	1	shock, or heert feilure. L Immediete Ceuse (Finel disease or condition resulting In death)								or respiretory e		WE	Approximete Intervel Between Onset and Death	
-	χ ξ	lue		a b	1	Ther	000	lus	Tic	ne	ent =	Dise	asci		
x 68760,	the death certificate be executed y the ettending physician end sched for use as the buriel-transit	Medical Examiner	Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last	{ c		Due to (or es e	consequ	ence of):							
.O. Bo	the ettend shed for us	Physician/	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use cont								ontributa t	o the cause of death?			
Δ.	res that the de		HTrd	46	·illa	lu					10	Yes 21 No	* 3□ Pro	bably 4 Unknow	
Records,	v requir	Completed by	Per istan	R	gs.	lu- s/en	ref	eff	lusie	· ,		en autopsy ermed?	ev	ere eutopsy findings relieble prior to empletion of cause deeth?	
æ	ifclan: The lav certificate hes rector, page 2	mo.									10	Yes 200No		Yes 24No	
	an: rtifica	Bec	25. Wes case referred to medi	cal					26. PI	ece of De	eth (Check only o		1		
of <	5 00	To	examiner?	Hospit	el: 1 🗆 Inpatio	ent 2 ER/O	utpetient	3□ DOA	Chat.	-	Home 5□ Resi		her (Specia	fy)	
ion o	Attending Physical death. Cotor: After this by the funeral			stigation	e. Dete of Inju (Month, De	y <i>Year)</i> 28b.	Time of Injury		Injury et Work? 1 Yes 2		28d. Describe				
5	al or Attences efter death	Certification:	3 ☐ Suicide 6 ☐ Cou 4 ☐ Homicide dete	d not be mined 28	e. Pleca of Inj building, et	ury - At home, f c. (Specify)	arm, stree	et, fectory, of	fica		28f. Location (S City or Tox	Street end Num vn, Stete)	ber or Rure	al Route Number,	
	To the Hospital or Attending is within 24 hours efter death. To the Funeral Director: After completely filled in by the funeral process.	edicai	29e. Certifier 1 ☐ Certific (Check only one)	al Examiner: (: To the best on the basis of and manner st	examinetion e	e, deeth o	occurred et the estigetion, in r	ne time, dete my opinion, d	end plec	e, end due to the urred et the time,	cause(s) end m dete end plece	enner es s end due t	steted. the cause(s)	
	Vith To t	Σ	29b. Signeture end title of carti		17			29c. Lic	cense numb	91		29d. Date signe	ed (Month,	Dey, Year)	
				MA	///	- NS	/		7 =	256	+ 35	/	0/	1796	
	10		30. Name and address of person. Dr. Mathur,		Frede	rick, M	D	_							
	Sta Registr		31. Dete filed (Month, Day, Yea	0 9 199	32. Regietr	er's Signature	x-Ran	Lall							

DHMH 16 Rav 6/95



completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

BE

2

Pages 1, 2, 3 should

permit.

ALT	death.	funera	xami
æ	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funers be filed within 72 hours after death with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
_	POC	P .0	Ē
	17	ation	ŧ
09	d with	mplete, crem	event,
687	precute	and co	natic
õ	te be	sician prior to	traun
O.	ertifica	ing phy	other
۵.	th c	lend H Hy	0
DIVISION OF VITAL RECORDS, P.O. BOX 68760	the dea	the at	njury,
OR	s that	ned by	any
KEC	require	of Hea	Shows
	MP	as be	23
IA	V: The	State D	item
>	CIA	the	6
Ö	PHYS	this c	rked,
5	OING	After	E
20	TEN	Mer.	90
5	OR AT	DIRECT HOURS 3	Item 2
	A	32	Ξ
	HOSPI	FUNE	TANT
	물	표	POR
	2	23	Ξ

96 31248 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH OCT YEAR Mary Helen Broadwater 7:05 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign Jan 20, 1 M 2 F DAYS HOURS 216-80-0498 83 YAS. Maryland 1913 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Goodwill Mennonite Home Grantsville Garrett RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Garrett Grantsville t 🗌 YES 2 📉 NO FUNERAL 10e STREET AND NUMBER tof, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9592 New Germany Rd. 21536 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, apecify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: tt. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 🔀 Widowed 4 🗌 Divorced white 18e. DECEDENT'S USUAL OCCUPATION
173/ve kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-t2) College (t-4 or 5+) 7 th Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Fred L. Otto Margaret Hansel BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Thomas D. Broadwater, son 220 Meadow Lake Dr., Grantsville, MD 21536 è 20a. METHOD OF DISPOSITION
1 □XBurial 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Steta must 4 Donation 5 Other (Specify) Oct 12, 1996 Grantsville Cem. Grantsville, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newman Funeral Homes, P.A., P.O. Box 275 10wm 179 Miller St., Grantsville, MD 21536 medical 23. PART I. Enter the/diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heart feliure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition_ mondh ongestive car event, resulting in death) DUE TO (OR AS A CONSEQUENCE DF) Shrose May traumatic CERTIFICATION Levs + Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL Dreviaus shows any STROKE COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? t TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Item HOSPITAL OTHER:
4 D Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNEB-OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М t YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) .00 ETED. 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 200 Item COMPL

1 D CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as ateted. (Check only one) 2 MEDICAL EXAMINER: On the basis of a

ation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

P

mp

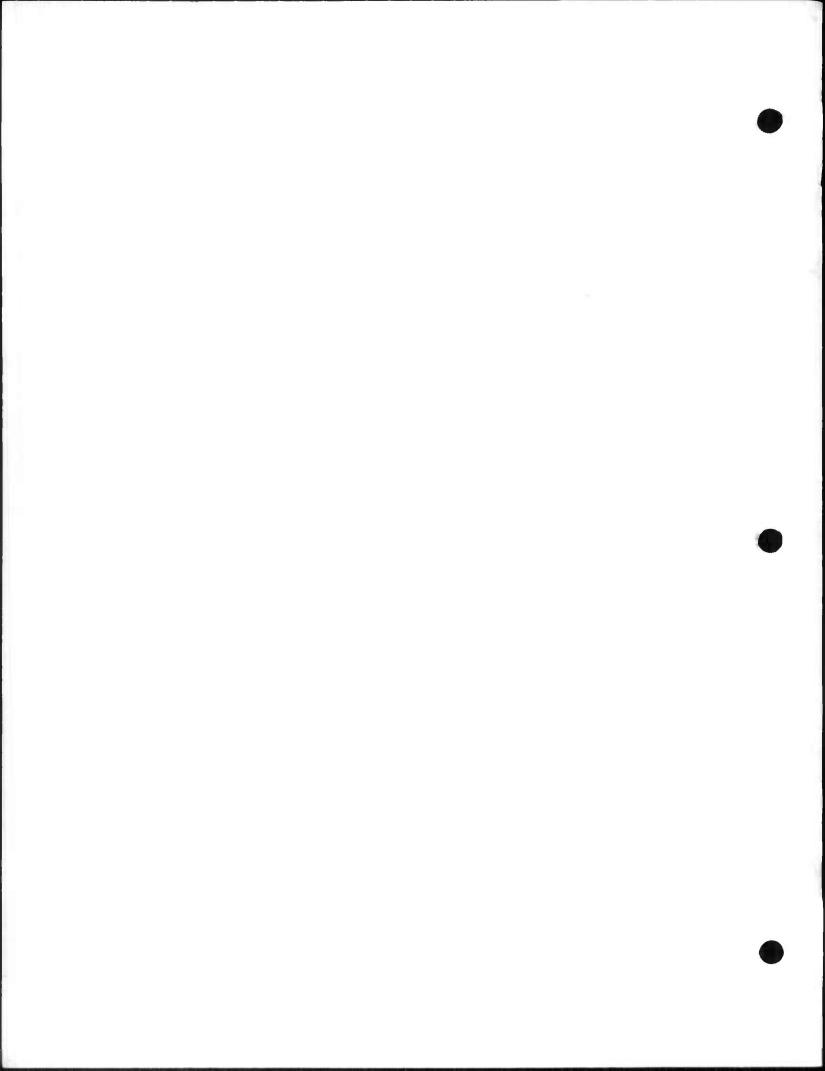
mo 30. NAME AND ADDRESS OF PERSON WHO COM LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32, REGISTRAR'S SIGNATURE Station

31-DATE FILED (Month, Day, Year) OCT 11

DHMH-18 Rev 1/89

1996



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED BY

BE

2

31. DATE FILED (Month, Day

								9	16	31249	
	1 - STATE REGISTRAR	STATE OF MA			RTMENT OF		MENTAL HYGIEN	E		V 1 1111 1 0	
į	1. DECEDENT'S NAME (First, Middle, Last)	REG. NO. 2. DATE OF DEATH MONTH DA		EAR	TIME OF DEATN						
		ERDEU	-A	SAR	R		OCTOBER	3,199		5145 P M	
	4. SOCIAL SECURITY NUMBER 213-24-2920	5. SEX 1 ☐ M 2 🏋 F	6. AGE (In yrs. Ia:	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Dey, Year) Co		Country)	orthpLACE (State or Foreign Intry) North	
1	9e. FACILITY NAME (If not institution, give e	treet end number)			96. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY			
DIRECTOR	Williamsport	Nursing	Home		Wi1	liamspo	rt	Was	hinc	ton	
Ē	10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN OR LOC	ATION			10	d. INSIDE CITY	
급	Md. Was	hington		S	mithsb	ura			1	LIMITS?	
4	10e, STREET AND NUMBER					Of ZIP CODE		10g. CITIZER		T COUNTRY?	
FUNERAL	22148 Pondsv	ille Rd	•		0.1700					Α.	
5	11. MARITAL STATUS	YES 2 X					or No- 14	RACE -	American Indian,		
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA		1 YES 2 NO Specify:					Specify: White		
	15. DECEDENT'S EDUC (Specify only highest grade	16a. DE	(Give kind of work done during most of working			16b. KIND OF BUS	INESS/INDUS	TRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	166e	Do NOT u	omemak			Home			
O	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Melden Surman							
BE C	Mack Henderso	on		Sadie S. Roberts							
2	19e. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS (Street		loute Number, City or Town		de)		
=	Martin Irving	g Barr J	_	2214	8 Pond	sville	Rd. Smit			d. 21783	
	20e, METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remo					Vame of Oct.		densb		P.G. Md	
	21. SEGNATURE OF FURERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRESS OF FAC	CHITY				
	Lennis	Davis Funeral Home Smithsburg								Md.2178	
	23. Part I. Enter the diseases, or o shock, or heart fallure.	omplications that clust only one ceus	caused the de e on each line	eath. Do	not enter tha m	ode of dying, such	as cardiac or reapi	ratory arrest	,	Approximata Interval Between	
	IMMEDIATE CAUSE (Fins)	Car	. —							Onset and Death	
	resulting in death)	BUE TO (C	OR AS A CONSE	QUENCE O	FI:					3WEEKS	

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST

DCCULT	MAUGNANCY	
DUE TO (OR AS A CON		
DUE TO (OR AS A CONS	EQUENCE OF):	

PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO IN UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Nursing Nome 5 Residence 6 Other (Specify) 1 - YES 2 X NO 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural м 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be determined 4 Homicide

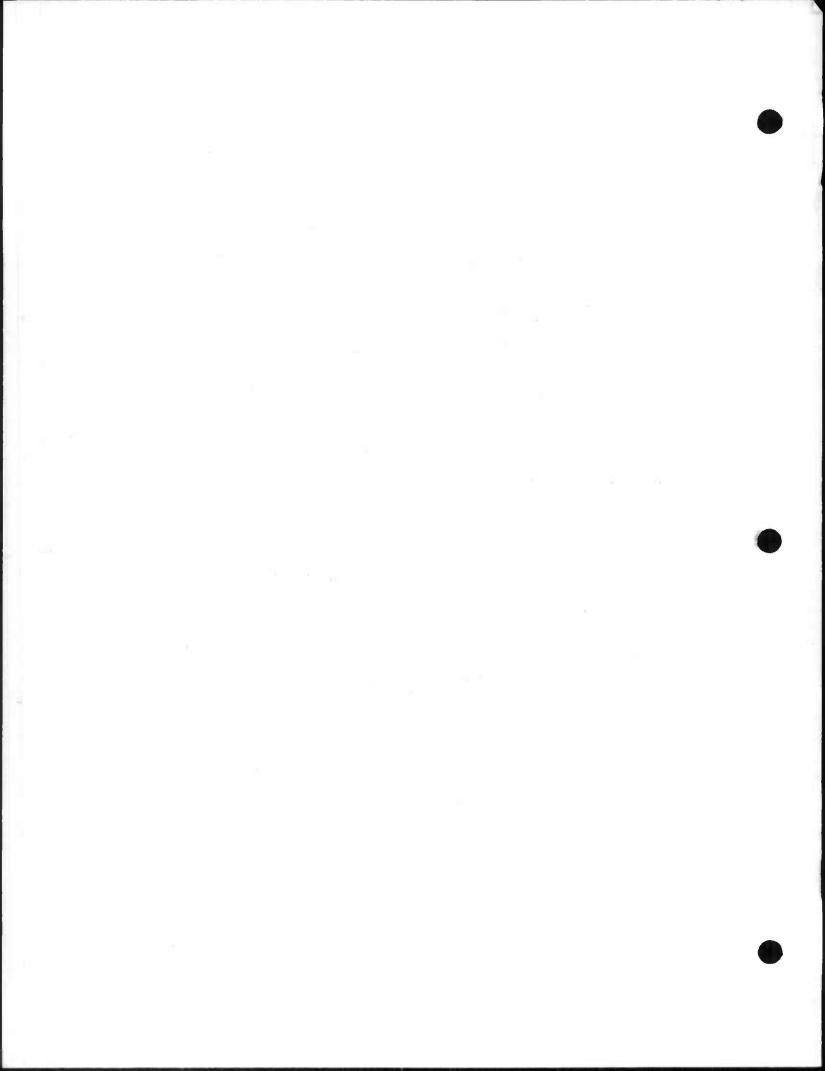
(Check only	t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.
one)	2 MEDICAL EXAMINER: On the basis of examination and/or impactaction to my opinion doth account at the time day

29b. SIGNATURE/AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
JEHOWE, MD	D33700	DOGOBER 4 1991
20 MARE AND ADDRESS OF BERNEY WAS DELIVED TO BE A STATE OF THE STATE O		10.50

JEHOWE, MD	D33700	DOGOBER 4 1996
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)	
TED E. HOWE MD 7542	2 OVERLOOK DR. BOONSE	20 MD 21713

32. REGISTRAR'S SIGNATURE

3



State of Maryland / Department of Health and Mental Hygiene 96 3 1 2 5 0

						Cei	rtificat	e of	Death	1		Reg. No.		01200		
			1. Decedant's Name (First, Middle	, Last)	-	_			_		2. Data of D	eath	V	3. Time of Death		
	Physic /Medi		J	OHN	N BLOOKS						OCTOBE	Day Yea 2 - 179		7-50Pm		
	Exami		4a. Facility Name (If not institution	1	9r) 4b. Cify, Town, or Lo						ocation of Dea		ty of Death			
			SOUTHERN !	MARY IAN.	7	HOSP	JAG		e	Lin	TON	PM	Net	Grabes		
	Funeral Director		5. Social Security Number 103–07–6724		Age (In yrs. Ia		If Unde Months	Days	r If Under		8. Date of B					
	p ,		Usual Rasidance of Decedant							1						
	vus after death with the Manyar at, or items 23a or 28a-f show Examiner must be notified at	ctor	Maryland Prince	e George's		Town or Lo		s					1	0d. Inside City Limits 1 ☐ Yas 2 No		
	or 28	ral Director	10e. Street and Number		*		10f. Zip					10g. Citizan o				
	th wi		6722 Edgemere	Drive					20748			United	State	es		
	des la constant des	Funeral	11. Maritai Status	12. Was Decede Armed Force	ent Ever in U,S	13.	Was Dece	dant of	Hispenic Or	rigin? (Sp	ecify Yes or No Rican, atc.)	o- 14. R	ace - Americ lack, Whita,			
215-0020	72 hours after death with the Maryland "natural", or frems 23s or 28s-f show solical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Marr X3 ☐ Widowad 4 ☐ Divorced		Q No		1 □ Yas				, , , , , , ,	Spec		ite		
5-0	72 h	etec	15. Deceden (Specify only higher	's Education		16a, Deced	dent's Usu	ai Occu	pation	st of work	kina	16b. Kind of	Businass/Inc	dustry		
Baltimore, Maryland 2121	e filed within all Hygiene. other than "vent, its Mex	Completed	Elemantary/Secondary (0-12) 8th	College (1-4	or 5+)		nter	se retire	a during mos ed)	J. 0	New York Port					
	s 1 and 2 should be filed within 72 hc Health and Mental Hygiene. them 27 is merited other than "natur other traumatic event, the Medical	To Be	17. Fathar's Nama (First, Middla, Vincent Beirs								e (First, Middle a Bruke	a, <i>Maid</i> an Sum. eorch	ame)			
	1 and 2 sho Health and I em 27 is me ther traume		19a. Informant's Name/Relations Margo Brooks L									ber, City or Tow				
	of Health Nem 27 r other t		20a. Method of Disposition		20b. Pia	ace of Dispo	sition (Na	me of	oct	5, 1	996ta	20c. Location	- City or To	wn, State		
	permit. Pages Department of I important: If its any injury or o		XXBuriai 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (S)						etery			Clinto	on, Ma	ryland		
alt	Departr Importa any inje											Funeral Home, Inc 6633 Old				
	88 5 8		Stanley E. Marselas Alexandria Ferry Rd, Clinton, Maryl													
			23a. Part1. Entar tha discribe, or ahock, or heart faile. List	complications that caus	sed the death.	Do not ant	ar tha mod	te of dy	ing, such as	cardiac	or raspiratory	arrest,	i	Approximata Intervai Batween		
	Physician		arrow, or mant range and	Δ	1 .	Λ	0							Onset and Death		
7	/Medical		Immediata Cause (Final disease or condition								٧			5 da		
	Examiner		rasulting in daath) a. / Dua to (or as a consequence of):										1			
	D 15	in e		_, (non	/	wo	1 (les	el	\sim		į	Tion		
	that the death certificate be executed of by the attending physician and detached for use as the burial-transit	Examiner	Sequantially list conditions,		Dua to (or	as a conseq	uance of:	1	/	0	/		i			
,09	be el iclan buria		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c. M	almi)	trit	ch	2	Ne	101	My	_	i	I helle		
68760,	phys the	Medical	resulting in death) Last Due to (or as a consequence of):										į			
×	nding p			d									1			
Bo	eath ce attend I for us	clar											1			
0	that the de ed by the a detached	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							I.	23b. Did tolesco use contribute to the cause of					
S, P	es that igned b	by P									15	Yes 2LING	3 Proi	bebly 4 Unknown		
rds	requires seen sign should be											s an autopsy	24b. We	ere autopsy findings		
Record	w requires to the second secon	lete									per	ormed?	CO	allable prior to mpletion of cause death?		
	The law ate has t page 2 s	Completed									10	Yas 200 No		Yes 2□ No		
Vital		BeC	25. Was casa refarred to medical						26 Plac	a of Dee	th (Check only		1	3163 20160		
>	Physician: this certific ral director,	0	axaminar? 1 ☐ Yes 2 ☐ No	Hospital:	etient 2DE	R/Outpetian	t 3 D	01	ther			Idance 6 🗆 C	ther /Snecif	ul .		
of	Physical eral	i i	27. Manper of Death	28a, Date of I	niury 2	28b. Tima of		28c. Inju		oranig ric		how injury occ		,		
Division	or Attending I after death. Director: After I in by the funer	atlo	1 Naturai 5 Pandin 2 Accident invastig		Day Year)	Injury	М		onk?]Yas 2∐	No						
Vis	Atter r des by th	HC	3 ☐ Suicide 6 ☐ Could r	ned 289. Place of	Injury - At hon	na, farm, str	eat, factor	y, office			281. Location	(Street and Nur	nber or Rura	l Route Number,		
á	a after	Certification:	4 Homicide	building,	atc. (Specify)						City or 10	wn, Stata)				
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fi	edical	29a. Certifier (Check only one) Certifying 2 Medical I	Physician: To the be xaminer: On the basis and manner	s of axamination	ledge, death on and/or inv	occurred astigation	at tha t	ime, data ar opinion, das	nd place, ath occur	and dua to the red at tha tima	causa(s) and i	nanner as st e, and dua to	ated. tha cause(s)		
	To the within 2 To the comple	M	29b. Signature and title of certifian	man Mi	DAF	tend	290	. Lican	se number	531	5	29d. Data sign	ned (Month,	Day, Year)		
			30. Name and addrass of person	who complated cause of	death (Item 3	23a) (Tyna	Print) C	7	-10	, ,		10	1/1			
			LAYMI		700		SIAN	so fi	Que	PARI.	F	0, T	20	135		
	Sta	te	31. Date filed (Month, Day, Year)	32. Regi						ruce		cm10		inglung		
	Registr		OCTO	9 1996.	strad's Signatu	ucharl	Cardall									
	THE RESERVE		***		/											

9.

				State	of Maryla		artment ertificate		Health and Death	Mental Hy	/giene	6	31251	
	Physici /Medic		Decedant's Name (First, Mid- THELMA E IL		C	OWAN				2. Date of D Month OCTOBE		Yaar 96	3. Time of Death	
♪	Examir		4a. Facility Neme (if not instituti						4b. City, Town, or	Location of Dea	th 4c. Count	4c. County of Deeth		
0.00	Funeral Director		Calvert Mem 5. Social Security Number 578-22-0790	OTIAL HO 6. Sex 1□ M 2XIF	7. Age (In yr.	. L s. last birthday 73 Yrs.	if Under 1 Months	-		8. Date of Bi		9. Birthpi Coun	ace (State or Foreign ary) achusetts	
	with the Maryland a or 28a-f show	ctor	Usuat Residence of Decedent 10a. Stete 10b. Count Maryland Anne	•	10c. C	City, Town or L	ocation		Deale			10	0d. Inside City Limits 1 ☐ Yes 2 ☑ No	
	uth with the 23a or 28 unt be no	I Dire	10e. Street and Number 616 Irvin Aven	ue			10f. Zlp (Code 10g. Citizen of What Country? 20751 USA					iry?	
020	urs after dea al', or frams	d by Funeral Director	by	11. Marital Status 1 Never Married 2 Ma 3 M Widowed 4 Divorce	12. Was De Armed I Irried 1 \(\triangle Yes, \)	1 ☐ Yes 2 🛣 No			Is Decedent of Hispanic Origin? (Specify Yes or No Yes, specify Cuben, Mexican, Puerto Rican, etc.)			o- 14. Race - American Indian, Black, White, etc. Specify:		etc.
Maryland 21215-0020	C * 40	Completed	15. Decede (Specify only high Elementary/Secondary (0-12) 12	est grade completed	(1-4or 5+)	(Give kind of work done duning most of working life. DO NOT use retired)					6b. Kind of Buatness/Industry Own home			
land	d la b	To Be (17. Fether's Name (First, Middle Francis E. Lam						18. Mother's Nan			me)		
	2 0 0 0		19a. Informant's Name/Relation Mrs. Carol A.		daughte				and Number or Ri					
Baltimore,			20e. Method of Disposition 1 ☐ Buriai 2 🏋 Cremation 4 ☐ Donation 5 ☐ Other (3 □Removel from	20b.	Placa of Disp cemetery, cre	osition (Name ematory or oth	of er pla	ice)	Date	20c. Location	- City or To	wn, Stata	
Balti	permit. Page Department of Important: If any Injury or once.			21. Signature of Funeral Service	Licensee	Eds.	R	22. Name and lausch	Addre Fur	ess of Facility neral Hom	e, P.A.	, Owing		
9	Physician /Medical		Part1. Enter the disease, o shock, or heart failure. List Immediate Cause (Finat disease or condition										Approximate Interval Between Onset and Death	
L	Examiner	ner	resulting in death)	aP	Due to	(or as a conse	equenca of):	7	uberci	rlost	S		5 week	
0,	ate be executed thysician end the buriel-trensit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	S b		(or as a conse								
x 68760,	O C S	VMedical	thet initiated events resulting in death) Last	d	Due to ((or es e conse	quence of):							
O. Box	ath	Physician/M	Part ii. Other significant condit	fons contributing to	death but not re	sulting in the	underlying cau	use gir	ven in Part I.	23b. Dfd	tobacco use co	ontributs to	the cause of death?	
S, P.	5 60	by Ph	Malnutrition/Gastritis							1)3	1 Yes 2 No 3 Probably 4 Unkr			
Record	s been	Completed	Chronic Obstructive Pulmonary Dire					eare 24a. Was an perform			s an autopsy ormed?	ava	re autopsy findings ilable prior to appletion of cause leath?	
al Re	The ate h		Artertardero		drova	scular	Dire	asi	e	10	Yes 2 No	10	Yes 2□ No	
of Vital	S S	To Be	25. Was case referred to medic axaminer? 1 ☐ Yes 2 No 27. Manner of Death	Hospital: 1 28e. Dete	of Injury	ER/Outpatie				lome 5 ☐ Res	one) idence 6 □Ot how injury occu	-)	
vision	Attending Pt or death. Octor: After th by the funeral	Ification:	1 Natural 5 Pendi 2 Accident invest 3 Suicida 6 Could	ing (Mo	nth, Day Year)	injųry	М		rk? Yes 2□No		(Street and Num		Route Number	
>	0.0	=	4 ☐ Homicide deten	mined 200. Flac	a of Injury - At I	ifu)					wn State)			

To the Hospital or A within 24 hours after To the Funeral Direcompletely filled in b

29a. Certifier (Check only one) TSC Certifying Physicfan: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signeture and title of certified

D17245

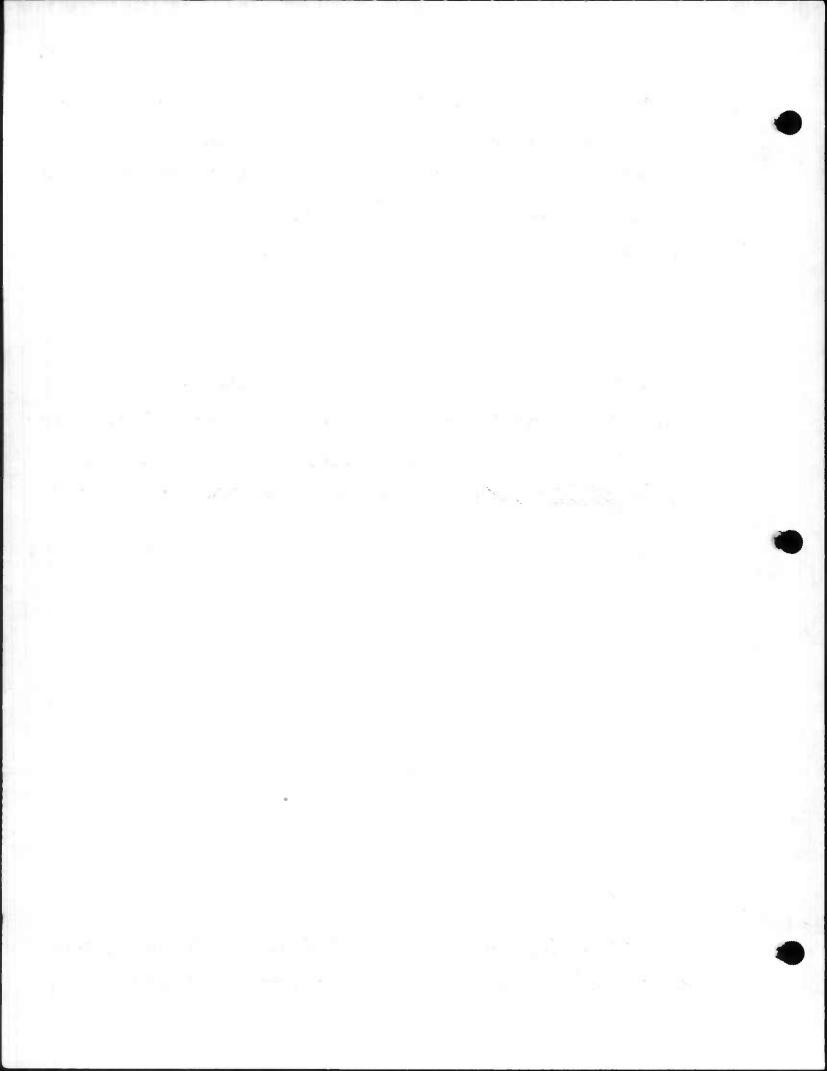
7, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

GERALD P. STERNER, M.D.

PRINCE FREDERICK, MD 20678

State Registrar



State of Maryland / Department of Health and Mental Hygiene 252 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 1035 Robert Detober Lewis CURRY, Jr. /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Washington County Hospital WASHINGTON Hagerstown If Undar 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Yaar 8. Sex 7. Age (In vrs. last birthday) 8. Data of Birth (Month, Dev. Year) Birthplace (State or Foreign Country) **Funeral** Days 1 M 2 □ F Months 217-16-2306 **Director** 68 Sep.22,1928 Maryland Usual Rasidence of Decedent with the Manyland 10a. Stata 10b. County 10c. City, Town or Location tem 27 is marked other than "natural", or items 23a or 28a-f show other traumstic event, the Madical Examiner must be notified at 10d. Insida City Limits Director MD 1 X Yea 2 □ No Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 11 W. Baltimore St. 21740 deeth v USA Funeral 12. Was Decedant Evar in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Reca - American Indian. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene.
Important: If flem 27 is marked other than "natural", or free my Infury or other traumeth even. Black, Whita, atc. 1 X Yas 2 No If Yes, Give Yaar or Dates: 1945—1948 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White by 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grads completed) 16h Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Stock Clerk Metal Fabrication 17. Father's Neme (First, Middle, Last) 18. Mother's Nems (First, Middle, Meiden Sumems) Be Lewis Robert Curry Mary Elizabeth 2 Dean 19e. Informant'a Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Michael Curry 11110 Lakeside Dr. Hagerstown, MD 21740 20b. Plece of Disposition (Neme of cematery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 X Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Smithsburg Crematoriun Oct.8,1996 Smithsburg,MD 21783 22. Nama and Address of Facility OSBORNE FUNERAL HOME P.O.Box # 348 Williamsport, MD 21795 the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardlec or respiratory arrest sent failure. List only one cause on each line. Approximate Intervel Between Onsat and Deeth **Physician** /Medical Immedieta Causa (Finel nentte disaeaa or condition rasulting in death) Examiner Due to (or as a consequence of): attending physician and for use as the buriel-transit Sequentielly fist conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in deeth) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, The lew requires that the death certificate be Physician/Medical Due to (or es e consequança of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? \$ Š 1 | Yes 2 No 3 | Probably 4 | Unknown signed be del þ 24b. Wera autopay findings available prior to completion of cause of death? 24a. Wes an autopsy performed? Completed peed page 2 s has 2 No 1 Yes certificate 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical examinar? 28. Placa of Death (Check only one) Hospitel: 9 Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of Injury Certification: 28d. Describe how injury occurred 28c. injury at Work? After 1 Natural 5 Pending ne Hospital or Attendir n 24 hours efter death. ne Funeral Director: A pletely filled in by the fi death. Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide Medicai 29a, Cartifier 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et tha time, dete end plece, and due to the causa(a) end manner as stated. pletely (Check only one) 2 Medical Examiner: On the besia of examinetion and/or investigation, in my opinion, daeth occurred at tha time, dete end place, and dua to the causa(a) end mennar stated. To the Vithin 2
To the comple 29b. Signatura and title of certifier 29d. Date aigned (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) MD-12821-OAK Hill AVE. AHEED

32. Registrar's Signeture.

1996▶

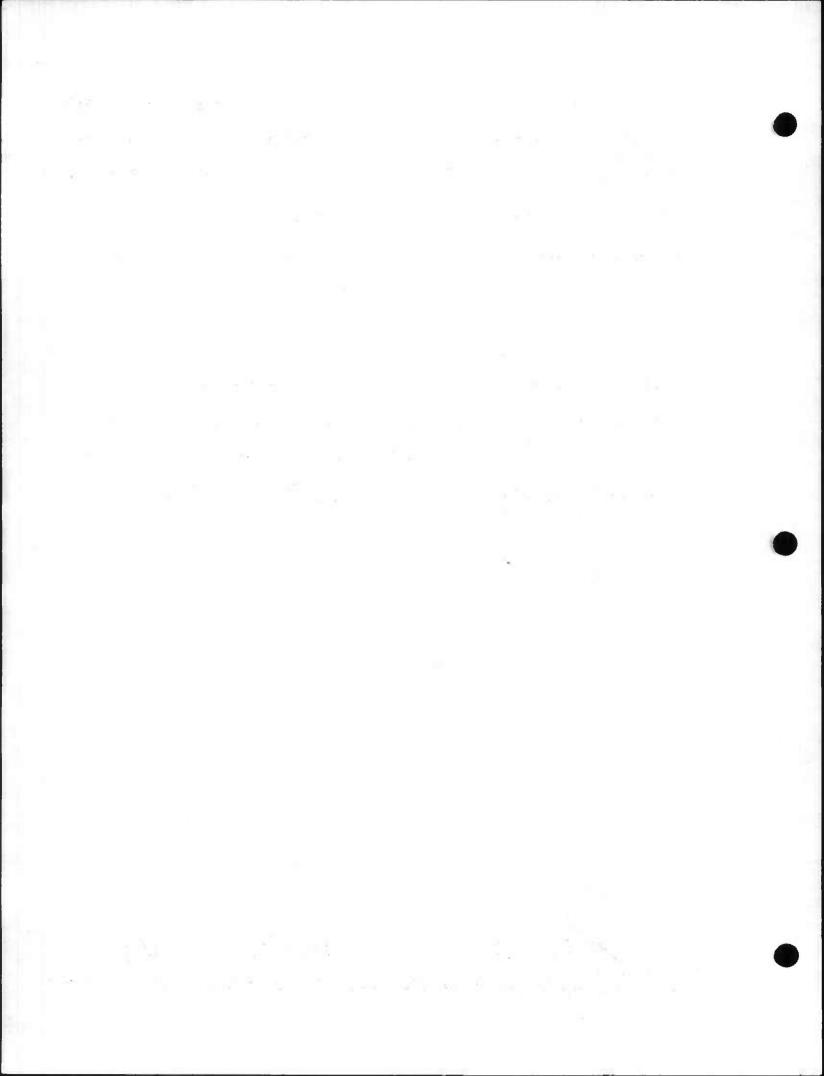
Registrar

State

31 Date filed (Month, Day, Year)

State of Maryland / Department of Health and Mental Hygiene 96 3 | 253

						Cei	tificate	e of	Death		1	Reg. No.		
	Physic		Decedent's Name (First, Middle, La Laura Mae Conard	st)							2. Date of Dea Month October	ath	96 ^{Yeer}	3. Tima of Death 11:20 PM
	/Medi Examii		4a. Facility Neme (If not institution, give Homewood Nursing						4ь. City, To Will	wn, or Lo	ocation of Death	4c. Coun	ty of Death	
Ī	Funeral Director		5. Sociel Security Number 6. S 215–10–2268		7. Age (In yrs. Ias 87	t birthday) Yrs.	If Under Months	1 Yeer Days	If Under		8. Dete of Birt (Month, Day Aug. 20	h	9. Birth	plece (State or Foreign intry) VIEW, MD
	Maryland a-f show tilled at	ctor	Usual Residence of Decedent 10e. State 10b. County Maryland Washi	ngton	10c. City, 1	Town or Lo		auga	nsvil	le				10d. Inside City Limits 1 ☑ Yes 2 ☐ No
	th with the	Funeral Director	10e. Street and Number 313 Mountain Driv	'e			10f. Zip	Code	2176	7		10g. Citizen o	What Cou USA	intry?
020	72 hours after death with the Maryland naturel; or items 23a or 28s-f show Jigal Examiner must be notified at	by	11. Marifel Stafus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Was Dece Armed For 1 Tes if Yes, Give Yeer or Da	2 🖄 No				Hispanic Ori pan, Mexicar Specify:		ecify Yes or No- Rican, etc.)	14. Ra Bi	ack, Whife	ican indian, , etc. hite
21215-0020	within one. then	Completed	15. Decedent's E. (Specify only highest grade Elementary/Secondary (0-12)	ducation de com <i>pleted)</i> Coilege (1-		(Give	OO NOT us	k done	during mos ed)	t of work		16b. Kind of		Service
Maryland	2 should be filed and Mental Hygid is marked other numatic event, ii	To Be C	17. Father's Name (First, Middle, Last, Charles Edgar Rig								e (First, Middle, aude Ne		ime)	
	D = K		19a. informant's Name/Relationship (Charles Warren Ri								ille, M			ip Code) 767
altimore,	permit. Pages 1 an Department of Heat Important: If Item 2 any injury or other once.		20a, Method of Disposition 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specif.		cem	etery, cren	sition (Nam natory or or S Cent	ther pla		0	Defe	20c. Location Clears		own, State , Maryland
Ball	Depart Import any in		21. Signature of Funeral Service Licar			_			-	neral H		ı, MD	21742	
	Physician /Medical Examiner	er	23a. Pert1. Enter the disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	pilcations that ca	onjest	Do not ent	16	of dy	, /	-/			0-	Approximate Interval Between Onset and Deeth
ox 68760,	certificate be executed adding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last	Due to (or as				(OCA	(0	Mar				
s, P.O. Bo	that the death ed by the atter detached for												to the cause of death? obably 4 Unknown	
Records,	aw requir is been s 2 should	Completed by									24a. Was perfor	Vare autopsy findings vailable prior to ompletion of cause f death?		
Vital Re	ate h		25. Was case referred to medical						20 Diago	of Doort	1 🗆 Y		1	☐Yes 2☐No
5	ysician: s certific director,	Be	examiner?	Hospital:				Ot	har /		h (Check only o			
of	ding Ph h. After th funerel	tlon: To	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending 2 Accident Investigation	28a. Date of		VOutpatien Bb. Time of injury		Bc. inju Wo	4 Nu		me 5 Resid 28d. Describe h			ify)
Division	al or Attending s after death. I Director: After od in by the fune	Certification:	3 Suicide 6 Could not be determined	286. Placa (of Injury - At home g, etc. (Specify)	, farm, str	et, factory	, office	0		28f. Location (S City or Tow		ber or Rui	ral Roule Number,
	To the Hospital or Atl within 24 hours after of To the Funeral Direct completely filled in by	edicai	29a. Certifier (Check only one) 1 ☐ Certifying Ph 2 ☐ Medical Exam	ninar: On the bes	To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) the besis of examination and/or investigation, in my opinion, death occurred af the time, date end d menner stated.						ause(s) and r	nenner as , and due	steted. to the cause(s)	
	To the within 2 To the comple	M	29b. Signature and title of continer				29c.	Licen	26	800	6	29d. Date sign	ed (Month	, Day, Year)
			30. Name and address of person who	774	7/10	Hoh	Print		Has	09	ldin	MS	21	742
	Sta Registr		31. Date filed (Month, Day, Year) OCT 0 7	1996 N	gistrar's Signature	varke	dall							



State of Maryland / Department of Health and Mental Hygiene

96 31254

					Cert	ificate o	of Death		Reg. No.		01204			
	43	1. Decedant's Nama (First, Middla,	Last)					2. Data of De	ath		3. Tima of Death			
Physic		Margaret I	Katherine	Cheno	weth			Month 10	Day 7	96	1317			
/Medi Exami		4a. Facility Nama (If not institution,					4b. City, Town, o	Location of Death		y of Death				
		Atlantic Gener	al Hospita	al .			Berlin		Word	ceste	r			
Funeral Director		217-12-7248	. Sax 1 □ M 2 🔀 F	Aga (In yrs. la 76	rst birthday) Yrs.	If Undar 1 Ya Months Day			h y, Year) , 1920	9. Birth Cou Mar	placa (Stata or Foraig ntry) yland			
and w		Usual Rasidanca of Decedant 10a. State 10b. County		10c. City,	Town or Loca	ntion					10d. Insida City Limite			
with the Maryland Re or 28a-f show	5	Delaware Sus	SOV								1 ☐ Yas 20(No			
28. 1000	Director	10e. Street and Number	sex		Selbyvi	10f. Zip Code	A		10g. Citizan of	What Cou	ntn/2			
3a or		Box 40C Rt. 2					975	ĺ	US	***************************************	,			
72 hours after deeth heture!', or items 23	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Deceds Armed Force 1	as? X No	lt J	as Decedant o	of Hispanic Origin? (uban, Maxican, Pua	Specify Yas or No- rto Rican, atc.)	14. Ra	ick, Whita,	can Indian, atc. /hite			
72 hours at natural, or	Completed	15. Decedant's (Specify only highast)	Education		16a. Decedar	nt's Usuai Occ	cupation na during most of w ired)	ndin n	16b. Kind of E	usinass/in	ndustry			
thin thin	nple	Eiemantary/Secondary (0-12)	Coilega (1-4	or 5+)	life. DO	NOT usa ret	ired)	DIKING						
filed within Hygiene. ther than "r mt, the Mec	Co	12			Recor	ds clei	rk		Baltim	ore F	Police Dep			
0 = 0 5	Be	17. Fathar's Nama (First, Middla, La						ema (First, Middla,	Maldan Sumai	na)				
Menta Menta arked	2	Henry A. Sch	ımidt				Etta	Hammer						
2 sh and lem		19a. Informant's Name/Ralationship	(Type, Print)		19b. Mailing	Addrass (Stre	eet and Number or F	Rural Routa Numbe	Number, City or Town, Stata, Zip Code)					
		James Wilbert C	henoweth		Box 4	0 C, R	t.2, Selb	yville, [
mit. Pages 1 epartment of Heportant: If Item y Injury or othe		20a. Mathod of Disposition 1 Bunal 2 Cramation 3 4 Donation 5 Othar (Spe		eta cer	e Henl	tory or other p	olace) Crematory	Data	yville, Delaware 19975 Deta 20c. Location - City or Town, State Frankford, Delaware					
permit. Pages 1 er Department of Hea Important: if Nem 3 eny Injury or other page.		21. Signature of Fuperal Service Lic	ensee				drass of Facility	The Bur Berlin,			al Home			
		23a. Part1. Entar tha disaasa, or co shock, or haart failura. List on	molications that causly tha cause on aac	sad tha daath. h line.	Do not anter	the moda of o	tying, such as cardi	ac or respiretory ar	rest,		Approximata Interval Between			
Physician /Medical Examiner		Immedieta Causa (Final disaesa or condition rasulting in daath)	a. Siff	AMD!	es a conseque	Ave	st dus	to Asp	ohy xix	hi.	Oneat and Death 2 days			
ped jist	Examiner		b. Any	oxén	ي	2n cg	stude pe	x45+			2days			
be executed ician and buriel-transit	xan	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	0 =	001	as a consaqua	ince of):	,	O						
cate be ex physician the burie		causa. Entar Undarlying Cause (Diseasa or Injury	· Su	psi	>						2 class			
	edicai	that initieted evants resulting in death) Last	0	Dua to (or a	as a conseque						J			
oding Jse s	₹		d plean	nl	tra	7001	27				2dys			
death e etter	cla	Deat II. Other elemidians and the section		. h	(CO) Marine M	Francisco (Control	0.0001	T and mission			V			
hat the od by th detache	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given							236. Did t		3 Pro	o the cause of death bably 4 🗆 Unknow			
aw requir	Completed t							24a. Was perfor	an autopsy med?	av	ara autopsy findings vallable prior to emplation of cause death?			
0 - 2	COL							1 🗆 Y	as 20 No	11	☐ Yes 2☐ No			
ysician: The s cartificate director, pag	Be	25. Wes casa refarred to medical axaminar?					26. Place of De	eath (Check only o	na)					
S 00 G	To	1 Yas 2 No	Hospitai:	atient 2 E	R/Outpatient	3 DOA	Other: 4 Nursing	Homa 5 Rasid	lanca 6 🗆 Ott	nar (Specia	(y)			
fing After Tune		27. Manner of Death 1 Natural 5 Pending 2 Accident invastigat	1 3	njury Par Year) 2	28b. Time of Injury	28c. In W	ljury at Vork? Yas 2 No	28d. Dascribe h	now Injury occur	red				
7 E E	Certification:	3 Sulcida 6 Could not datarmine	d Zea. Place on	Injury - At hom atc. (Specify)	na, farm, strea	t, factory, offic	e 28f. Location (Street and Number or Rural Route City or Town, Steta)			al Routa Number,				
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical	29a. Certifiar (Check only one)	Physician: To the beaminer: On the basis and mannar	s of axaminatio	ledga, daath o on and/or Invas	ccurred at tha stigation, in my	tima, data and plac y opinion, daath occ	e, end due to tha durred at the time, d	causa(s) and m data and piace,	anner as s and dua t	stated. o the cause(s)			
To the To the Coming	29b. Signatura and title of certifier 29d. License number 29d.								29d. Data signed (Month, Pay, Year)					
	3	128m (2 Ones	5		D4	7676		(0/7	116	7			
		30. Nama and address of person wh	o completed causa o	of death (Itam 2	23a) (Type, Pri	int)	- / /							

Bsher A. Touleimat, MD 9733 Healthway Dr. Berlin, MD 21811

31. Data filed (Month, Dey, Yaar)

OCT 0 8 1996

July Davider Red 4

Registrar

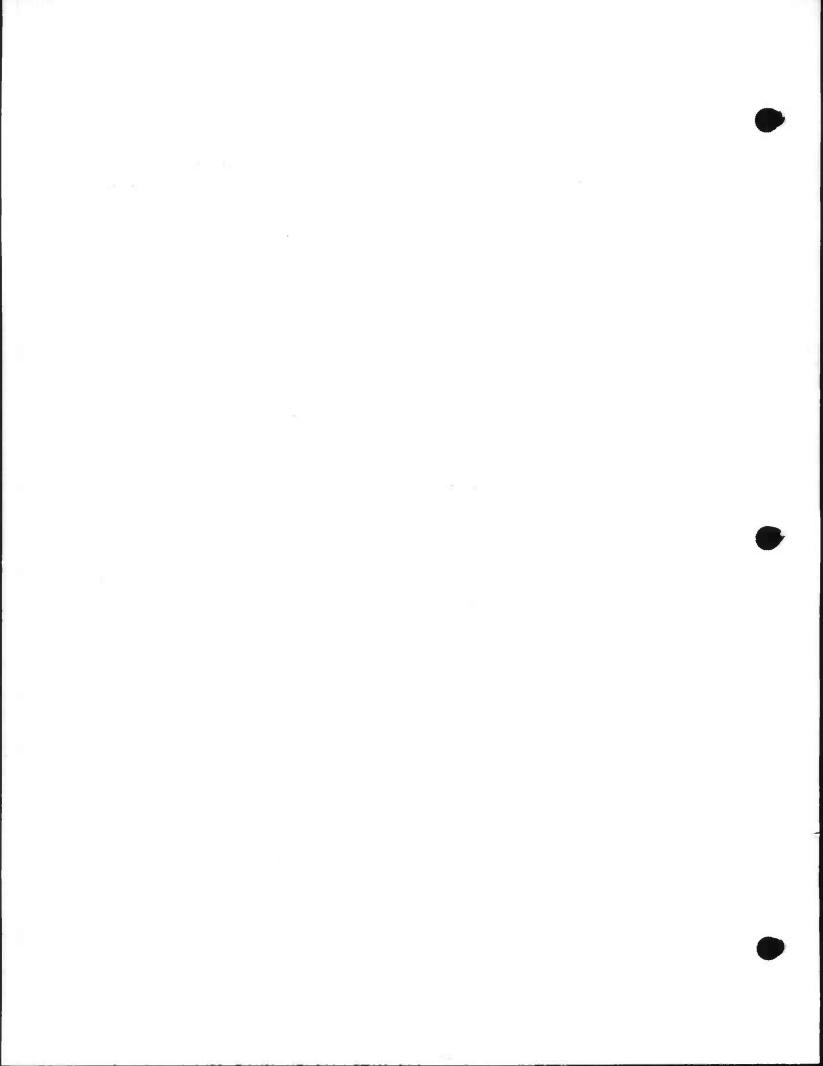
State

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: Il item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be nettified at once.

	500												96	31255
	1 - STATE REGISTRAR		STATE OF N		D / DEPAI CERTIF					MENT	AL HYGIEN REG. NO.	E		
		AE	SHU			DE	R			2. DAT	TE OF DEATH	2	96	3. TIME OF DEATH 08:37 A M
	4. SOCIAL SECURITY NUMBER 578-88-0018	1	S. SEX	6. AGE (In yrs	s. lest birthday) YRS.	# UNDER	DAYS	HOURS	24 HRS. MIN.	(Mo	e OF BIRTH (th, Day, Year)	03	6. BIRTI	
OR	90. FACILITY NAME (If not institution 4614 Olden Ro	oad	et and number)					Ille	ON OF DE			9c. COL	inty of c	
DIRECTOR	RESIDENCE OF DECED	ENT COUNTY			10c. CI	ry, town o	B LOCAT	ION						10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER	Mont	gomery				Rock	ville						LIMITS?
FUNERAL	4614 Olden Ro	oad					101	ZIP CODE 208					nina	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Marr 3 N Widowed 4 Divorced	ried	2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO		f yes, sp	ecity Cuban	F NISPAN n, Mexicer Specify	ı, Puerti	IIN? (Specify Yes o Rican, etc.)	or No—	Spec	E — American Indian, k, Whita, etc. 2ntal
Œ	15. DECEDEN (Specify only high	NT'S EDUCAT	TION mpleted)	16a	DECEDENT'S	work done			a a	10	66. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 6th		College (1-4 or 5 +)	Homem						Н	ome		
BE CO	17. FATHER'S NAME (First, Middle, Unknown	Lest) Yee	2					16. MOTH	_	ME (First	, Middle, Malden M	Sumame)		
TO B	196. INFORMANT'S NAME (Type/P Edward L. De	,	andson)		196. MAILING 7545	ADDRESS	(Street a	nd Number	or Rural R ROCk	oute Nu	nber, City or Town	r, State, Zi	nd 20	0855
	20a METHOD OF DISPOSITION 1 IN Burlet 2 Cremetton 3	B □ Remove		Complete	CEAND DATE	OF DISPOS	ITION (No	me of C	ct.	8,DA	TE 29c, LO	CATION —	City or To	own, State
	4 Donation 6 Other (Special Signature of Funeral Sei		SEE	Wash	ningto	n Nat	ion	al Ce	M.	110	96 Su	itla	nd, I	Maryland
	► Charles	, 7	· Bel	ange	W						TYCE I'M	ICL a.	T IICI	me, Inc. Linton, MD
	23. PART 1. Enter the disease ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	fallure. Lia	nolicationa that it only one cau	se on each	line.						•	ratory ar	Test,	Approximate Interval Between Onset and Daath
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b c d		(OR AS A COM	17-55.5									
PHYSICIAN: MEDICAL	PART II. Other algorificant co								iven in i	Part I.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	DID TOBACCO USE (BUTE TO CA		EATH Y			UNC	ERTAIN					N/A
SICI	EXAMINER?	Н	IOSPITAL:			OTHER	t:				ner (Specify)			
PHY	27. MANNER OF DEATH		28a. DATE OF (Month, Da	INJURY	28b. T/6		28c. INJ WO	JRY AT			ESCRIBE NOW IN	JURY OC	CURED	
D BY	2 Accident Invest 3 Suicide 6 Could	tigation	26s. PLACE Of	F INJURY — A	t home, Jarm,	street, facto		ES 2 [ND		CATION (Street a	nd Numbe	r or Aurel F	Route Number,
LETE	An- OFFICIEN	mined									y or Town, State)			
COMPLETED	(Check only		N: To the best of On the basis of ax) and manner as stated.
TO BE	296. SIGNATURE AND TIELE OF C	6	Men	ele	10	,		29c. LICEN			-		E SIGNED	(Month, Day, Year) 4. 96
30. NAME AND ADDRESS OF PERSON WHO COMPLETED GIUSE OF DEATN (ITEM 27) (Type, Print) TRANCIS C MAPLE 10215 VERNWOOD RD BETWESDAMD 20817 31. DATE FILED (Month, Day, Year) OCT 0 9 1996. Julia Dawelson Rayfall														
_			- (/					_						



State of Maryland / Department of Health and Mental Hygiene 96 3 | 256

								Cer	tificat	e of	Death			Reg. No.		
	Physic		Decedent's Name (First, Mide Mary	_	nn		Da	vis					2. Dete of De Month		Year 96	3. Time of Death
	/Medi Examii		4a. Facility Name (If not institution								4b. City, To	wn, or Lo	ocation of Deat		ty of Death	
1	Funeral		5. Social Security Number	6. Se	×	oad 7. Age (In)	vrs. lest birt	hdey)	If Under		Temp]					orge's place (State or Foreign
L	Director		219-72-3630 Usual Residence of Decedent	1L	⊒м 2 ∏ F	34		Yrs.		Deys	Hours	MIII.	Aug. 1	5,1962	Wash	nington, D.
	ith with the Marylan 23a or 28a-f show ust be notified at	ctor	Maryland Princ	•	eorge '		City, Towr		cation Hills							10d. Inalde City Limits 1 ☐ Yes ※XX No
	th with th	ai Directo	10e. Streef and Number 5611 Old Ten	ıple	Hills	, Road	i.		10f. Zip	Code	20748	3		10g. Citizen of U.	Whet Cou	ntry?
020	s after dea	by Funeral	11. Marital Stafus 1 Never Married 2 Ma 3 Widowed 4 Divorce	rried	12. Wes Dec Armed Fo 1 Yes If Yes, Gi Year or D	orces? 2 No ve XNo	n U,S.	.11	Vea Deced Yes, spec	cify Cub	lispanic Orig an, Mexican Specify:	gin? (Sp , Puerto	ecify Yea or No Rican, etc.)		ack, White,	can Indian, , etc. Vhite
21215-0020	thin 72 hounge.	Completed	15. Decede (Specify only high: Elementery/Secondery (0-12)	nt's Edu	cation le completed) College (1-4or 5+)	16a.	(Give I	lent's Usua kind of wo DO NOT us	rk done	during most	of work	ing	16b. Kind of Greenb		
nd 21	77 70 1	Ве Соп	12. 17. Fether's Neme (First, Middle		N/A		Mar	nage	er	Apaı	tment		e (First, Middle	Apartm Meiden Sume		
Maryland	d 2 should be filed the and Mental Hyg 7 is marked othe treumatic event,	To	Donald Wayr 19a. Informant's Name/Relation		-	Sr.	105	Matte		104		ry		avanis	0	0.80
	es 1 and 2 of Heelth a Hem 27 la		Donald W. Da 20a. Method of Disposition 12 Buriel 2 Cremation	vis ₃□F	, Sr.	State	b. Place of cemeter	10 Dispos	Sout.	h Br	ruce S	tree	et Laure Dete Ct. 8,	el, Mar 20c. Location	yland - City or T	L 20727 own, State
Baltimore,	permit. Pag Department Important: Il sny Injury o		4 Donation 5 Other (Specify) 21. Signeture of Puneral Seprice Licerum 22. Name end Address of Facility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Rd Clinton, 23a. Part 1. Enfer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,													
	Physician /Medical		shock, or heart failure. Lis	r compl t only or	ications that one cause on e	saused the dech line.	eeth. Don									Approximate Interval Between Onsef and Death
	Examiner	er	disease or condition resulting in deeth)	= 1	3	Due to	o (or as a o	onseq	uence of):							3 years
x 68760,	ertificate be assouted ding physician and se as the buriel-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest	{	b		o (or as a c									
.O. Bo	death of attended for us	Physician	Part II. Other significant conditi	ons cor	ntributing to de	eath but not	resulting in	the un	nderlying c	ause gh	en in Part I.		23b. Did	tobacco use c	ontribute t	to the cause of death?
0	requires that the een signed by the hould be detache	by Ph											10	Yes 2 No	3 Pro	obably 4 Unknow
lecords,	N 0 0	Completed	-											an autopsy med?	81	fere autopsy findings vailable prior to ompletion of cause death?
tal R	E se		25. Was case referred to medic	<u> </u>								- 15	10		1	☐ Yes 2☐ No
of Vital	2 00 0	To Be	examiner?		lospital:	npatient 2	2 ☐ ER/Out	patient	3 DC	Oth	oer	rsing Ho	me 5/17/Real	dence 6 🗆 O	ther (Speci	fy)
Division c	To the Hospital or Attanding Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	3 Suicide 6 Could	igation not be		th, Dey Year		ijury	М		y af rk? Yes 2 □ I	No	28d. Describe			al Route Number,
ο	pital or A uns after wall Directilled in by		4 Homicide deteri	nined	buildi	of Injury - Ang, etc. (Spe	ecify)						City or To	vn, Stete)		
	To the Hospital within 24 hours in the Funeral	ledicai	(Check only 2 Medical one)	Exami	ner: On the bi	best of my lasts of exam ner stated.	inaflon and	death Vor Inv	estigation,	in my o	pinion, deat	d place, th occurr	and due to the red at the time,	cause(s) end n date and plece	nenner as s a, and due t	itated. o the cause(s)
	will To	M	29b. Signafure and title of certific	er .	ell	de	u	,	290	D 2	ie number 34 2	27	4	29d. Date algn	Month,	
			30. Name and address of person Sam Tellawi	7700	ompleted caus Old B	e of death (I	ltem 23a) (Ave.	Type, F	Print) -102	Cli	nton,	Mar	yland 2			
	Sta Registr	te ar	31. Date filed (Month, Day, Year OCT	9		egistrat's Si						Se	=	,		

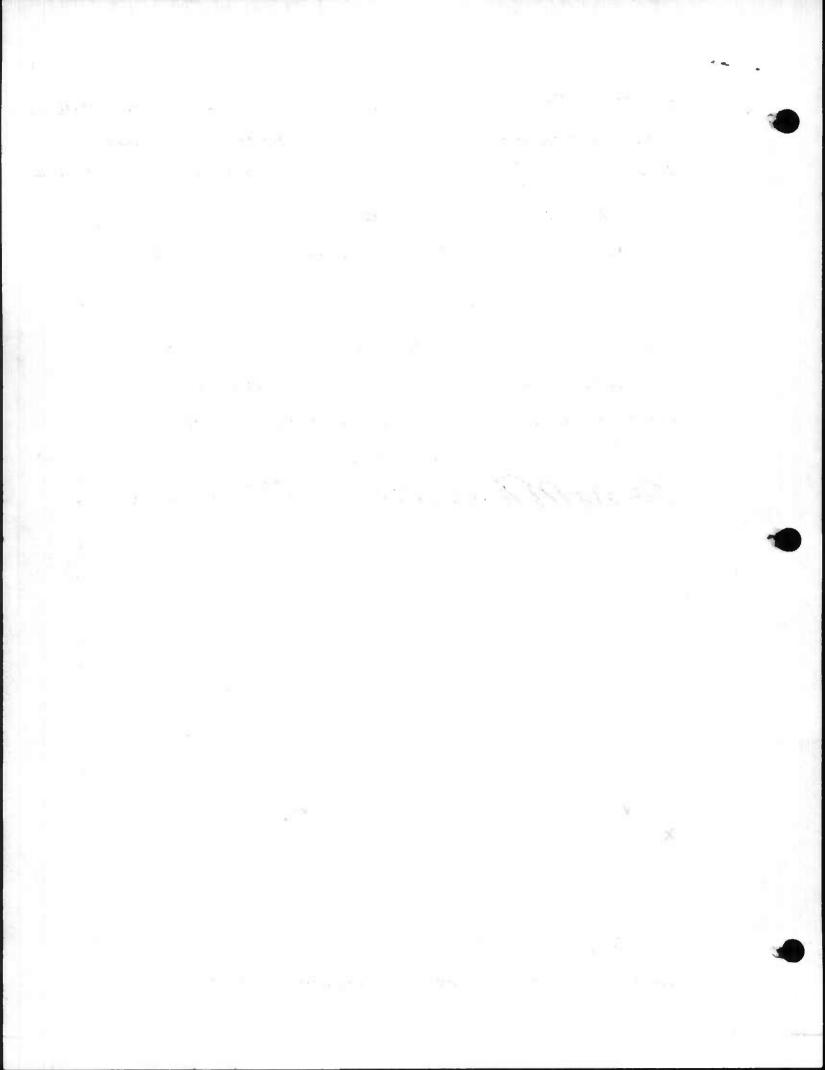
Registrar

State of Maryland / Department of Health and Mental Hygiene

31257 Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death Day Physician Ruth Thelma EAVEY Month Yaar October 4, 1996 /Medical 12:10 AM 4a. Facility Nama (If not institution, giva straat and number) 4b. City. Town, or Location of Daeth 4c. County of Death Examiner Ravenwood Nursing Home Washington Hagerstown If Undar 24 Hrs. 8. Data of Birth
Hours | Min. (Month, Day, Year) 5. Social Sacurity Number 6 Sax If Undar 1 Yaar 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** Months Days 1□M 2CXF 219-05-2367 Yrs. 75 Director June 11,1921 Pennsylvania Usual Rasidance of Decadant with the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, he Medical Examprer maint be notified at MD Funeral Director Yas 2 No Washington Hagerstown 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 1183 Luther Drive 21740 USA death Herrs 11 Maritai Status 12. Was Decedant Evar in U,S Armed Forcas? Was Dacedant of Hispanic Origin? (Spacify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. int: If Item 27 Is marked other then "natural", or ite 1 Navar Marriad 2 Marriad ☐ Yas 2X No Baltimore, Maryland 21215-0020 Yas Giva 1 ☐ Yas 2 ☑ No Specify: þ Specify: 3 Widowad 4 Divorced Yaar or Datas white Completed 15. Decedant's Education (Spacify only highast grada completed) 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) inspector aircraft 8 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be Henry John Roth 2 Grace Allen Fisher 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Linda C. Irvin-Craig 304 E. Wilson Blvd., Hagerstown, Md. 21740 20a. Method of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata Depertment of P Important: If ite any injury or of once. 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Hagerstown Crematory 10-4-96 Hagerstown, Maryland 21. Signature of Finneral Service Licensee 22. Nama and Addrass of Facility MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 23a. Part1. Entar tha disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** Immadiata Ceuse (Final disaesa or condition rasulting in daath) /Medical 7 days Examiner a Congestive Heart Failure Dua to (or as a consequence of): Examiner many The lew requires that the death certificate be executed Arteriosclerotic Heart Disease bunel-transit years Sequentially list conditions, if any, leading to immadiate causa. Entar Undarlying Causa (Diseasa or Injury thet initiated events rasulting in death) Last and Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, attending physician Physician/Medical for use es the Dua to (or es a consaguança of) ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by 1 □ Yes 2 No 3 Probably 4 Unknown Cerebral thrombosis with aphasia and right hemiparesis by Completed 24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy performed? Urinary Tract Infection certificate 1 Yas 2 ₹ No 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was casa rafarred to medical axaminar? Be 26. Placa of Daath (Check only one) Hospital: 10 1 ☐ Yes 2 ☐ No Othar: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Nursing Homa 5 ☐ Rasidance 8 ☐ Othar (Specify) this 27. Mannar of Deeth 28e. Data of Injury (Month, Day Year) Certification: 28d. Dascribe how injury occurred After 5 Panding Investigation 1 Netural 2 Accidant after deeth. 1 Yes 2 No the 3 Sulcida 6 ☐ Could not ba determined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) á 4 Homicide a 24 hours aft Funeral DI detely filled Ir 29a. Certifiar (Check only one) 1 Carifying Physician: To the bast of my knowledge, death occurred at the time, dete and place, end due to the cause(s) and mennar es stated.

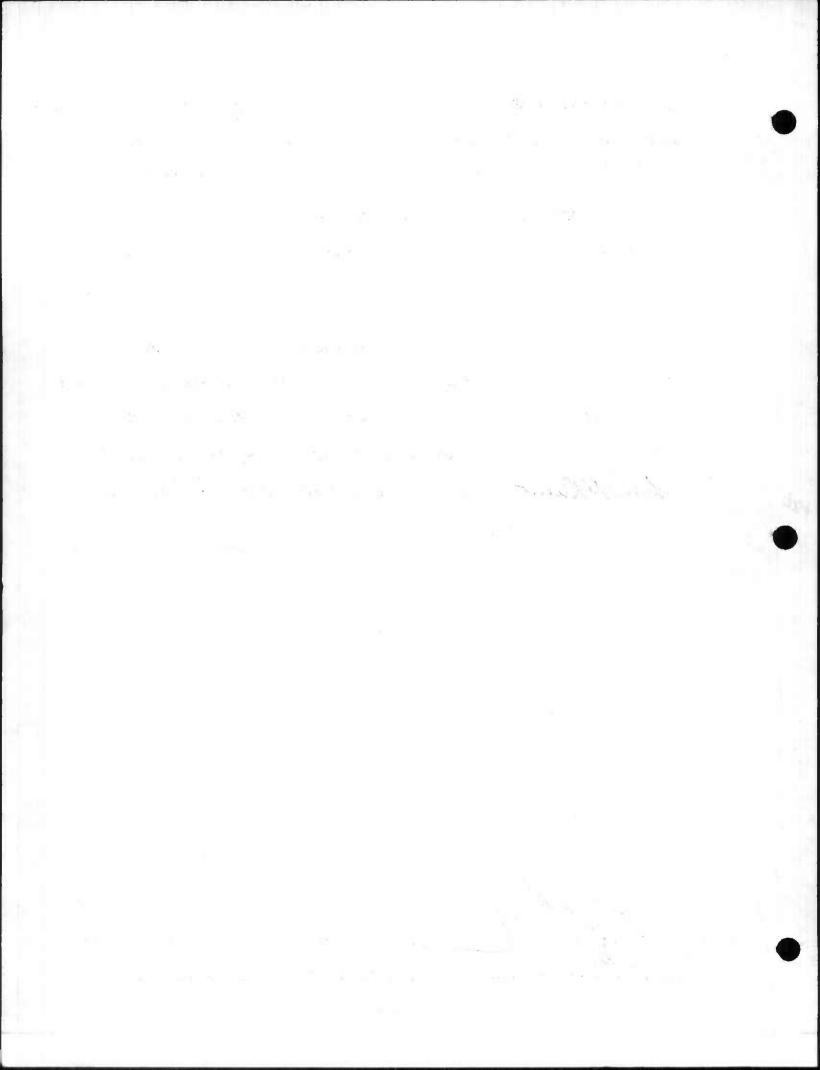
2 Medical Examinar: On the basis of exemination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mennar stated. Medical within 2 29b. Signatura and titla of cartifiar 29c. Licansa numbar 29d. Data signed (Month, Day, Year) October 4, 1996 D07857 30. Nama and address of person who complated cause of daath (Itam 23e) (Type, Print) Edson Moody, M.D., 1190 Mt. Aetna Rd., Hagerstown, Md. 21740 31. Data filed (Month, Day, Yaar) 32. Ragistrar's Signatura Jahr Studior Revel State Registrar OCT 0 4 1996

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene QG 21250

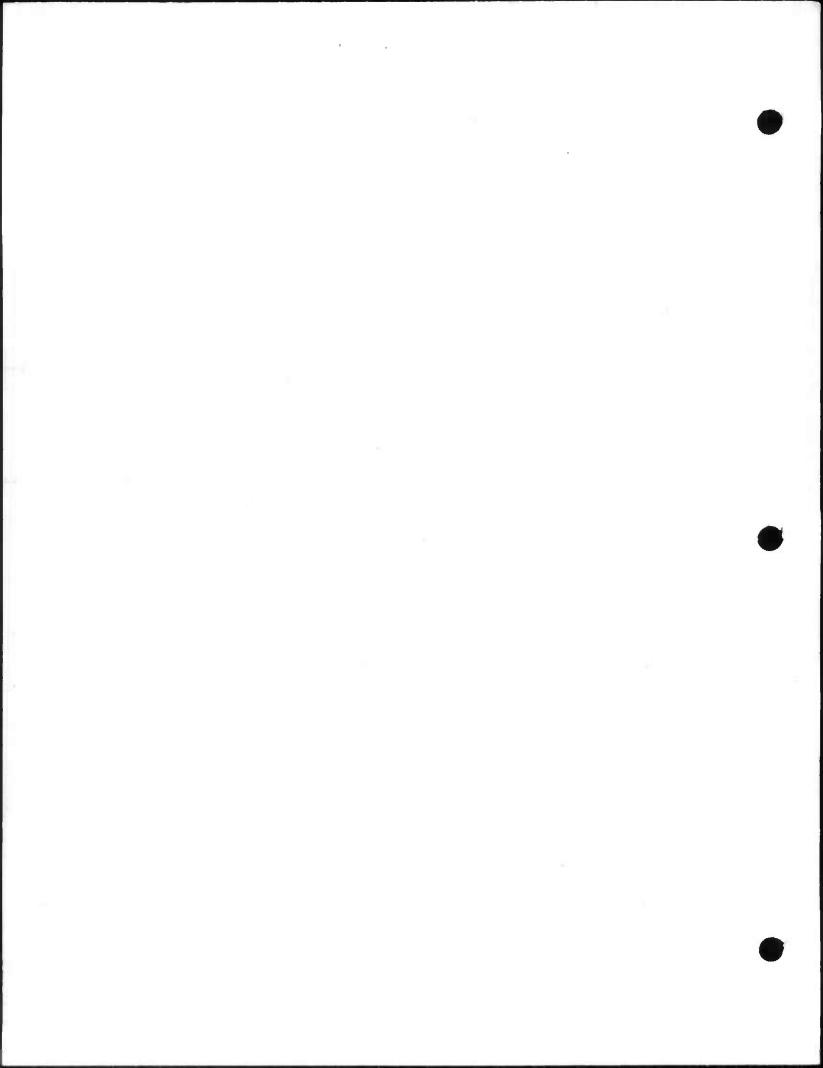
ANNA 4a. Facility GARR 5. Social S 2 3 2 — Usuel Rasi 10a. Stata MD 10e. Street 11 III 11 Ner 11 N	Nama (If not Institution ETT COUNTY leurity Number 80-1426 dence of Decedent 10b. County GAR) and Number STREET Status ar Married 2 Married 15. Decedent (Specify only highes lary/Secondary (0-12) Nama (First, Middle, EY ant's Name/Relations of Lewis def Disposition	MEMORIAL 6. Sex 1 Memorial 12. Was Dece Armed For 1 Memorial 14. Was Dece Armed For 1 Memorial Memoria	HOSP. 7. Aga (In 81 10cc 10cc 10cc 10cc 10cc 10cc 10cc 1	yrs. lest bir	Yrs. Mon n or Location MT • L 10f 13. Was D If Yas, 1 □ Ye Decedant's C (Giva kind or	AKE P. Zip Code 21550 ecedant of specify Cut as 2 No	ARK	Location of Death ND 8. Data of Bir (Month, Da MAY 20	Day 28, 1996 4c. County GARI th y, Year) 10g. Citizen of V 14. Rac Biac	yaar 5	nside City Limits XX Yes 2 □ No
4a. Facility GARR 5. Social S 232— Usuel Rasi 10a. Stata MD 10e. Street 11. Marital 1 Ne 3 Wi Elamant. 8 17. Fathar's HARL 19e. Inform Sand 20a. Matho	Nama (If not Institution ETT COUNTY leurity Number 80-1426 dence of Decedent 10b. County GAR) and Number STREET Status ar Married 2 Married 15. Decedent (Specify only highes lary/Secondary (0-12) Nama (First, Middle, EY ant's Name/Relations of Lewis def Disposition	MEMORIAL 6. Sex 1 M 2 X F RETT 12. Was Dece Armed For 1 Yes, Giv Year or Definition of grade completed) Collaga (1	HOSP. 7. Aga (In 81 10cc 10cc 10cc 10cc 10cc 10cc 10cc 1	yrs. lest bir	Yrs. Mon n or Location MT • L 10f 13. Was D If Yas, 1 □ Ye Decedant's C (Giva kind or	AKE P. Zip Code 21550 ecedant of specify Cut as 2 No	OAKLAN If Under 24 Hrs Hours Min ARK Hispanic Origin? (5 pan, Maxican, Puer	Location of Death ND 8. Data of Bir (Month, Da MAY 20	28, 1996 14c. County GARI 17, Yaar) 1, 1915 10g. Citlzen of V	of Death RETT 9. Birthplaca Country) WV 10d. Ir 1 What Country? USA 2- American Inck, Whita, atc.	(State or Foreign nside City Limits XYas 2 □ No
GARR 5. Social S 232— Usuel Rasi 10a. Stata MD 10e. Street 11. Marital 1 Ne 3 Win Elament 8 17. Father's HARL 19e. Inform Sand 20a. Matho 1 X Bu 4 Doc	ETT COUNTY acurity Number 80-1426 dence of Decedent 10b. County GAR and Number STREET Status ar Married 2 Marri lowed 4 Divorced 15. Decedent (Spacity only highes ary/Secondary (0-12) Nama (First, Middla, 12) EY ant's Name/Relations of Disposition	MEMORIAL 6. Sex 1 M 2 F RETT 12. Was Dece Armed For 1 M 2 M F If Yas, Giv Year or De transfer of the grade completed) Collaga (1	HOSP. 7. Aga (In 81 10cc 10cc 10cc 10cc 10cc 10cc 10cc 1	yrs. lest bir	Yrs. Mon n or Location MT • L 10f 13. Was D If Yas, 1 □ Ye Decedant's C (Giva kind or	AKE P. Zip Code 21550 ecedant of specify Cut as 2 No	OAKLAN If Under 24 Hrs Hours Min ARK Hispanic Origin? (5 pan, Maxican, Puer	8. Data of Bir (Month, Da MAY 20	GARE th Year) 1915 10g. Citizen of V	9. Birthplaca Country) WV 10d. Ir 1 What Country? USA 2- American In ck, Whita, atc.	nside City Limits
5. Social S 232— Usuel Rasi 10a. Stata MD 10e. Street 11 11. Marital 1 Ne 3 Wi Elamant. 8 17. Fathar's HARL 19e. Inform Sand 20a. Matho 1 1 8 8	icurity Number 80-1426 dence of Decedent 10b. County GAR and Number STREET Status ar Married 2 Married 15. Decedent (Spacify only highes iny/Secondary (0-12) Nama (First, Middle, 12) August State Ca Lewis d of Disposition	6. Sex 1 M 2 F RETT 12. Was Dece Armed For 1 Yas If Yas, Giv Yaar or De Grade Completed) Collaga (1	7. Age (In 81 10c) addent Ever cas? 2 🗓 No eatlas:	yrs. lest bir	Yrs. Mon n or Location MT • L 10f 13. Was D If Yas, 1 □ Ye Decedant's C (Giva kind or	AKE P. Zip Code 21550 ecedant of specify Cut as 2 No	ARK Hispanic Origin? (5 pan, Maxican, Puer	8. Data of Bir (Month, Da MAY 20	th y, Year) 1915 10g. Citizen of V 14. Rec Black	9. Birthplaca Country) WV 10d. Ir 1 What Country? JSA 2e - American Inck, White, atc.	X Yas 2□No
232- Usuel Rasi 10a. Stata MD 10e. Street IIII 11. MarItal 1 Ne 3 Wi Elament 8 17. Father's HARL 19e. Inform Sand 20a. Matho 1 28 4 Do	B0-1426 dence of Decedent 10b. County GARI and Number STREET Status ar Married 2 Married 15. Decedent (Spacify only highes iny/Secondary (0-12) Nama (First, Middle, 12) EY ant's Name/Relations of Lewis d of Disposition	1 M 2 TF RETT 12. Was Dece Armed For 1 Yas If Yas, Giv Yaar or De Grada completed) College (1	81 10c	in U,S.	Yrs. Mon n or Location MT • L 10f 13. Was D If Yas, 1 □ Ye Decedant's C (Giva kind or	AKE P. Zip Code 21550 ecedant of specify Cut as 2 No	ARK Hispanic Origin? (Soan, Maxican, Puar	MAY 20	10g. Citizen of V	WV 10d. Ir 1 What Country? JSA 9 - American Inck, Whita, atc.	nside City Limits
10a. Stata MD 10e. Street IIIII 11. Marital 1 Ne 3 Wi Elamant. 8 17. Father's HARL 19e. Inform Sand 20a. Matho 1 X Bt 4 Do	and Number STREET Status Year Married 2 Married 15. Decedant (Spacify only highas Introduced A Married Status Nama (First, Middla, Interpretational A Lewis d of Disposition	12. Was Dece Armed For I □ Yas If Yas, Giv Yaar or Da 's Education to grada complated) Collaga (1	odant Evar rcas? 2 🔯 No a atas:	in U,S.	MT . L. 10f 13. Was D. 17 Yas, 1 Yas Decedant's U	AKE P. Zip Code 21550 ecedant of specify Cut	Hispanic Origin? (S ban, Maxican, Puar	Specity Yas or No to Rican, atc.)	14. Rac Blac	What Country? JSA ee - Amarican Inck, Whita, atc.	X Yas 2□No
10e. Street I'I'I' 11. Marital 1 Ne 3 Wi Elamant 8 17. Fathar's HARL 19e. Inform Sand 20a. Matho 1 🗷 86 4 Do	and Number STREET Status ar Married 2 Marri lowed 4 Divorced 15. Decedant (Spacify only highas ary/Sacondary (0-12) Nama (First, Middla, 12) EY ant's Name/Ralationst ca Lewis d of Disposition	12. Was Dece Armed For I □ Yas If Yas, Giv Yaar or Da 's Education to grada complated) Collaga (1	rcas? 2 📉 No a atas:		13. Was Diff Yas, 1 □ Ya Decedant's U	Zip Code 21550 ecedant of specify Cut as 2 No	Hispanic Origin? (S ban, Maxican, Puar	Specity Yas or No to Rican, atc.)	14. Rac Blac	What Country? JSA ee - Amarican Inck, Whita, atc.	X Yas 2□No
11 III 11. Marital 1 Ne 3 Win Elamanta 8 17. Father's HARL 19e. Inform Sand 20a. Matho 1 X 8a 4 Do	STREET Status ar Married 2 Marri Mowed 4 Divorced 15. Decedant (Spacify only highas ary/Sacondary (0-12) Nama (First, Middla, 12) EY ant's Name/Relations of Disposition	Armed For 1 Yas, Giv Yaar or De Yas, Giv Yaar or De Yas Education of grada completed) Collaga (1	rcas? 2 📉 No a atas:		13. Was Diff Yas, 1 □ Ya Decedant's U	Zip Code 21550 ecedant of specify Cut as 2 No	Hispanic Origin? (S ban, Maxican, Puar	Specity Yas or No to Rican, atc.)	14. Rac Blac	JSA e - Amarican Inck, White, atc.	dian,
11. Marital 1 Ne 3 Wi Elamant. 8 17. Father's HARL 19e. Inform Sand 20a. Matho 1 X Bt 4 Do	Status ar Married 2 Married lowed 4 Divorced 15. Decedant (Spacify only highes ry/Secondary (0-12) Nama (First, Middla, 12) Ant's Name/Relationst CA Lewis d of Disposition	Armed For 1 Yas, Giv Yaar or De Yas, Giv Yaar or De Yas Education of grada completed) Collaga (1	rcas? 2 📉 No a atas:		13. Was Diff Yas, 1 □ Ya Decedant's t	ecedant of specify Cut as 2 No	Hispanic Origin? (S ban, Maxican, Puar	Specity Yas or No to Rican, atc.)	14. Rac Blac	JSA e - Amarican Inck, White, atc.	dian,
Blamante 8 17. Father's HARL 19e. Inform Sand 20a. Matho	Status ar Married 2 Married lowed 4 Divorced 15. Decedant (Spacify only highes ry/Secondary (0-12) Nama (First, Middla, 12) Ant's Name/Relationst CA Lewis d of Disposition	Armed For 1 Yas, Giv Yaar or De Yas, Giv Yaar or De Yas Education of grada completed) Collaga (1	rcas? 2 📉 No a atas:		13. Was Diff Yas, 1 □ Ya Decedant's t	ecedant of specify Cut as 2 No	Hispanic Origin? (S ban, Maxican, Puar	Specity Yas or No to Rican, atc.)	- 14. Rac Blac	e - Amarican In ck, Whita, atc.	dian,
Blamante 8 17. Father's HARL 19e. Inform Sand 20a. Matho	lowed 4 Divorced 15. Decedant (Spacity only highas ry/Sacondary (0-12) Nama (First, Middla, 12) EY ant's Name/Ralationst ca Lewis d of Disposition	ad 1 ☐ Yas If Yas, Giv Yaar or De 's Education It grade completed) Collaga (1	2 X No a atas:	16a.	1 ☐ Ya Decedant's t	as 2 No		to Rican, atc.)			
HARL 19e. Inform Sand 20a. Matho 1 🗓 86 4 🗆 Do	(Spacity only highas ry/Sacondary (0-12) Nama (First, Middla, 1 EY ant's Name/Ralationst Ca Lewis d of Disposition	Collaga (1	-4or 5+)	16a.	(Giva kind or	lavel Osser					
HARL 19e. Inform Sand 20a. Matho 1 🗓 86 4 🗆 Do	Nama (First, Middla, EY ant's Name/Relationst Ca Lewis d of Disposition	Collaga (1	-4or 5+)		GIVE KING OF	Usual Occu	pation	44-	16b. Kind of Bu	usinass/Industry	
HARL 19e. Inform Sand 20a. Matho 1 🗓 86 4 🗆 Do	Nama (First, Middla, EY ant's Name/Relationst ca Lewis	Last)			ma. DO NO	T work done T usa retire	a during most of wo ad)	rking			
HARL 19e. Inform Sand 20a. Matho 1 🗓 86 4 🗆 Do	EY and's Name/Relationsh ca Lewis d of Disposition	5				HOMEM	AKER		OWN	N HOME	
19e. Inform Sand 20a. Matho 1 🗓 Bu 4 □ Do	ant's Name/Ralationshina Lewis						18. Mothar's Na	ma (First, Middla,	Maidan Sumam	na)	
Sand 20a. Matho 11 1 1 Bu 4 □ Do	ca Lewis	in (Tune Date)	SHAFFI	ER			MARY	KATHI	ERINE	(unkr	lown)
20a. Matho 1 Ṁ̀Bu 4 □ Do	d of Disposition	up (Type, Print)		19b	Malling Add	rass (Straa	t and Number or R	ural Routa Numbe	er, City or Town,	Steta, Zip Code)
1 🕅 Bu 4 🗆 Do				7	4 PARK	S ROA	D	HUTTON,	MARYLAN	ND 21550)
4 □ Do	rial 2 Cramation	0 □ 0		b. Placa of	Disposition ((Name of or other pla	aca)	Data	20c. Location -	City or Town, S	tata
21. Signatu	nation 5 Other (Sp				HILL C			8/1/96	THOMAS	S, WV	
	por Feneral Servica I				22. Name	a and Addr	ass of Facility	P.0	O. BOX 2	243	
100	eluit 1400	eus M	10016	7	DU	RST F	UNERAL HO	OME - OAI	KALND, M	D 21550)
Sequantial if any, laad causa. Ent Causa (Dis that initiete rasulting in	y list conditions, ng to immediata ar Undarlying asas or injury a avants daath) Last	b									
Part II. Othe	r algnificant condition	ns contributing to dea	ath but not	rasulting in	tha undariyir	ng causa gi	ven in Part I.	23b. Dld t	obecco use cor	ntribute to the	The state of the s
								101	res 2□No	3 Probably	4 Unknown
										available	prior fo on of causa
								1 D Y	as 20 No	1 🗆 Yas	2 No
25. Was ca	a rafarred to medical						26. Placa of Da	ath (Check only o	na)		
		Hospitel: 1 ☐ In	patlant 2	ER/Out	patient 3	DOA Ott	her: 4 Nursing H	Ioma 5 🗆 Rasid	lance 6 Othe	ar (Specify)	
1 XNet 2 ☐ Acc	ral 5 Panding	ation	f Injury , Day Year	28b. T				28d. Dascribe h	ow Injury occurr	ed	
	3 Suicida 4 Homicida 6 Could not be datarmined 28a. Placa of Injury - At homa, building, atc. (Specify)					ctory, office		28f. Location (S City or Tow	itreet and Numbern, Steta)	er or Rural Rou	a Number,
	only 2 Medical E	mmutar: On the bas	sis of axam	knowledga, ination and	daath occurr Vor invastigat	red at tha ti	ma, date and place opinion, death occu	, and dua to fha or rred at tha tima, o	eausa(s) and ma date and place, s	nnar as steted. and dua to the c	euse(s)
29b. Signat	realist of optilion	1/1		10		29c. Licans	sa number	1	29d. Data signed	(Month, Day, 1	'ear)
•	ex /	/ (מת	3979		SEPT	30. 190	6
30. Nama =	Maddre Lot phreth u	no completed cause	of death /	tam 23e\ /	Type Print)		-57.7		DUL I.	JU, 177	-
						ти ст	REET C	AKT.AND	MD 2155	50	
		32. Re						e and and and and a			
	Immediata disaasa or rasulting in Sequentialli if any, laadi causa. Ent. Causa (Dist that initiester rasulting in Sequentialli in Sequential i	Immediata Causa (Final disaasa or condition rasulting in daath) Sequentially list conditions, if any, laading to Immediate causa. Entar Underlying Causa (Disaasa or Injury that Initieted avants rasulting in daath) Last Part II. Other significant condition 25. Was casa referred to medical examinar? 1	Immediate Causa (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events rasulting in death) Last C	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avants resulting in death) Last Due to the cause of the conditions contributing to death but not death lightly (Month, Day Year (Month, Day Year (Check only one) death death but not death but	Immediate Causa (Final disaasa or condition rasulting in death) Due to (or as a condition or as a condition of a causa. Enter Undartying Causa (Disaasa or Injury that Initiated avants rasulting in death) Last Due to (or as a condition of condition of contributing to death but not rasulting in death) Last Due to (or as a condition of condition of contributing to death but not rasulting in death) Last Due to (or as a condition of condition of contributing to death but not rasulting in death) Last Due to (or as a condition of cond	Immediate Cause (Final disease or condition rasulting in death) Due to (or as a consequence by Leving Physician To the best of my knowledge, death occurring Cause (Consequence) Due to (or as a consequence) Immediate Causa (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initiated avants resulting in death) Last Due to (or as a consequence of): Due to (or as a consequ	Immediate Causa (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (o	Immediate Cause (Final disease or conditions resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a conseq	Due to (or as a consequence of): Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying that Initiated avants in the linitiated avants in the	Due to (or as a consequence of): Due to (or as a consequence of):	



	FOR STATE REGIS
	1. DECEDEN
	4. 80CIAL S
	90. FACILITY BER
1 1	PESIDEN 10a. STATE
-	408
	11. MARITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO	D.				
	DECEDENT'S NAME (First, Middle, Lust) LENA	FLETCH	ER					3. TIME OF DEATH			
			In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	OCTOBER 7. DATE OF BIFTTH (\$FORTH 2 2 20)	A	96 5:40 A M BIRTHPLACE (State or Foreign			
ron	96. FACILITY NAME (If not institution, give stree BERLIN NURSING	it and number)	CTR.	96. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	OF DEATH RCESTER			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. CDUNTY MD. WORC	ESTER		TOWN OR LOCATE				10d. INSIDE CITY LIMITS? 1 PLYES 2 NO			
FUNERAL	100. STREET AND NUMBER 408 LINDEN STR	EET		101	7 cope 1851		10g. CITIZEN	OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPAN ocity Cuban, Mexican 2 DOO Specify	IIC ORIGIN? (Specify Yen, Puerlo Ricen, etc.)		RACE — American Indien, Black, White, atc. Specify: BLACK			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of we life. Do NOT use HOMEMA!	ork done during mos retired.)	N it of working	OWN H	ISINESS/INDUS				
BE CON	17. FATHER'S NAME (First, Middle, Last) UNKNOWN				16. MOTHER'S NAME UNKNO	ME (First, Middle, Malder	Surname)	1			
10	BRENDA EVANS		9715	ADDRESS (Street at	Number or Rural F	DERLIN	vn, Stare Zip Coo	21811			
}	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify) 21. SIGNATULE OF PULLERAL REPVICE LICEN	E'	PLACE AND DATE OF etery, crematory or oth VERGREE	CEMET	ERY	10-8 в	ERLIN				
	> July Illu	L			CH FUNI	ERAL HOM	E BE	ERLIN, MD.,			
CERTIFICATION	23. PART I. Enter the diseases, or complete shock, or heart feliure. Lie IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	och line.	1 14			iratory arrest	Approximata interval Between Onset and Daath			
MEDICAL	PART II. Other significant conditions of the factor of the	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH	(Check only one)	5 Residence						
ВУ РНУ	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28d. DESCRIBE HOW	INJURY OCCUR	ED							
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, str	eet, fectory, office	YES 2 NO Office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause										
BE	296. SIGNATURE AND TITLE OF CERTIFIES	-mn	7		29c, LICENSE NUM D02026		Mark	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO CO	ES, MD 9	715 HEAL	THWAY	DR. B	ERLIN, M	D., 21	1811			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH DIEM 27) (Typo, Print) FREDERICO ARTHES, MD 9/15 HEALTHWAY DR. BERLIN, MD., 21811 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										



BALTIMORE, MARYLAND 21215-0020

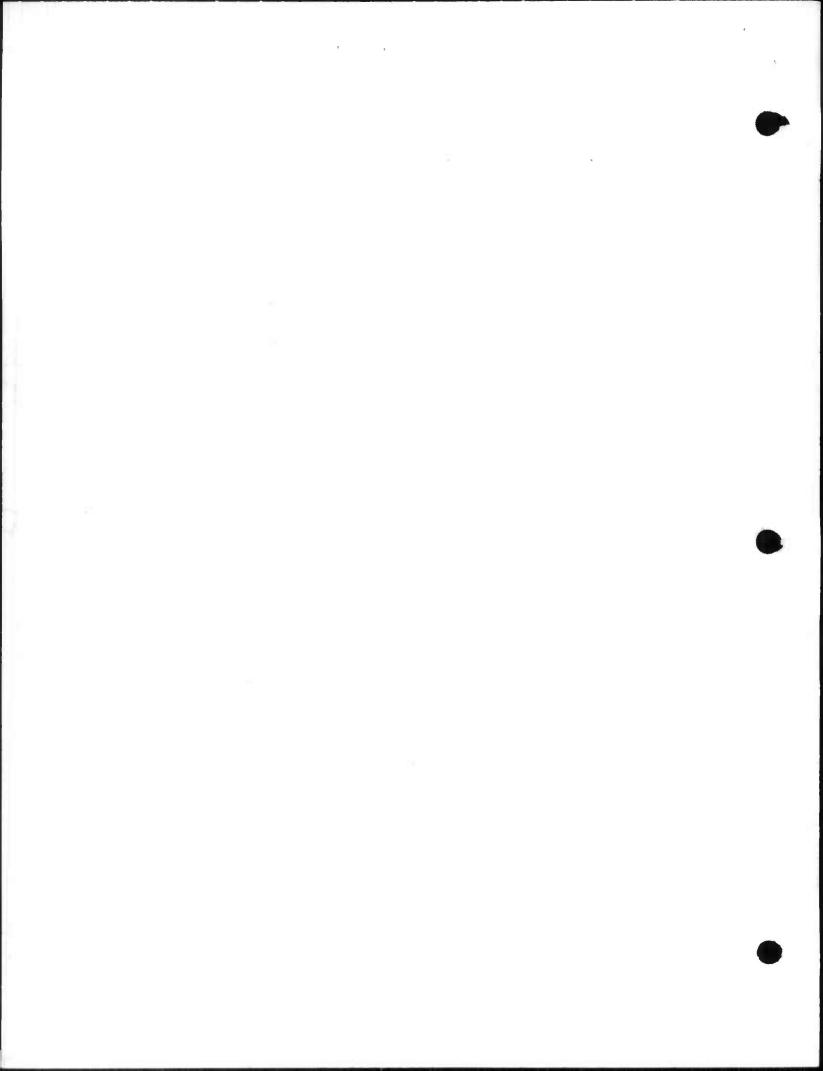
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificiate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL	HYGIEN REG. NO.	E	9	1 1 0 0			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3.	TIME OF DEATH			
	Dalton Dickers	on Fleming	, Sr.	FIEW	1.19	MONTH		29,199	EAR	1850	м		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH	8.	BIRTHPL	ACE (State or Fore)	ign		
	220-32-0366 90. FACILITY NAME (If not institution, give stre	1 M 2 □ F 8	B YRS.	ONTHS DAYS	HOURS MIN.		1070	7	Md.				
œ	Peninsula Regio	, , , , , , , , , , , , , , , , , , , ,		·	isbury	EATH		9c. COUNTY					
DIRECTOR	RESIDENCE OF DECEDENT	Juar Medica	ar cent.	Sal	Isbury			Wico	MIC	0			
Ä	10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION				10	d. INSIDE CITY			
		orcester	.	Stockt	on				1)	YES 2 NO			
¥	10e. STREET AND NUMBER			101	ZIP CODE	1064		10g. CITIZEI	OF WHA	T COUNTRY?	$\neg \neg$		
FUNERAL	P.O. Box 126				2.	L864		U	.S.	Α.			
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPA			or No- 14	RACE -	American Indien,			
B	3 Wildowed 4 W Divorced	IF YES, GIVE WAR OR DA	res		2 NO Specif		,,		Specify:	white			
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S US	UAL OCCUPATION	IN .	166	KIND OF BUILD	INESS/INDUS		white	-		
	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during mo	st of working			oper/		c			
립	11	College (I-V Or S V)	retail	sales						.A. Sto	ore		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, M	liddle, Maiden	Surneme)					
BE	Lawrence Fler	ning			Nelli	ie Ma	ason	Flemi	ng				
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street e	nd Number or Rural	Route Numb	er, City or Town	n, State, Zip Co	de)				
F	Dalton D. Flem:	ing, Jr.	P.O.	Box 1	26, Sto	ockto	on, M	d. 2	1864	4			
	20g, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remov		PLACE AND DATE OF I		me of	OATE	20c. LO	CATION — CITY	or Town,	State			
	4 Donation 5 Dother (Specify)	W	esley Me	thodi	st Cem.	10/	/2 S	tockt	on,	Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ASEE O		Den Den	DADDRESS OF FA	cium leral	HOm	e					
	Varicia d	- Llenn	is		. Box 8			-	Md.	21863	_ 1		
	23. PART I. Enter the diseases, or co- ahock, or heart failure. Li	mplications that caused st only one cause on ea	the death. Do not ch line.	enter the mo	de of dying, suc	h aa cardi	iac or reapi	ratory arreat	,	Approximata			
	iMMEDIATE CAUSE (Final disease or condition	Sander 1.	0-		1 11 /					Onset and D			
	reaulting in death)	MUTUSTAY	tic Rei	NACC	166 60	1201	NOM	a		SUR			
		DUE TO (OR AS A	CONSEQUENCE OF):							,			
ō	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF):								- 1		
A	if any, leading to immediate cause. Enter UNDERLYING		111=300000000							İ	- 1		
Ĭ.	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST										[
N N	PART ii. Other algnificant conditions	contributing to death bu	t not resulting in t	the underlying	anua ahuan in	Dord I	24s. WAS AN						
8		To account bu	t not readiting in t	and anderlying	cause given in	Pairt I.	PERFOR		AVI	RE AUTOPSY FIND VILABLE PRIOR TO MPLETION OF CAU			
MEDIC							1 TYES 2	NO		DEATH?	SE.		
Σ	DID TOBACCO USE CONTRI	BLITE TO CAUSE OF	DEATH VEC		LINICEDTAL				1 (YES 2 NO	- 1		
M	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATH		UNCERTAI	МП					_		
PHYSICIAN:		HOSPITAL:		THER:	5 - Residence	6 Ott	(Dan-16.)				\neg		
主	27. MANNER OF DEATH	28e. OATE OF INJURY	26b. TIME O	F 28c. INJU	JRY AT			JURY OCCUR	ED		-		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? ES 2 NO								
	3 Suicide 8 Could not be	Rural Floute	Number,	\dashv									
	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or City or Town, State)												
21	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	dge, deeth occurred a	rt the time, date	end place, and due	to the caus	se(e) end man	ner es stated					
COMPLETED									use(e) en	d menner es state	id.		
Ü I	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) and 296. SUCHATURE AND TITLE OR CERTIFIER 29d. DATE SIGNED (Mont												
0	Paul Ratel	Un			17218	72		► 9/:	30/9	1			
임	30. HAME AND ADDRESS OF PERSON WHO COUNTED CAUSE OF GEATH (ITEM 27) (Type, Print)												
6	ALL FLORE SIGNATURE 31. DATE FILED (MONTH, Day, Year) A page of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of Perison who consulted cause of OEATH (ITEM 27) (Type, Print) Suppose of OEA												
	31. DATE FILED (Month, Day, Year) OCT 02 1996	SZ MEGISTRAR'S SIGNAT						1			\neg		



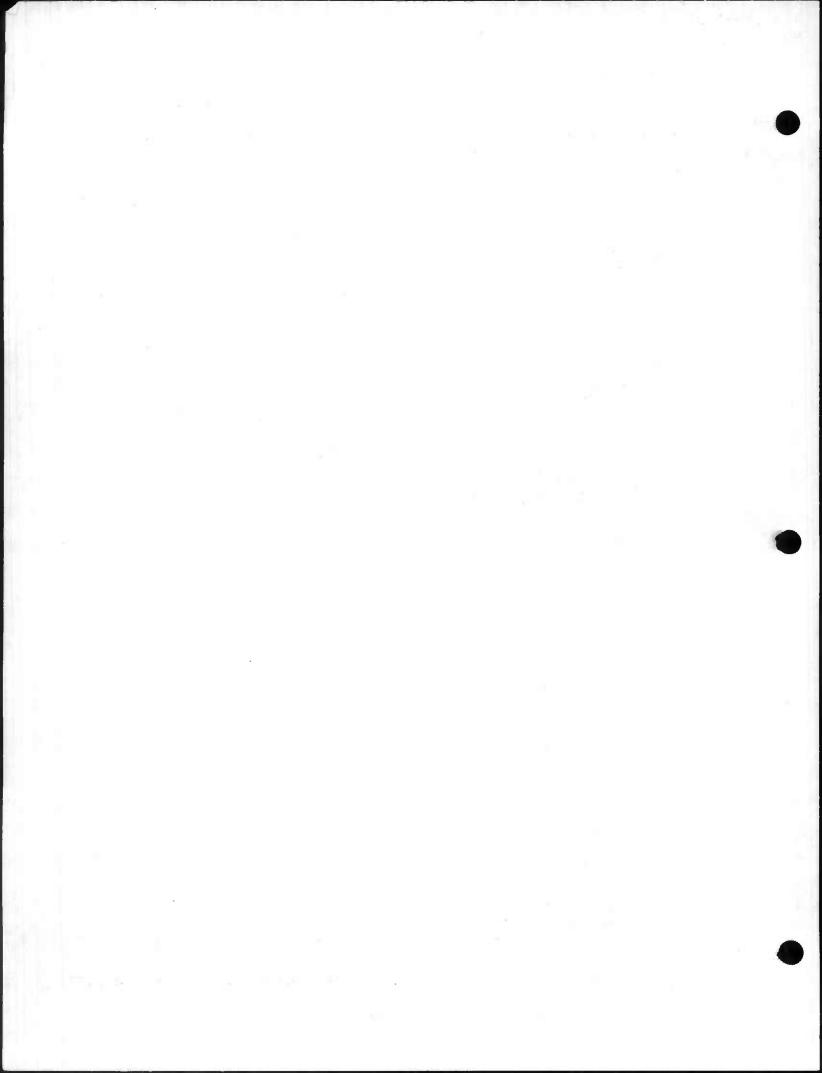
State of Maryland / Department of Health and Mental Hygiene 96

Ph									Death		. n	eg. No.					
	ysici	an	Decedent's Neme (First, Middle, I	Last) Elkt		C					2. Dete of Deer Month	Dev	Yeer	3. Time—th			
	Medic		Alvin			Gray					October	2,	1996	6:05 P.N			
Ex	amin	er	4e. Fecility Neme (If not institution, g		,						ocation of Deeth	4c. County		128			
			5840 John 5. Social Security Number 6.	Gnaper .		rs. lest birthda) If Under	1 Yeer		ngs	9 Date of Birth		alver				
Fun Dire	eral		214-30-2185	1X M 2□ F	7. Age (M)	4 Yrs.	Months	Deys	Hours	Min.	8. Dete of Birth (Month, Dey Nov . 10	,1931	Mar	lece (Stete or Foreign try) yland			
and *			Usuei Residence of Decedent 10a. Stete 10b. County		10c.	City, Town or	ocation						1	0d. Inside City Limits			
e Mary	offied a	Director	Maryland Ca	lvert		0	wings							1 ☐ Yes 2 ☑ No			
ë 9 2 2 2	8 TIS	Dire	10e. Street and Number				10f. Zip				1	0g. Citizen of	What Coun	itry?			
ath w	Mast		5840 John Cl	hapel Ro				207					SA				
5-UUZU 72 hours after death with the Manyland netural; or Nems 23e or 28e-f show	bolical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Merried 2 ▼ Merried 3 □ Widowed 4 □ Divorced	Armed For 1 DXYes If Yes, G	2 No 52		Was Deced If Yes, spec			gin? (Sp , Puerto	ecify Yes or No- Ricen, etc.)	Ble	ck, White,	etc.			
Hour furs	표	8	15. Decedent's	Yeer or [Jetes:	16e Dec	edent's Usue	I Occur	netion	-		16b. Kind of B	uelnees/los	duetne			
5 8 2		Completed	(Specify only highest g	rade completed)		(Giv	e kind of wor	rk done	during most	t of work	ing	TOD. KING OF B	USH1088/HIC	Justry			
Z1Z1 3 within giene.	24	E O	Elementery/Secondary (0-12)	College ((1-4or 5+)		Bric					Con	struc	tion			
E Hygied	event,	BeC	17. Fether's Nama (First, Middle, La	st)					18. Mothe	r's Nem	e (First, Middle, I	Maiden Sumer	ne)				
should be and Mental marked o	tic e	ToE	Cornelius		Gray				He	elen	I	rene	Hi	cks			
Aaryia 2 should and Men 1s marks	traumatic		19e. Informant's Neme/Reletionship	(Type, Print)		19b. Ma	iing Address	(Street	end Numbe	er or Run	al Route Number	, City or Town	State, Zip	Code)			
	er tr		Geraldine Gray/	Vife		58	40 Joh	n Cl	hape1	Road	d Owing	s, MD	20736				
	or other		20e. Method of Disposition 1 X Buriei 2 ☐ Cremetion 3	□ Domeyal from		cemetery, cr	osition (Nen	ne of ther ple	ce)		Date	20c. Location	- City or To	wn, State			
Galtimore, Semit. Peges 1 at Department of Hea	uryo		4 Donetion 5 Other (Spec			rnesti	ne Jon	es (Cemete	ry	10/5/96	Chesa	peake	Beach, MD			
Daltimo permit. Pege: Department of Important: If i	any Injury once.		21. Signeture of Funerel Service Lic	ens e e			22. Neme en				well Fun						
D 88 E	E 9		Spences	= 1.		00	L451 D	ares	s Beac					k, MD20678			
			23a. Part1. Enter the disease, or co shock, or heart feilure. List on	mplications that	caused the de	eeth. Do not a	nter tha mod	a ot dyir	ng, such as	cerdiac	or respiratory arm	est, .	1	Approximate Interval Between			
Physic	ian		aroun, or maon foliare. Elst on	y 0110 00030 011 1	9		, ,						1	Onset end Deeth			
/Med	_		Immediate Ceuse (Final disease or condition		mall	Cell	LL	179	, Ca	ne	20			9 mo.			
Exami	iner		resulting in deeth)	o (or as e cons	equance of):	1		.,									
8	# F	Examiner		ı b													
and	-tran	хаш	Sequentially list conditions,	0.	Due to	(or as a cons	equence of):	-									
ficate be ex	privile		Sequentially list conditions, if any, leeding to Immadiate cause. Enter Underlying Cause (Disease or Injury	C													
cete phys	the	edicai	that initieted events resulting In death) Lest		Due to	(or as e conse	quance ot):						1				
din din	Se a:	N N		d													
2 - 5	3	ciar															
. 0 0	detached for	Physician	Pert II. Other aignificant conditions	contributing to d	leath but not	resulting In the	underlying c	ause giv	ven in Pert I.		3/	_		the cause of death?			
es that the igned by th	deta										100 Y	es 2 No	3 Prot	bebly 4 Unknown			
OrdS requires een sign	ed b	d by									24a. Wes a	n eutopsv	24b. Wa	ara eutopsy tindings			
v require	shou	ete							,		perform		ava coi	allable prior to mpletion of cause			
h e se	page 2	Completed										201		death?			
VICION: The contificate	or. pa		25. Wes case raterred to medical			,				100	1 Ye	^	1L	Yes 2 No			
Of VICE Physician: This certific		To Be	examiner?	Hospitel:	Inpatiant 2	☐ ER/Outpati	ent 3 DO	Oth	205		h (Check only on		(0				
Phys c	eral		27. Menner of Death	26a. Data	ot Injury	28b. Time		8c. Injur		T	me 5 Reside			0			
Lor Attending later death. Director: After	of fun	ig	1 Netural 5 ☐ Pending invastigati		nth, Dey Year) Injury	м		rk? ∣Yes 2∐ l	No							
or Attendiate death	9	Hick	3 ☐ Suicide 6 ☐ Could not determine	d Zoe. Plece		t home, ferm, s	treet, fectory	, office			28f. Location (St		ber or Rura	I Route Number,			
affer A	2	Certification:	4 U Homicida	Dulid	ing, etc. (Spe	icity)					City or Town	n, Stata)					
To the Hospital Within 24 hours To the Funerel	completely filled in by the fune	edicai (29e. Certifier 12 Certifying F (Check only one) 12 Medical Ext	aminar: On the b	asis of exem	nowiedge, dee	th occurred anvestigation,	at the tir	me, dete en opinion, daei	d piece, th occurr	end due to the cred et the time, de	ause(s) end mete end plece,	anner as st and due to	ated. tha cause(s)			
To the within ?	Pd Pd	M	29b. Signeture and Rie et certifier	ond mon	iner stated.		290	. Licens	se number		2	9d. Date signe	d (Month.	Day Year)			
FFF	8		Mosen	11mi	Du 1	111)		1)0	-701	1	-	10/31	61	,			
/		-	150001) P	agico	1	1110	L	ريدر	10-	/		10/3/	10				
0			Steven Ma	complated cause	M, D	- VA	HOSP	5	O II	ning	g St N	w, na	sh De	-, 20422			
	Stat	te	31. Date filed (Month, Day, Year)	4 1996 I	Registrar's Sig	netura Paudene	P. 111			0							

and the same of th

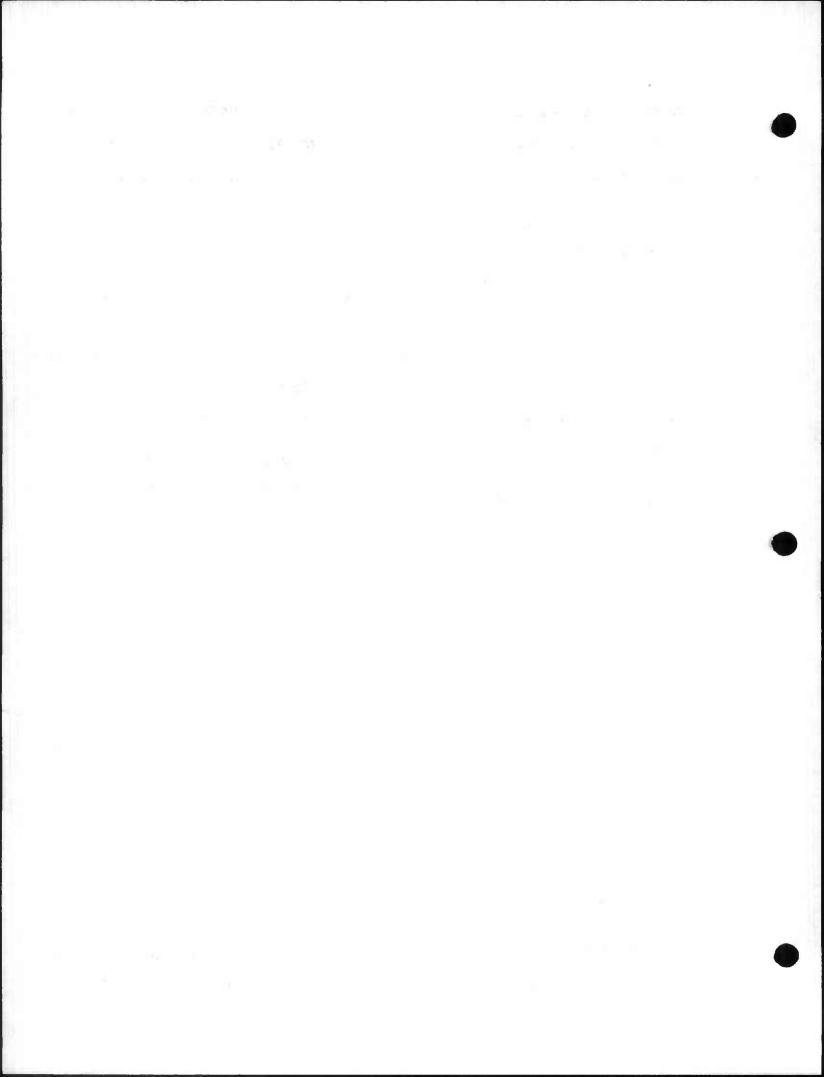
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

1	te	1. Decedent's Name (First, Middle, La		Cei	tificate of	Death	2. Date of De	Reg. No.		3. Time of Death
Physicia /Medic			VINCENT		GEORG	GE	OCTOE		996	11:20 P
Examin		4a. Facility Name (If not institution, giv PRINCE GEORGE		CENTER		4b. City, Town, or CHEVE		4c. County PRINC		ORGES
Funeral Director		5. Sociel Security Number 6. S 216 84 2129 Usual Residence of Decedent	Sex 7. Age (In yr. Q M 2□ F 22	s. last birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs Hours Min.	8. Date of Birt Month, Da March	31°, 197	9. Birthpli Count	ace (State or Foreign
with the Maryland a or 28a-f show	tor	10a. Stete 10b. County	George's	Camp	cation Springs				10	d. Inside City Limits
th with the M 23a or 28a-f	Funeral Director	10e. Street and Number 5703 Merchant Roa	ad		10f. Zip Code 20748			10g. Citizen of V USA	What Count	ry?
after dea or items	by	11. Marital Status \$\frac{1}{2}\text{Never Married} 2 \text{ Married} 3 \text{ Widowed} 4 \text{ Divorced}	12. Was Decedent Ever in Armed Forces? 1 ☐ Yes 2X No If Yes, Give Year or Dates;		Vas Decadent of H i Yes, specify Cub	dispanto Origin? (S an, Mexican, Puerl Specify:	pecify Yes or No- o Rican, etc.)		e - America ck, White, e	tc.
vithin 72 ne. han 'nat	Completed	15. Decedent's Ec (Specify only highest gra Elementery/Secondary (0-12)	ducation de completed) College (1-4or 5+)	(Give	lent's Usual Occup kind of work done OO NOT use retired DOTET	petion during most of world)	rking	16b. Kind of Br		
should be filed withind Mental Hygiene. marked other than umatic event, ma.M.	To Be C	17. Fether's Name (First, Middle, Last) William	Russell				ne (First, Middle, Lou Fow		ne)	
1 and 2 shou Heelth and IN em 27 Is mer ither traumat		19a. Informant's Name/Relationship (Linda L. George/me				and Number or Ru			State, Zip (Code)
500		20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify	Removal from State Mt	. Harmo	sition (Name of natory or other place ny UM Chi	urch	Date 10-10-96	20c. Location - Owine	city or Tow	
permit. Pag Department Important: It any Injury o		21. Signature of Foreral Service Lice	Level And		metery Name and Addre ausch Fu	ss of Facility neral Hor	me, Owin	gs, MD	2073	6
Physician /Medical Examiner	Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Multipue to	(or as a consequence of or a consequence of or a consequence or a consequence of or a consequence of or a consequence of or a consequence of or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or a consequence or consequence or a consequence or a consequence or a consequence o	uence ot):	3				Onset and Death
ifficate be g physicia as the bu	ledicai	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c Due to (or as a consequ	uence of):				1	
requires that the death cer seen signed by the ettendin hould be detached for use	Physician/N	Part ti. Other significant conditions or	ontributing to death but not re	sulting In the un	derlying cause giv	en in Part I.		obecco use col		the cause of death?
law requires that as been signed as been signed as a should be to	Completed by						24a. Was a perfor	an autopsy med?	avai	re autopsy findings lable prior to pletion of cause seth?
cate has							18Y	es 2 No	192	Yes 2□ No
- 0 -	o Be	25. Was case reterred to medical examiner? 1 ☑ Yes 2 ☐ No	Hospital:	7.50.0	a∏ DO₄ Oth	or	th (Check only or			
£ 5 m	. To	27. Manner of Deeth	28a. Date of trijury	28b. Time of	28c. Injur	4 LI Nursing H	ome 5 Resid		- 4	760-
Attending or death.	Certification:	1 □ Natural 5 □ Pending 2 ■ Accident Investigation 3 □ Suicide 6 □ Could not be	(Month, Day Year) 0 - 5 - 90 28e. Place of Injury - At h	0436	2 M 1 🗆	Yes 2 PNo	- And	URSUED B	Y POLIC	El Boute Number
al or A	Certi	4 ☐ Homicide determined	building, etc. (Speci	Lucy	et, factory, office		City or Tow	n, State)	-	rioute Number,
Hospi 24 hou Funer tely fill	Medical	29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exam	vaictan: To the best of my kni iner: On the basis of examinand manner stated.	owledge, death	occurred at the tin estigation, in my o	ne, date and piece pinion, death occu	end due to the c	ause(s) and ma	nner as ate	ted. the cause(s)
To the within 2 To the comple	Σ	29b. Signature end title of certifier	961		29c. Licens			9d. Date signed		
5		30. Name and address of person who o	/ .		rint)					
Stat	e	31. Date tiled (Month, Day, Year)	32. Registrar's Sign	ature	1	t, Balt	imore,	Maryl	and 2	21201
Registra		O TOD	9 1996 Julia	Davidson 1	ardall					



State of Maryland / Department of Health and Mental Hygiene 96 31263

						Ce	rtificate of	Death		Re	g. No.	0	1200)
	40.0		1. Decedent's Neme (First, Middle, La	st)						2. Date of Death	h	VE S	3. Time of Dea	ath
	Physic /Medi		BLAIR JOSEPH GA	TTERMAN						Month OCTOBER	Day 2	Year 1996	1523	
\rangle	/iviedi Examii		4e. Facility Name (If not institution, giv					4b. City, To		cation of Deeth	4c. County		1323	
	EAGIIII		SACRED HEART HOSE	TTAT.				CUMB	ERT.A	ND	ALLE	CANY		
	Funeral		5. Social Security Number 6. S		7. Age (In yrs.	last birthday)	If Under 1 Year	If Under	24 Hrs.	8. Date of Birth (Month, Dey,			ace (Stete or Fo	oreian
	Director		166-34-5415 Usuel Residence of Decedent	X M 2□ F	51	Yrs.	Months Days	Houra	Min.	(Month, Dey, Jan. 29	, 1945	Count	yland	
	yland		10a. State 10b. County		10c. Cit	ty, Town or Lo	ocation					10	d. Inaide City L	.lmits
	the Man	ector	Maryland Garro	ett	Gr	antsvi	lle 10f. Zip Code			10	og. Citizen of V	What Court	1 □ Yes 2 X	□No
	d within 72 hours after death with the Maryland sjene: r than "naturel", or items 29e or 28e-f show the Madical Exercited mast be notified a	Funeral Director	876 Pigs Ear Road					21536			USA	A		
0	or Kern		11. Marital Status 1 ☐ Never Married 2 ☐ Married	Armed Fo	21 No		Wes Decedent of I		gin? (Spa , Puerto	acify Yes or No- Rican, etc.)	Biac	e - America k, White, e	etc.	
02	Surs.	by	3 Widowed 4 Divorced	If Yes, Giv Year or Do			1□ Yes 2√2 No	Specify:			Specify	: Wh:	ite	
21215-0020	netur	Completed	15. Decedent's Ed (Specify only highest gra	ducation ade completed)		(Give	dent's Usuel Occu kind of work done	during most	t of worki	ing 1	16b. Kind of Bu	siness/Ind	ustry	
12	i within iene. than	ошо	Elementery/Secondary (0-12)	Coilege (1	-4or 5+)		DO NOT use retire	id)			-1	- T-	h 1 n 1 11m	:
	\$ ₹ £ £		17. Father's Name (First, Middle, Last))		Labor	er	16. Mothe	r's Name	(First, Middle, M			t'nl Un	10n
Maryland	\$ 0 0 A	o Be	Victor C. Gatterm	an				100		Knopsny		-/		
7	should b nd Mente marked imatic e	2	19a. informant's Name/Relationship (10h Mailir	ng Address (Stree					Ctata 7ia	Codel	
	nd 2 aith a 27 is		Patricia A. Gatte		fe		igs Ear					21536	2006)	
ore	ges 1 a t of Hea if Item or othe		20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐	Removal from		Placa of Dispo semetery, crer	esition (Neme of metory or other ple	ice)	i	Date 2	20c. Location -	City or To	vn, State	
Ē	Pa Tr		4 Donation 5 □Other (Specifi		Oak	Grove	Cemetery	y, Oct	5	1996	Grantsv	ille,	MD	
Baltimore,	permit. Pa Department Important: any Injury ance.		21. Signature of Funeral Service Licer	1600	`		2. Name and Address			5 D A	P O	Box	275	
ш.	00240		1 Nigero)	euma	W		9 Miller						536	
			23a. Part1. Enter the clause, or com- ahock, or heart far ure. List only	plications that cone cause on e	aused the deat ach line.	h. Do not ent	er the mode of dy	ng, auch as	cardiec o	or respiratory arre	at,		Approximete Interval Between	ın
	Physician												Onset and Deet	th
	/Medicai Examiner		immediate Cause (Final disease or condition resulting in death)	a. SUD	DEN DO	DATH .	ANHATHM	A				1	HINT M	INVIE
ı		<u>_</u>			Due to (d	or as a consec	quence of):							
	nsit n	in in		b. VE7	FIBRIL	LATIO	N			77	TINT MI	NV IZ		
	ertificate be executed ling physician and se as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events			or as a consec								
68760,	e be	cal	Cause (Disease or injury that initiated events	c			OMFORM	アイ				71	THEE YE	mus
89	ificet g phy	edical	resulting in death) Last			ras e conseq								
Box	0 2 2	M/W		d. AW	TECEN	CNT.	Mrocan	MOIAL INFARCTION TIME YEARS						
	0 0 %	Physician	Part II. Other significant conditions of	ontributing to de	ath but not res	ulting in the u	nderivina cause ai	ven in Pert I.		23b. Did tot	bacco use cor	tribute to	the cause of de	eath?
P.O.	at the	h.								1 ☐ Ys	2 0 No	3 Prob	ebly 4 Unk	cnown
Ś	2 6 2	by	CONONNY	morn	Y DISC	MSE						,		
Vital Record	requi	Completed	6							24a. Was an perform		con	re autopsy findi ilable prior to apletion of causi leath?	
ď	The law ate hes t page 2 s	E								1 ☐ Ye	s 25 No	10	Yas 2□ No	
ta	icien: Th certificate rector, pa	Be	25. Was case referred to medical					26. Piace	of Deeth	(Check only one	e)			
>	Physician: this certific	To	examiner? 1 Yes 2 No	Hospital: 1 🗆 Ir	patient 2	ER/Outpatien	nt 3 DOA Ot	her: 4 🗆 Nu	rsing Ho	ne 5 Resider	nce 6 Othe	er (Specify)	
יסר	g Physical dispersion		27. Menner of Death	28a. Date o	of injury h, Day Year)	28b. Time of injury	28c. Inju Wo			28d. Describe ho				
ō	ath. v: Af	atic	1 Naturel 5 Pending 2 Accident investigation	1	, Day . Car,	inquiry		Yes 2 1	No					
Division	or Atte	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Piece	of injury - At he	ome, farm, atr	eet, factory, office	2	:	28f. Location (Str. City or Town,	reet and Numb , Stete)	er or Rural	Route Number,	
	To the Hospital or Attending Physicien: The is within 24 hours effer death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical C	29e. Cartifier (Check only one) 1 Certifying Physical Example (Check only one)	ysician: To the la ninar: On the ba and menn	sis of examina	wledge, death tion end/or inv	occurred at the ti	me, dete and opinion, deat	d piace, a	ce, and due to the cause(s) and manner as stated. curred et the time, dete and place, and due to the cause(a)				
	of the	M	29b. Signature and title of certifies	and menn	ei aiaieu.		29c. Licens	se number		29	d. Date signed	(Month, E	Day, Year)	
	F > F ŏ		· all	oe	-00			3417		20	CTOBER		1996	
		2	30. Name and address of person who of				Print) TONAL 11	247	211			2 2		
	Sta	()	31. Date filed (Month, Dey, Year)	32. Re	egistrar's Signa	ture	101011-0- (1)	20 (C	-100	10, 1010	oc.	, , ,		
	Registr	-	OCT - 4 1		Si Stran	corBal	A.							
			001 4	300			an All							



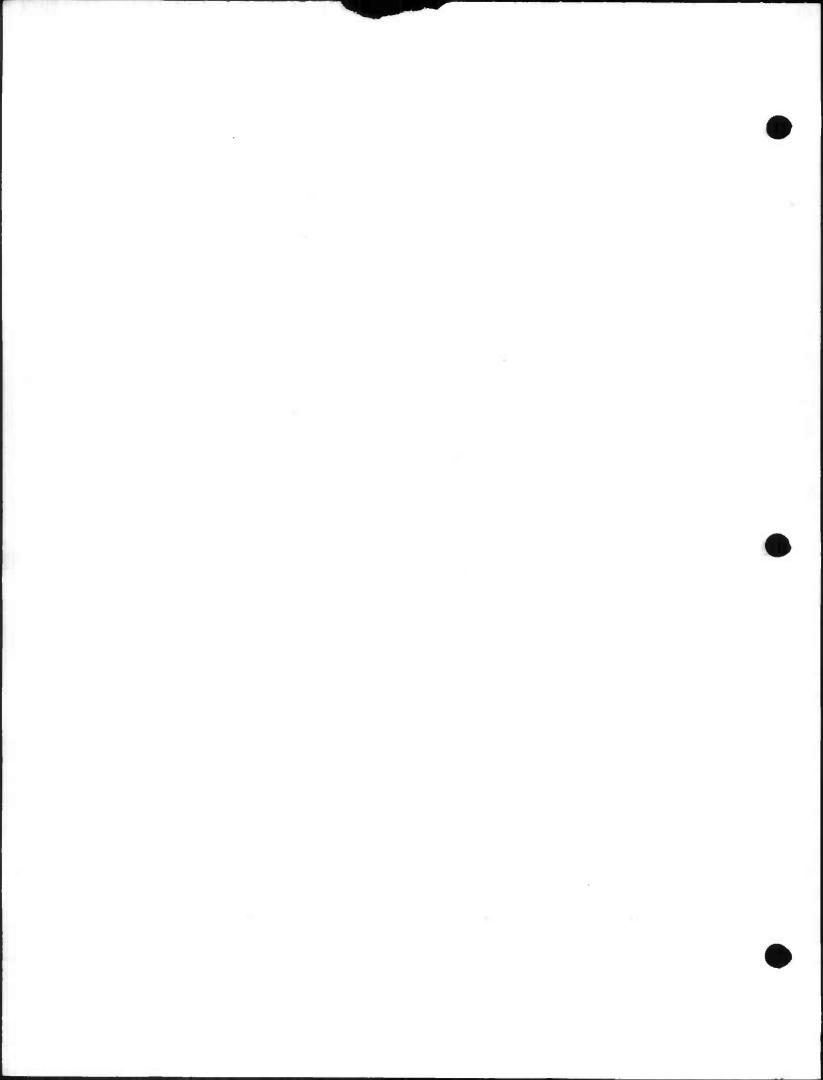
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN						
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3	TIME OF DEATH			
,	Jonathan Lee	Groft				Oct. 5,	1996	YEAR	7:59 P M			
,			yrs. last birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign			
	194-66-5134	¹\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	YRS.		OR LOCATION OF DE	7/21/1975	sylvania					
œ	Se. FACILITY NAME (If not institution, give st	Y OF DEAT	TH									
2	Garrett County Me	morial Hospit	al	Oal	land		Gar	rett				
E	10a. STATE 10b. COUNTY		10c. CIT	10c. CITY, TOWN OR LOCATION								
DIRECTOR	PA Yo	rk		Han	1	LIMITS? X YES 2 NO						
	10e. STREET AND NUMBER			10		AT COUNTRY?						
ER/	133 ½ McAllister	Street			SA							
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN L	J.S. ARMED	13. WAS DEC	4. RACE -	- American Indian,						
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE			2 X NO Specify	n, Puerto Rican, etc.)		Specify:	Vhita, atc.			
BY						White						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of s	USUAL OCCUPATION WORK done during me	STRY							
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	,								
M		3+	Stud	lent		ollege						
	17. FATHER'S NAME (First, Middle, Last)	0 0				ME (First, Middle, Maider						
BE	Thomas L.	Groft	T		Judy			mbau	gh			
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Thomas L. Groft 133½ McAllister St., Hanover, PA 17331											
.	20a. METHOD OF DISPOSITION	200.5		OF DISPOSITION (N			CATION — CI		0			
	1 X Burtal 2 Cremation 3 Remo	oval from State camer	en cremeton or o	ther nlace)		10/9 Ha			, Statu			
	21. SIGNATURE OF FUNERAL SERVICE LIC		. Josepi		D ADDRESS OF FA		nover	PA				
	a M G	An 1		Stewa	ert Funer	al Home						
	- Walled Co	XXXXXXX				St., Oakl			1550			
	23. PART I. Enter the diseases, or can shock, or heart fellure.	complications that caused t List only one cause on asc	tha death. Do i ch lina.	not entar tha mo	de of dying, auc	h aa cardiac or reap	iratory arre	at,	Approximata Interval Between			
	IMMEDIATE CAUSE (Final								Doset and Death			
i	resulting in death) A Hemothorax											
1	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, Chest Trauma DUE TO (OR AS A CONSEQUENCE OF):											
TA.	couse. Enter UNDERLYING Multiple Fytremity Fractures											
F	CAUSE (Disease or injury that initiated avents	DUE TO (OR AS A C			ules				Minutes			
R	resulting in death) LAST											
	DART II. Other plantileest condition	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 2.										
MEDICAL	PART II. Othar significant condition	s contributing to death but	t not resulting	in the underlyin	g cause given in	AUTOPSY RMED?	AMILABLE PRIOR TO					
ă			_			1 TYES	2 X NO		OMPLETION OF CAUSE F DEATH?			
	DID TOP 4 CCO LICE CONTE	DIDLITE TO CALLES OF	DEATH M					1	YES 2 NO			
A	DID TOBACCO USE CONTI		A CONTRACTOR OF THE PARTY OF TH	TH (Check only one	UNCERIAII	иП						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL		OTHER:								
₹	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 X ER/Outpet	Innt 3 LI DOA		URY AT	6 Other (Specify) 28d. DESCRIBE HOW	IN HIEV OCC	IDEO T				
	1 Natural 5 Pending	(Month, Day, Year) 10/5/96		JURY W	PRK?			T.	ront Seat n. accident			
ВУ	2 X Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY -				281. LOCATION (Street						
ETED	4 Homicide 6 Could not be	Highway	y)			City or Town, State)		agner Truck			
	29a. CERTIFIER 1 CERTIFYING PHYSI		4 4						agner rrue			
COMPL		CIAN: To the best of my knowled R: On the basis of examination							nd manner as etalad			
	296. SIGNATURE AND TITLE OF CERTIFIE			, , , , , ,								
BE	1/24	1 m. AU	Ox.	7	29c. LICENSE NUI				fonth, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	TH (ITEM 27) /3~	Print)	HZC	5154	1	0/6/	70			
ĺ	Dr. P. Daniel Mil				1572 V 0.1	kland, Mar	bactu	215	50			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE	and nig	.way, Udl	ranu, rai	yrand		50			
10	OCT - 7 1996	whi Medeor	Ballet									
	UUI I ISSUE	-										

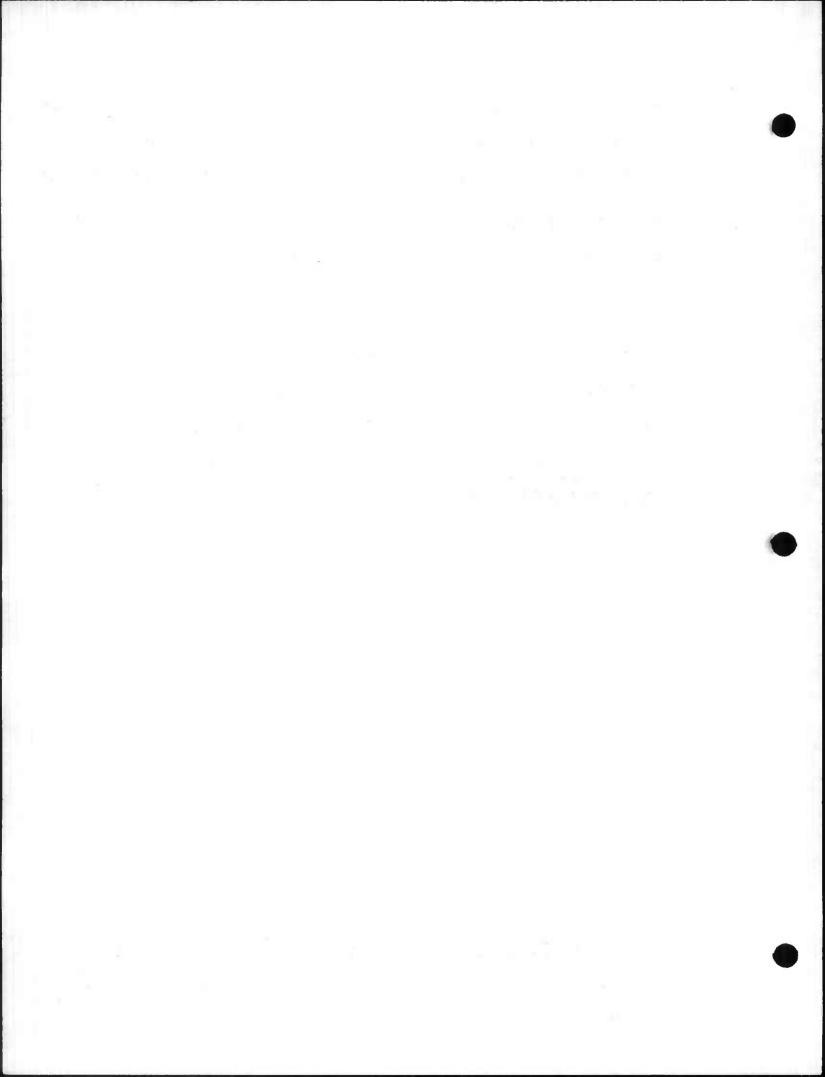


				d / Department of Health a Certificate of Death	Reg. (No.	
	Physic /Medi Examir	cal	Decedent's Name (First, Middle, Last) ETHEL VIOLA GEYER 4a. Facility Name (If not institution, give street and number)		vn, or Location of Death	Day Yaar 3. Tima of Death 1850	
	Funeral Director		WASHINGTON COUNTY HOSPITAL 5. Social Security Number 214-34-9575 Social Residence of Decedent 6. Sex 7. Age (in yrs. lateral		Min. (Month, Dey, Yea	WASHINGTON 9. Birthplace (State or Foreign Country) 1911 Franklin Co, PA	
0	n 72 hours after death with the Maryland "natural", or items 23a or 28=f show folical Examiner must be notified at	Funeral Director	10a. State 10b. County 10c. City, MD WASHINGTON HAG 10e. Street and Number 205 E FRANKLIN ST 11. Marital Status 12. Was Decedent Evar in U.S Armed Forcas? 12. Was Decedent Evar in U.S Armed Forcas? 11. Was Decedent Evar in U.S Armed Forcas?	If Yas, specify Cuban, Mexican,		10d. Inside City Limits 1 ☑ Yas 2 ☐ No Citizen of What Country? USA 14. Race - American Indian, Black, White, etc.	
21215-0020	iene. r then the Me	Completed by	3 Widowed 4 Divorced If Yes, Giva Year or Dates: 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) UNK	1 □ Yes 2 □XNo Specify: 18a. Decedent's Usual Occupation (Give kind of work done during most iife. DO NOT use retired) HOMEMAKER	of working	Specify: WHITE Kind of Business/Industry DWN_HOME	
Maryland	る重点を	To Be (17. Father's Name (First, Middle, Last) ALBERT GEYER 19a. Informant's Name/Reletionship (Type, Print)		's Name (First, Middle, Maid IE McFERRE) ror Rural Route Number, Cit	N	
Baltimore, M	permit. Peges 1 and 2 should Department of Heelth and Mer Important: if item 27 is marke any injury or other treumatic 2003.		1 XBuriai 2 Cremation 3 XRemoval from Stata 4 Donation 5 Other (Specify) 21. Signature of Funeral Sarvise Licepsee Amelia Duersey James A. Bowersox	205 E Franklin S coe of Disposition (Name of metery, crematory or other place) incy Cemetery 22. Name and Address of Facility 50 S. Broad S	Date 200. 10/11 Que Grove Fund T Waynesbo	uincy, PA 17247 eral Home, Inc.	
	Physician /Medicai Examiner	34	23a. Part1. Enter tha disease, or complications that caused the death. shock, or heert failure. List only one cause on each line. Immediate Cause (Finel disease or condition rasulting in death) Due to (or	2	uemo	Approximate Interval Between Onset and Death Months	
Box 68760,	certificate be assecuted anding physician and use as the bunal-transit	n/Medical Examiner	if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.	as a consequence of): as a consequenca of):			
s, P.O. B	res that the deeth certification by the attending to detached for use as	by Physician/Med	Part II. Other significant conditions contributing to death but not result		23b. Did tobacco use contribute to the cause of death? 1 2 Yes 2 No 3 Probably 4 Unknown		
Vital Records, P.O.	s law requi hes been s je 2 should	Completed b			24a. Was an au performed'		
Ita		Bec	25. Was case referred to medical examiner?	28. Piaca	of Death (Check only one)		
2	Physician: r this certific rrai director,	ဥ	1 ☐ Yes 2 ☑ No Hospital: 1 ☐ Hipatient 2 ☐ E	R/Outpatient 3 DOA Other: 4 Nur 18b. Time of Injury at Work?	sing Home 5 Residence	8 Other (Specify)	
Division of	l or Attending P after death. Director: After I I in by the funer	ertification:	27. Menner of Death 1 Netural	28d. Describe how in lo 28f. Location (Street City or Town, Str	end Number or Rural Route Number,		
Ω	To the Hospital or Attending Physician: white 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	edical C	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowl 2 Medical Examinar: On the basis of examination and manner stated.	edge, deeth occurred at the time, date and on and/or investigation, in my opinion, death	place, and due to the cause	o(s) and manner as stated.	
	To t To t	M	29b. Signatura and titla of certifier 30. Name and address of person who completed cause of beath (item 2)	29c. Licansa number D2 (45	29d. [Data signad (Month, Day, Year)	
	Sta		ATBOUL WA HEED MM 31. Date filed (Month, Day, Year) 32. Registrar's Signatu	-12821-OAKt	till Ave.	HAGERSTOWN.	

State Registrar ABOUL WAITED

31. Date filled (Month, Day, Year)

OCT 15 1996



State of Maryland / Department of Health and Mental Hygiene Q6 31266

					Ce	rtificate o	f Death			Reg. No.	U	01200		
Physic	an	1. Decedant's Name (First, Middle, L						1	2. Date of Da		Year	3. Time of Death		
/Medi		Harry Hubert GR							octobe	r 6, 19		12:00noo		
Exami	ner	4a. Facility Name (If not institution, g Potomac River	ive street and numb	er)			Taylor nr Sha	rs Lar	irg	Wasi	of Death	on		
Funeral Director		5. Social Security Number 6. 215-28-7307 Usual Residence of Decedent	Sex 7. 1⊠M 2□F	Age (In yrs. las	yrs.	If Under 1 Ye	Days Hours Min. (Month			Birth Day, Year) 9. Birthplace (State or Foreign Country) Maryland				
show		10a. State 10b. County		10c. City,	Town or Lo	ocation						10d. Inside City Limits		
hours after death with the Maryland lurel', or items 23e or 28e-f show al Examiner must be notified at	Director	W. Va. Berkeley Falling Wa										1 ☐ Yes 21 No		
or 28	Sire.	10e. Street and Number				10f. Zip Code	9 10g. Citizen of What Country					ntry?		
23a	le	Box 339-5, Route	2			254	419			US	A			
"natural", or items 23a or 28a-f show	by Funeral	11. Marital Status 1 ☐ Never Married 2 ★ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decede Armed Force 1 Yes 21 If Yes, Give Year or Date	s? ☑ No	1	Was Decedant of If Yes, specify Co 1 ☐ Yas 2 🗷 N	uban, Mexican	gln? (Spec n, Puerto Ri	ify Yes or No- ican, etc.)	Bia	ce - Americ ck, Whita, y: wh:			
natura olcal E		15. Decedent's E	111111		16a. Deced	dent's Usual Occ	upation			16b. Kind of Business/Industry				
	plet	(Specify only highest gi	rade completed)		(Give	kind of work dor DO NOT usa reti	e durina most	t of working	7	Too. Time of business/moustry				
5 5 5	Completed	9	Collega (1-4c	or 5+)	par	k range	r			county	y gov	ernment		
and Mental Hygi marked other umatic event, I	To Be C	17. Father's Name (First, Middle, Las Harry Hubert Gri	•						First, Middle, Le Abbe	Maiden Suman	n <i>e)</i>			
th end Mer 7 is marke traumatic	-	19a. Informant's Name/Relationship	(Type, Print)		19b. Mailir	ng Address (Stre	et and Numbe	or Rura!	Route Numbe	or, City or Town,	State, Zip	Code)		
		Clara Griffith			Box	335-5, 1	Rt.2, F	alli	ng Wate	ters, W. Va. 25419				
Department of Haalt important: If item 2 any injury or other once.		20a. Mathod of Disposition 1 □ Buriai 2 □ Cremation 3 □	Domoust from Sto	000	e of Dispo	sition (Neme of matory or other p			Data	20c. Location -				
ment ant: h ury o		4 □ Donation 5 □ Other (Special		Bak	ersvi	ille Cem	etery	10-	10-96	Bakersv	ille	, Maryland		
Depart Import any inj pnce.		21. Signature of Funeral Service Lice	nsee	-		Name and Add								
0.5 8 8		Scotts	Volen	nere	//	INNICH F 5 E.Wil				own Md	217	740		
		23a. Part1. Enter the disease, or con- shock, or heart failure. List only	nplications that caus	ed tha daath.	Do not ant	ar the mode of d	ying, such as	cardiac or	respiratory ar	rast,	. 21	Approximata Interval Between		
ysician	1											Onset and Death		
ledicai aminer	Je.	Immediate Cause (Final disease or condition	Drov	ning								moments		
		resulting In death)	u.	Due to (or a	s a conseq	quence of):					1	-		
nsit	Examiner		b								1			
and el-tra	xar	Sequentially list conditions, if any, leading to immediate		s a conseq	juence of):									
slciar buri	ale	cause. Enter Underlying Cause (Disease or Injury that initiated evants	C			or Francisco								
attending physician and for use as the buriel-transit	Medical													
ed for us	Physician/	Dark II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death?									the cause of death?			
igned by the ibe detached	by Phy					23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown								
peen s	Completed t								24a. Was i		CO	ere autopsy findings aliable prior to impletion of cause		
ete has page 2	Ë								40	es 2 XIX o		death?		
cartificete rector, pag		25. Was case referred to medical					26 Place	of Dooth /	1 Y		11	☐Yes 2☐No		
is cartific director,	To Be	examiner? 1ĬŽ Yes 2□ No	Hospital: 1 ☐ Inpa	tient 2 TEB	VOutpatien	t aKINDOA	ther:		Check only or	ence 8 🗆 Oth	or (Connit	i.i		
두 절		27. Mannar of Death	28a. Date of in (Month, L		Bb. Time of					ow injury occur		//		
: Afte	Certification:	1 Natural 5 Pending 2 Accident Investigation		1996	Injury 12 no		ork? □Yes 2⊠	To Fe	ell in	to rive	fro	m boat		
ecto by th	5	3 ☐ Suicide 6 ☐ Could not be determined	10			eet, factory, offic	9	28	f. Location (S City or Tow	treet and Numb	er or Rura	I Route Number,		
ed in	Ce		Potomac					Po			near	Taylor Lane		
To the Funeral Director: After completely filled in by the fune	edical	29a. Cartifiar (Check only one) Certifying Pt	nysician: To the bes niner: On the basis and mannar:	of examination	dge, daath and/or inv	occurred at tha restigation, in my	tima, date and opinion, deat	d place, and	d dua to tha c	ausa(s) and ma	nnar as si	tated. inc		
Virini 24 nours enter To the Funeral Diric completaly filled in	M	29b. Signature and tile of certifier				29c. Lice	nse number		2	29d. Date signe	d (Month,	Day, Year)		
		> ?dwarl	wor	Non		D010	062			October	8,	1996		
		30. Nama and address of person who					. C+	П	. a b	MD (17/0			
Sta		Edward W. Ditto, 31. Date filed (Month, Day, Year)		trar's Signature		shington	i ot.	nagei	stown,	, FID 2	21740			
Sta Registra	r.C	00T A 0 10		Mudleon										
H 16 Rev 6/95		0010313	June June	PU TREATMENT	MARKE !									

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 0.0

							Ce	ertifica	te of	Death	·	Reg. No.	10 .	5126	1
	Physic	ian	1. Decedent's Neme	(First, Middla, La	ist)						2. Dete of D		Year	3. Tima of Dea	th
V	/Medi	cal	Toni	Arlic				-		4h Ciha Taum	octob	er051	996	1310	
2	Exami	ner			e street and number						or Location of Dea		ty of Deeth		
	Funeral		5. Social Security N	umber 6.5	ex Fox 7. A	pical ga (In yrs. I			er 1 Year				ingto		reion
	Director		578-76- Usuel Residence of	8505	I∏M 2RF	39	Yrs.	Months	Days	Hours M			Cal	ace (State or Fol lry) ifornia	1
	how		10a. Stete	10b. County			, Town or L						10	d. Inside City Li	
	Series	cto	Md.	Washing	gton	136	E.Fr	ankl	in	St.Hag	erstown			1 Yas 2□	No
	ter death with the Maryland ferms 23s or 28s-f show ner must be notified at	Funeral Director	136 E.	rankli	n St.			10f. Z	217	40		10g. Citizen of U.S.A		lry?	
_	or the	þ	11. Marital Status 1 Nevar Marri 3 Widowed		12. Wes Decedent Armed Forcas 1 Yas 2 If Yes, Give Yaar or Detes:	?	S. 13.	Wes Deci if Yes, sp 1 Yes			(Specify Yas or Narto Rican, etc.)		ace - America eck, White, a ify: B1ac	atc.	
21215-0020	within 72 hours ene. than *natural", se Mad on Ex	Completed	(Speci	15. Decedent's Enfy only highest grandery (0-12)	ducation ade completed) College (1-4or	5+)	(Giv.	DO NOT	ork done use retire	during most of word)	vorking	16b. Kind of Business/Industry			
	77 70 10		1.2				НС	mema	ker		/en	home			
and	d be file intal Hyg ed othe	Be	17. Father's Name (riist, middie, last, J	Gib	son				Eliza	ama <i>(First, Middl</i> e beth A	nn Ste			
Maryland	d 2 should th and Mer 7 ie marke traumatic	2	19e, informent's Ne	me/Reletionship (19b. Mail	lina Addres	s (Street		Rural Route Numi			Code)	
	aith a 27 lo 27 lo		Harry J	.Gibsor	/father						rm,Inwo				
ore	ges 1 and t of Healt if Item 2 or other		20a. Method of Disp	osition	Removel from State	20b. Pi	ece of Disp	osition (Ne	ome of other pie	ice)	Dete 20c Location - City or Town, State Gdns.10/09 Martinsburg, W. Va				
<u>E</u>	nit. Pag sartment ortant: It injury o		4 Donetion	5 ☐ Other (Specif	y)	P1e	easar	nt Vi	.ew	Mem.Gd	ns.10/0	9 Mart	insb	urg, W. V	la.
Baltimore,	permit. Page Department of important: If any injury or once.		21. Signature of Ful	0 0	R		E	Burne	er T		ervices				
			23a. Part1. Enter the	e diseese, or com	plicetions that cause ona causa on each	d the deeth	. Do not ar	037 ntar tha mo	Dua de of dyl	1 Pl H	agersto lec or raspiratory	wn, Md.	21740) Approximate Interval Between	
7	Physician /Medical Examiner		Immediete Cause (I disaesa or condition resulting in death)	inei	Borp	Lyd	ton	- 17	-ac	ly	e		u	Onset and Dear	>
	outed of ransit	Examiner	Sequentially list con	ditions	AIDS	En	es a conse	rela	ral	May E	nd (to	re here	Decker	re	
ó,	tificate be executed g physician and as the burial-transit		Sequentially list cor if eny, leeding to im cause. Enter Under Cause (Disease or I	mediata tying	H12	110	1/1	1	-	/1			/	1 Out	1
68760,	cate b	edicai	thet initieted events resulting in death) L		9/1	Dua to (or	a conse	quance of)		1			1		J
	E 0 a	100		L	Alca	lis	14	1	1	J de	ran	C	9	lar	
Box	ires that the death cer signed by the ettendir d be detached for use	Physician/A	Dort II. Other elemiti		and distributions for all costs.					20.00	001 01-	14-4	/		
P.O.	by the	hys	Pett II. Other signiti	cant conditions c	ontributing to death I	out not resu	iting in the	underlying	cause gr	ven in Pert I.				the cause of de	
S, T	gned be de	by P									-	2010	0000	uor)	
Records,	need should	Completed										s an eutopsy ormed?	ava	re autopsy findin ileble prior to apletion of cause leath?	
E .		Com									10	Yes 2 No	1□	lYes 2□ No	
Vita	Physician: The law this certificate has be ral director, page 2 s	Be	25. Was casa referrexaminer?	ed to medical	Magnital:				T A.		eeth (Check only	one)			
O	Physic this c	: To	1 ☐ Yes 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	No.	Hospitel: Impati		ER/Outpatie		UA		Home 5 Res)	
Division of Vital	or Attending after death. Director: After I in by the funer	cation	Natural 2 Accident	5 Pending investigation		ay Year)	28b. Time o Injury	M	28c, Inju Wo 1 □	rk? IYes 2 □ No	280. Describe	how injury occu	irred		
DIV	tal or Att	Certification:	3 ☐ Suicide 4 ☐ Homicide	determined	286. Place of in	jury - At hor tc. (Specify,	me, ferm, s	treet, facto	ry, office		28f. Location City or To	(Street end Num ewn, State)	nber or Rural	Route Number,	
:	To the Hospital or Attending Ph within 24 hours after death. To the Funerel Director. After th completely filled in by the funeral	edical	29e. Certifiar (Check only one)	Certifying Ph	ysician: To the best niner: On the basis of and manner at	of examineti-	dedge, dee on end/or in	th occurred nvestigetion	et the ti	me, dete end pla opinion, deeth oc	ce, and due to the curred et the time	cause(s) and m , dete and piece	nanner as sta , and due to	ated. the cause(s)	
i	To th Comp	M	29b. Signature and t	itté of certifier	11.	/	10	29	c. Licens	se number	,	29d. Date sign	ed (Monty), D	Day, Year)	91
			Mark	in W	Yalley	OKO	11)	2	3/880		101-	119	4	
			At h	ds of person who	odmbleted causes	death (Item	PUAN	Print)	101	M.D.	Va	. R1	Hay	Partun	
1	Sta	te	31. Dete filed (Monti	n, Day, Year)	Hegist	rar's Signet	uro		IU '	proces	Long	7/4/	INA	M	3

Ple

4a. Facility Nama (# not institution Frederick Memor 5. Social Security Number 180–18–3583 Usual Residence of Dacedant 10a. Stata 10b. County	ederick ampton Ma Street 12. Was Dece Amed Fo 1 Uses of the Servet 12. Was Dece Amed Fo 1 Uses of the Servet 12. Was Dece Amed Fo 1 Uses of the Servet 13. Was Dece Amed Fo 1 Uses of the Servet 14. Street 15. Was Dece Amed Fo 1 Uses of the Servet 15. Street 16. Servet 17. Street 18. Street 18. Street 18. Street 19.	tal 7. Aga (In yrs. 74 10c. City nor cas? 2 3 No a	y last birthday) Yrs. y, Town or Lo	Months Da	4b. City, To Free lar If Under Yrederica a 21701	wn, or L deri 24 Hrs. Min.	2. Data of De Month Octobe ocation of Death .ck 8. Data of Bir	or 3 dc. County	9. Birthple Counti Ker	aca (Stata or Foreign NEUCKY d. Inside City Limits 1 1 2 Yas 2 No	
RO 4a. Facility Nama (If not institution Frederick Memor 5. Social Security Number 180-18-3583 Usual Residence of Dacedant 10a. Stata 10b. County Maryland Frederick 10b. County Maryland Frederick 10c. Streef and NumbeNorth 200 East 16th S 11. Marital Status 1 Nevar Marriad 2 Man 3 Widowed 4 Divorced (Specify only highai Elementary/Secondary (0-12) 17. Father's Nema (First, Middla,	ederick ampton Ma Street 12. Was Dece Amed Fo 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nber) tal 7. Aga (In yrs. 74 10c. City	yrs. y, Town or Lo	Months Da Cocation 10f. Zip Cod	4b. City, To Frederica 21701	deri 24 Hrs. Min.	Month Octobe ocation of Death	or 3 4c. County Fr	1996 of Death ederic 9. Birthole Counti Ket	4:45 AM ck aca (State or Foreign chucky d. Inside City Limits 1 1 Yas 2 No	
Ia. Facility Nama (If not institution Frederick Memor 5. Social Security Number 180–18–3583 Usual Residence of Dacedant 10a. Stata 10b. County Maryland Frederick 10c. Streef and NumbeNorth 200 East 16th S 11. Marital Status 1 Nevar Marriad 2 Mariad 3 Widowed 4 Divorced (Specify only highaid Elementary/Secondary (0-12) 17. Fathar's Nema (First, Middla,	ederick ampton Ma Street 12. Was Dece Armed For 1 Days If Yas, Giby Year or Dust grade completed)	nber) tal 7. Aga (In yrs. 74 10c. City	yrs. y, Town or Lo	Months Da Cocation 10f. Zip Cod	4b. City, To Frederica 21701	deri 24 Hrs. Min.	Octobe ocation of Death	4c. County Fr	1996 of Death ederic 9. Birthole Counti Ket	ck aca (Stata or Foreign ntucky d. Inside City Limits 1 N Yas 2 □ No	
Frederick Memorics. Social Security Number 180-18-3583 Jauel Residence of Decedant 10a. Stata 10b. County Maryland Frederical State 10b. County Maryland Frederical State 10b. County Maryland Frederical State 10b. County Maryland Frederical State 10b. County Frederical	6. Sex 10 M 20 F ederick nampton Ma Street 12. Was Dece Armed Fo 1 1 4 3 4 5 4 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	tal 7. Aga (In yrs. 74 10c. City nor cas? 2 3 No a	Yrs. y, Town or Lo	Months Da	Frederica 21701	deri 24 Hrs. Min.	Ck	Fr. 1921	9. Birthple Counti Ker	aca (Stata or Foreign NEUCKY d. Inside City Limits 1 X Yas 2 \(\) No	
Social Security Number 180-18-3583 Jaual Residence of Dacedent 10a. Stata 10b. County Maryland Free 10c. Streef and NumbeNorth 200 East 16th S 1. Marital Status 1. Nevar Marriad 2. Marital Status 1. Nevar Marriad 3. Widowed 4. Divorced (Specify only highai Elementary/Secondary (0-12) 7. Fathar's Nema (First, Middla,	ederick nampton Ma Street 12. Was Dece Armed Fo 1 \(\subseteq \) Year or D. t's Education st grada completed)	7. Aga (In yrs. 74 10c. City nor nor danf Evar in U, ross? 2 13 No	Yrs. y, Town or Lo	Months Da	a 21701	24 Hrs. Min.	8. Data of Bir	th Year) 1921	9. Birthple Count Ket	aca (Stata or Foreign NEUCKY d. Inside City Limits 1 🖔 Yas 2 □ No	
180-18-3583 Jouel Residence of Dacedent Oa. Stata 10b. County Maryland Fre Oe. Streef and NumbeNorth 200 East 16th S 1. Marital Status 1 Nevar Marriad 2 Maria 3 Widowed 4 Divorced (Specify only higher Elementary/Secondary (0-12) 7. Father's Nema (First, Middla,	ederick nampton Ma Street 12. Was Dece Armed For 1 Decended 1 Yas, Give Year or Decended 1 Yas Education St grada completed)	74 10c. City nor ident Ever in U, roes?	Yrs. y, Town or Lo	Months Da	rederi	Min.	8. Data of Bir (Month, Da Dec • 10	, 1921	Counti Ket	ntucky Id. Inside City Limits 1 1 2 Yas 2 No	
Oa. Stata Oa. Stata 10b. County Maryland Fre Oe. Streef and NumbeNorth 200 East 16th S 1. Marital Status 1 Nevar Marriad 2 Mari 3 Widowed 4 Divorced (Specify only highar Elementary/Secondary (0-12) 7. Fathar's Nema (First, Middla,	nampton Ma Street 12. Was Dece Armed Fo 1	nor Idanf Evar in U, rces? 2 2 No	S. 13.	10f. Zip Cod	21701	ck		10g. Citizan of		1 Nas 2□No	
Maryland Fre	nampton Ma Street 12. Was Dece Armed Fo 1	nor Idanf Evar in U, rces? 2 2 No	S. 13.	10f. Zip Cod	21701	ck		10g. Citizan of \		1 Yas 2□No	
200 East 16th S 1. Marital Status 1 Nevar Marriad 2 Marriad 3 Widowed 4 Divorced 15. Decedan (Specify only highar Elementary/Secondary (0-12) 7. Fathar's Nema (First, Middla,	12. Was Dece Armed For 1 □ Yas If Yas, Giv Year or Ditt's Education st grada completed)	odanf Evar in U, rces? 2 2 No			21701			10g. Citizan of	What Count	ry?	
1 Nevar Marriad 2 Marriad 3 Midowed 4 Divorced 15. Decedan (Specify only higha: Elementary/Secondary (0-12) 7. Fathar's Nema (First, Middla,	Armed Fo 1 □ Yas If Yas, Giv Year or Di t's Education st grada completed)	rces? 2 No		Was Decedent					USA		
3 ☑ Widowed 4 ☐ Divorced 15. Decedan (Specify only higher Elementary/Secondary (0-12) 7. Fathar's Nema (First, Middla,	If Yas, Giv Year or Di t's Education st grada complated)	a			S. 13. Was Decedent of Hispanic Origin? (Specify Yas or No- lf Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race Black						
(Specify only higher Elementary/Secondary (0-12) 7. Fathar's Nema (First, Middla,	st grada completed)		1 ☐ Yas 2 ☑ No Specify: Specify:						y: Wi	White	
Elementary/Secondary (0-12) 7. Fathar's Nema (First, Middla,			16a. Dece	dant's Usual Oc	cupation	t of mod	doa	18b. Kind of B	usinass/Indi	ustry	
	9	-4or 5+)	lifa.	(Giva kind of work done during most of working life. DO NOT use retired) Clergyman					inist	ry	
Staplow A Cill	Last)					r's Nam	a (First, Middla,	Maiden Suman	na)		
stantey A. GII.	let				Mar	y Lu	Capps				
9a. Informant's Name/Ralations	hlp (Type, Print)		19b. Maili	ng Addrass (Str	eet and Numb	er or Rui	ral Routa Numb	er, City or Town,	Stata, Zip (Code)	
Robert E. Gille	et, Son							Maryla		1782	
Oa. Mathod of Disposition		20b. P	laca of Dispo	osition (Nama o		1	Data	20c. Location -		vn, Stata	
1 Burial 2 Cramation 4 Donation 5 Other (S		Stata Mor	ematary, crai	matory or other d Cemete	place) Ery	C	ct. 7 E			nnsylvani	
1. Signature of Funaral Sarvice	Densee Sou	nker					neral H	iome jerstown	, MD	21742	
23a. Part F. Entar the disease, or shock, or heart fellura. List	complications that conly one cause on a	aused tha daath ach lina.								Approximata Interval Between	
		12	2	2 -						Onset and Death	
mmediata Causa (Final Ilsaasa or condition		cardio arest								Sudden.	
asulting in death)		Due to (or as a consequence of):									
	a b								1		
Sequentially list conditions, any, laading to immadiata ause. Entar Undarlying		Due to (or	r es e consec	quence of):							
Causa (Disaasa or Injury hat initiated avants asulting In daath) Lasf	C	Dua to (or	Dua to (or as a consequence of):								
	d										
art II. Other algnificant condition	ns contributing to de	ath but not resu	ulting In the u	ndarfying causa	givan in Part I	,	23b. Dld	tobacco usa co	ntribute to	the cause of death	
Park	isors,	Dises	20				10	Yes 2 No	3 Probe	ably 4 Unknow	
								an autopsy med?	avai	re autopsy findings ilabla prior to apletion of causa eath?	
							nd.	Yas 2□No		Yas 2 No	
5. Was casa rafarred to medical					26. Place	of Deal	th (Check only o	ona)			
axaminar? 1 ☐ Yas 2 📉 No	Hospital:	npatiant 2	ER/Outpatier	nt 3 DOA	Other			dance 6 Oth	ar (Specify))	
7. Mannar of Death 1 Natural 5 Pandin	28a. Date of (Mont)		28b. Tima o Injury	f 28c. I	njury at Vork?			how Injury occur			
2 Accident Invastig	not be 380 Blace	of Injury - At ho	ma, farm, etc	reat, factory, offi			28f. Location (Streat and Numb	per or Rural	Pouts Atumber	

Physician /Medical Examiner

29a. Certifiar

4 - Homicida

(Check only one)

Physician /Medical

Examiner

Directo

Funeral

by

Completed

10

Funerai

Director

pernit. Peges 1 and 2 should be filed within 72 hours effer death with the Meryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23e or 28a4 show any injury or other traumatic event, in Medical Examinar must be notified at angles.

Baltimore, Maryland 21215-0020

Examine

Physician/Medical

þ

Completed

Be

Certification: To

Medical

certificate has been signed by the attending physician and lirector, page 2 should be detached for use as the buriel-transit

The lew requires that the death certificate be executed Division of Vital Records, P.O. Box 68760, To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certificd completely filled in by the funeral director,

State Registrar

1 Certifying Phyalcian: To the best of my knowledga, death occurred at the time, date end place, and due to the causa(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and menner stated. 29b. Signatura and titla of

29c. Licensa number 026499

29d. Data signed (Month, Day, Year) 10-3-96

28f. Location (Streat and Number or Rural Routa Number, City or Town, State)

30. Name and addrass of person who complated cause of death (Itam 23a) (Type, Print),
Dr. Ronald Miller 4 Culwell Drive, Mt. any Maryland

28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

31. Data filed (Month, Day, Year)

32. Registrar's Signatura

10-3-96

_			A Danada Na Na Walio Maria	State of Ma	aryland /				Death		Reg. No.	6 3	1269		
в	Physic	ian	Decedant's Nama (First, Middla, La		050					2. Date of De Month	Day	Yaar	3. Time of Death		
8	/Medi		MARK		GER	LACH			th Chy Taum as I	ОСТОВЕ		.996	0638		
A	Exami	ner	4e. Fecility Nama (If not Institution, given 12817 HARBOR R						4b. City, Town, or L			ESTE	D		
Н	Funeral		5. Social Security Number 6. S		e (in yrs. last	birthday)	If Under	1 Year	If Under 24 Hrs.	8. Data of Bir	th				
	Funeral Director			M 2□ F	32	Yrs.	Months	Deys	Hours Min.	8-17-	5 4	Countr	ce (State or Foreign y) D •		
	how		10a. Stata 10b. County 10c. City, Town or Location									100	d. Insida City Limits		
	e Ma	cto	MD. WORCES	TER	BERL	IN							1 □ Yas 2 No		
	th with th	Funeral Director	100. Street and Number 2 FISHERMANS DRIVE 21811								10g. Citizen of Whet				
20	d within 72 hours effer death with the Maryland jiene. I than "natural", or items 23s or 28s-f show to Madical Examiner must be notified at	by Funer	11. Marital Status 1 Douavar Married 2 Married 3 Widowad 4 Divorced	12. Was Decedent I Armed Forcas? 1 Yas 2				ant of Hify Cub	lispenic Origin? (Si an, Maxican, Puerto Specify:	pecify Yes or No Rican, etc.)	14. Rad Bia Specif	ck, Whita, et	с.		
9	tural tural	P P	15. Decedant's E	Yaar or Datas:	1/	Se Decede	nt'e Heus	Occur	nation		16b. Kind of B				
Maryland 21215-0020	within ene. than	Completed	(Spacify only highast gra Elamantary/Secondary (0-12)	ida complated) Collega (1-4or 5	+)	16a. Decedant's Usual Occupation (Giva kind of work done during most of work lifa. DO NOT usa ratired) CHEF					RANT	ony			
D	E T E E	BeC	17. Fathar's Nama (First, Middle, Last,)		0116.1	18. Mother's Nema (First, Middla, Maiden S								
lar	0 2 2 0	ToB	DONALD GERL	ACH					ELIZABE	TH MAR	IE GAT	EWOO	D		
Mary	nd 2 shall be selfth end 27 is m		19a. Informant's Name/Raiationship (1		Addrass SHER		and Number or Ru		er, City or Town	State, Zip C			
Baltimore,	permit. Peges 1 and Department of Heelt Important: If Item 2 any Injury or other once.		20a. Mathod of Disposition 1 Burial 2 Cramation 3 4 Donetlon 5 Othar (Specif	Ramoval from Stata	20b. Pleca cema SUNS	of Disposi ntary, crams	tion (Name atory or of EMOR	her ple		Data 10-7	20c. Location				
alti	Departm Departm Importa any Inju		21. Signature of Fungeral Service Licer	- 4					ss of Facility				•		
	Physician /Medical Examiner		23a. Part1. Entar the diseass, or com shock, or heert failura. List only Immediate Ceuse (Final disease or condition rasulting in death)	a. ASPHYXI	ne.	ВҮ	HANG			or respiretory a	rrest,		Opproximete ntarval Between Onsat and Death		
	icate be executed physician and s the buriel-transit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or Injury	b. ————————————————————————————————————	Dua to (or as	a consaqui	ance of):								
68760,		Medical	Cause (Disaase or Injury that Initiated evants resulting in death) Last	C. Dua to (or as a consequence of):											
Box	death certific e attending p id for use as i	lan		d											
P.O.	t the d by the techec	Physician/M	Part II. Other significant conditions of	ontributing to death bu	ut not rasuiting	g in tha und	larlying ca	usa gk	an in Part I.			ntribute to t	he cause of death?		
Records,	requires been sign should be	Completed by								24a. Was perfo	an autopsy mad?	com	a eutopsy findings able prior to pletion of cause eth?		
_	9 9 9	Mo								10	Yas 2 No	10	Yas 2□ No		
Vita		Be (25. Was casa refarred to medicai axaminer?						28. Place of Dea	th (Check only o	na)				
of	Physician: this certific ral director,	2	1 Nas 2□ No	Hospitel: 1 Inpatie	nt 2 ER/	Outpatient	3□ DO	A Oth	er: 4 Nursing H	oma 5 Rasio	dance 8 DOth	ar (Specify)			
		.: 0	27. Manner of Deeth 1 □ Natural 5 □ Panding	28a. Date of Injur (Month, Day	Year)	D. Time of Injury 0638		Bc. Injur Wor		28d. Dascribe I	how Injury occur	red			
2	the eet	cat	2 Accidant Investigation 3 Suicide 8 Could not b	10 7 30		111	M		Yes 2 □ No		BY HAN		Pouto Mumbas		
	무용등	ertification:	4 ☐ Homicide datarmined	building, etc	. (Specify)				_ \	City or Tov					
1	Hospita 24 hours Funeral rely filled	edical Ce	29e. Certifier (Check only one) 1 Certifying Ph 2 Medical Exam	12817 yelcian: To the best of	axamination a	lge, deeth d	occurred e	OME t tha tir in my o	na, date and place,	OCEA , and dua to tha rred at the time,	causa(s) end m	T, MD annar as star and dua to t	ted.		
	within 2 To the comple	Mec	29b. Signature and title of certifiar	end mannar sta		_	29c.	Licens	a number	Т	29d. Data signe	d (Month, D	ay, Year)		

D 06241

DOROTHY C. HOLZWORTH, MD 203 SNOW ST., SNOW HILL, MD., 21863

11. Deta filed (Month, Day, Yeer)

OCT 04 1996

See Registrary Signature Authority

OCT 04 1996

State Registrar

30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

DHMH 16 Rev 6/95

State of Manyland / Denartment of Health and Mental Hydiana

	Decedent's Name (First, Michael Land)	idie. Lest)		Cer	tificate of	Death	2. Dete of D	Reg. No.	2.7	ime of Deeth	
/sician	Donald Eugene						Month	Day	Yeer		
ledical aminer	4e. Fecility Neme (If not institut		ber)			4b. City, Town,	Septem or Location of Dea			00 p.m	
anniei	3820 Cove Roa		,			Accide			arrett		
eral tor	5. Social Security Number 220–52–9257	6. Sex 7 1 ☑ M 2 ☐ F	7. Age (fn yrs. 47	fest birthday) Yrs.	If Under 1 Year Months Deys	If Under 24 H	lin. (Month, D		-	State or Foreign	
	Usuel Residence of Decedent						July_2	3, 1949	Marylar	nd	
	10e. Stete 10b. Cour	nty	10c. Cit	y, Town or Loc	ation				10d. Ins	lde City Limits	
cto	Maryland Gar	crett	Ac	ccident					1 ☐ Yes 2X No		
Oire	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Country?		
<u>ea</u>	3820_Cove_Roa	adbe				520			USA		
by Funeral Directo	3 ☐ Widowed 4 ☐ Divorc	If Yes Give	ces? 24∑ No		/as Decedent of H Yes, specify Cub		(Specify Yes or N lerto Ricen, etc.)	or No- 14. Rece - American Indian, Black, White, etc. Specify: White			
B	15. Deced	ent's Education		16e. Deced	ent's Usuel Occup	ation		16b. Kind of B	usiness/Industry		
Completed	Elementary/Secondery (0-12	hest grede completed)) College (1-4	4or 5+)		ind of work done O NOT use retire	auring most of (d)	working				
Con	12			Truck	Driver				of Maryl	and	
Be	17. Fethar's Name (First, Middl	,					Neme (First, Middle		ne)		
2							e Hunter				
To Be Completed by Funeral Director	19e. Informant's Name/Reletio	ber, City or Town,	Stete, Zip Coda)								
	Lawrence Hoc	kman/Father	20h B				dent, MD		Church C	nto	
	1 Burial 2 □ Crematio		late		ition (Neme of etory or other ple		Date		City or Town, St	ord	
	4 ☐ Donetion 5 ☐ Other 21. Signeture of Funerel Service		St.		Luthera			Acciden			
once.	21. Signeture of Funerer Service	20 Licensee	\	Ne	wman Fun	eral Ho	mes, P.A	., P.O.	Box 275		
	23a. Pert1. Entar the disc asa, shock, or heart feilule. L	O Jeurna	en				, Grants			ximete	
n il r	Immediata Cause (Finel disease or condition resulting in death)		cicular		thmia, A				Onset	al Between and Deeth	
in a		Ische	mic He	art Di	sease				Sev.	weeks	
fedical Examiner	Sequentielly list conditions, if any, leeding to immediate		Due to (o	r as e consequ	enca of):						
Physician/Medical E	Cause (Disease or Injury thet Initiated events resulting In deeth) Lest C. Arteriosclerotic Cardio-Vascular Disease Unknown Due to (or es a consequence of):										
SICI	Pert II. Other significant condi	en in Pert I.	23b. Did	I tobacco use co	ntribute to the co	use of death?					
by Phy	Cerebral Pa		1	Yes 2 No	3 Probably	4₩ Unknown					
Completed by P	77							s an autopsy ormed?	24b. Were auto eveilebla completio of death?	opsy findings prior to n of cause	
No.							10	Yes 2 No	1 ☐ Yes	2 No	
Be (25. Was case refarred to medic exeminar?					26. Place of D	Deeth (Check only	ona)			
tion: To	1 ☑ Yes 2 ☐ No 27. Menner of Deeth 1 ☑ Netural 5 ☐ Pend	Hospital: 1 Inp		ER/Outpetient 28b. Time of Injury	3 DOA Oth 28c. tnjur Wor	4 LI Nursing	Home 5K Res 28d. Describe	Idenca 6 Oth			
Certification:	3 ☐ Suicide 6 ☐ Coul-	mined 286. Pleca of	f Injury - At ho , etc. (Specify	ome, farm, stre	et, fectory, office		28f. Location City or To	(Street and Numb wn, Stete)	per or Rural Route	Number,	
edical	29a. Certifier 1 Certify (Check only one) 2 NMedica	ing Physician: To the beat Examiner: On the base end manne	is of axaminet	wledge, death tion end/or Inve	occurred et the tinestigation, in my o	ne, dete end ple plnion, deeth oc	ce, and due to the curred et tha time	ceusa(s) and me data and placa,	enner es stated. end due to the ca	use(s)	
Medical Certifi	29b. Signature and title of certif		1	11.	29c. Licens	e number		29d. Date signe	d (Month, Day, Yo	ear)	
	> Harry	AT	in h	In Mi	Dono	5658		Septemb	er 28, 1	996	
	30. Nama and addrass of perso	n who complated cause	death (Item	23a) (Type, P		0000		Depeemb	,		
12	Herbert H. I	eighton, M.	D., 50)2 E. O.	ak Stree	t, Oakl	and, Mar	yland 2	1550		

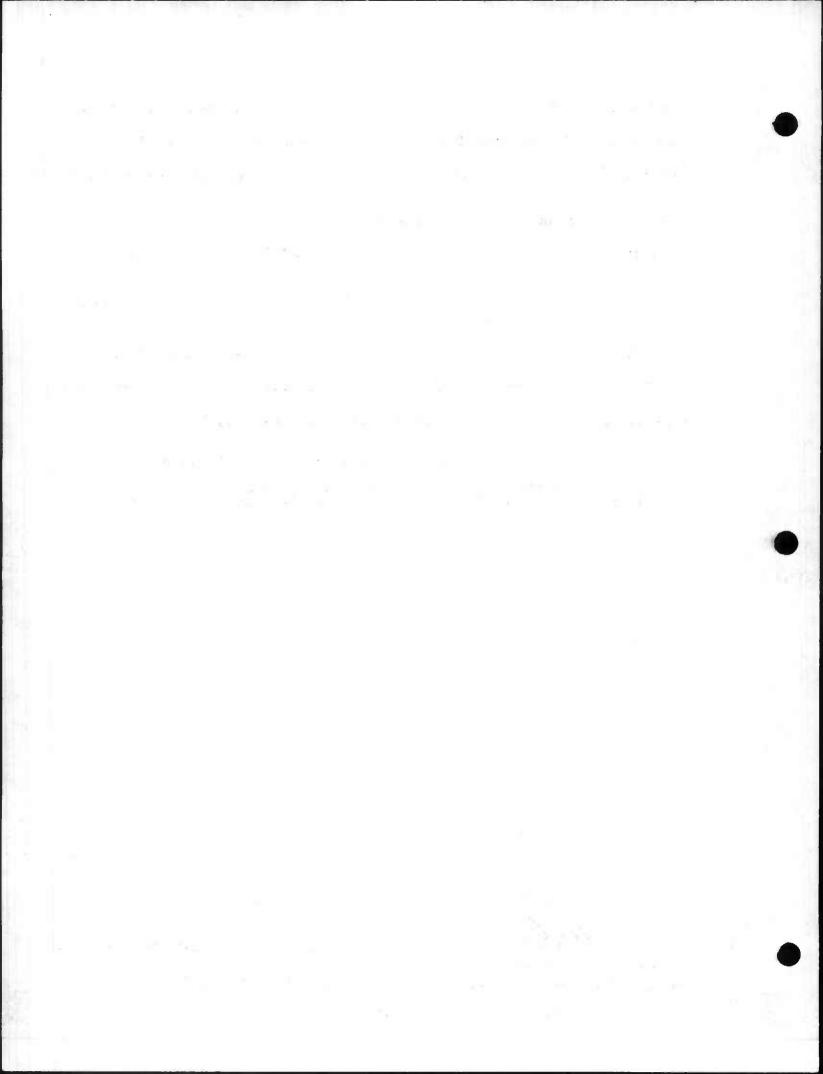
DHMH 16 Rev 6/95

-8- II I 70.7

State of Maryland / Department of Health and Mental Hygiene 96

0	0	0	1	0	-7
7	6	J		6	7

						Cert	tificate	of D	eath			Reg. No.	60	0 0	1 6	, ,			
	Discola		1. Decedant's Nama (First, Midd	lla, Last)						2	2. Data of Do	eath		Vans	3. Tima	of Deeth			
Ę	Physic /Medi		Belle C. Hu	ff						0	ctob	er I	4,	199	8:	25a.			
7	Exami		4a. Facility Nema (If not institutio	n, give streat and number)				4b.	City, Town,	or Loca	ation of Deel	th 4c.	County	of Death					
	_ التراب		Cuppett-Wee	ks Nursing	Home				Dakla				arı	cett					
	Funeral Director		5. Social Security Numbar 233-66-1583 Usuel Rasidanca of Dacadent	6. Sex 7. Ag	a (In yrs. last bi	Yrs.	Months D		If Undar 24 Hours	Vlin.	Month, Data of Bi (Month, Data of Bi	rth ay, Year) 21, 1	908	9. Birthpl Count West	laca (Stat try) Vir	a o <i>r Foraigr</i> ginia			
	yland m		10a. Stata 10b. County		10c. City, Tow	vn or Loca	ation							10	Od. Inside	City Limits			
	the Mar 28a-f sh	rector	WV Pre	eston	F	Rowle	sburg					10a Citis	ean of W	Vhat Couni	11	as 2 No			
	ath with 23a or	Funeral Director	P.O. Box						2642				US		ii y ?				
mai yiaila 21213-0020	filed within 72 hours efter death with the Maryland Hygiene. ther than 'natural', or terms 23a or 28a-f show ent, the Medical Examiner must be notified at	þ	11. Marital Stetus 1 Never Married 2 Mar 3 Widowad 4 Divorced	If Vas Give			as Dacedan Yas, specify □ Yas 2∑		enic Orlgin Maxican, P Spacify:	? (Speci uarto Ri	fy Yes or No can, atc.)			e - Amarica k, Whita, a Wh					
ה	d within 72 ho jene. r than "natur the Medical	Completed	15. Dacadar (Specify only highs	nl's Education est grada completad)	16a	. Decede	ent's Usual C	Occupation	on rina most of	working		16b. Kir	nd of Bu	isinass/Ind	ustry				
1	within ene. then	du	Elemantery/Secondary (0-12)	College (1-4or 5			ind of work of O NOT use i	retired)											
1	fygie her ti nt, th		8th 17. Fathar's Nama (First, Middla,	Local	C	Clerk		1.0	0.14-11-1-1-	hl				Sto	re				
3	od is o	Be	Jonathan	Lasij	Funk				Chari		First, Middle	, Maidan i	Sumam		shmar				
	d 2 should thend Men 7 is marke traumetic	2	19a. Informent's Name/Ralations	chin (Time Print)		n Mailine	Addrass (S			-	Davida Alived	0/4	T			.1			
	0 0 3		Alice Kisner	sinp (rypo, rring)			yfiel								Code)				
			20a. Method of Disposition		20b. Placa 0	of Disposi	ition (Nama	of		-	Deta			City or Tov	wn. Stete				
	permit. Peges 1 Department of I- important: If ite any injury or ot once.		1 X Burial 2 ☐ Cramation 4 ☐ Donetion 5 ☐ Othar (S				1 Com			10	/16	Mana		- 175	7				
600000000000000000000000000000000000000	nit. F artm ortan injur		21. Signatura of Funeral Şervica		Mt. I	-	1 Ceme			10)/16	Marc	ques	s, W	/				
i	Depariment important in portant i		▶ Bralley	N. Thesar		St 32	ewart S. S	Fun	eral	. 08	akland	l, MD	21	550					
		23a. Part1. Entar tha disaasa, of complications that caused tha deeth. Do not antar the mode of dying, such es cardiec or raspiratory errast, shock, or haart failure. List only ona causa on aach lina.													Approxim Intarval B	etween			
į	Physician		A CONTRACTOR OF THE CO.												Onset en	d Death			
	/Medical Examiner		Immediata Causa (Final disaase or condition rasulting in death)	a Alzhe	imer's	de	menti	ia						10	ve	ars			
		- C			Due to (or es a	consequ	ence of):							t	10 years				
ī	nsit	Examiner		b .			1							1					
	al-tra	xai	Saquantlally list conditions, if any, laeding to immadiata causa. Enter Undarlying Cause (Diseasa or Injury		Dua to (or as a	consequ	ence of):												
	siciar bun		Cause (Diseasa or Injury that Initieted avents	С															
	eath certificate be executed attending physician end for use as the bunal-transit	Medical	rasulting In death) Last	L , '	Dua to (or as a	conseque	anca of):												
	0 0 0	Physician/	Part II. Other significant condition	one contributing to death by	ıt not resulting i	n Iha und	larivino caus	sa nivan	in Pert I		23h Did	tohaccou	use con	tribute to	the caus	o of death?			
	that the died by the detached				. The Figure 1	.,,,,,	anywig odod	Ju givuii								Unknowr			
	Se Lo	d by								T	Ode Wee			24h Was	re autone	y findings			
	2 S S	Completed										an autopi ormed?	sy	con	llable prion of leath?	rio			
	0 - 0	E O									10	Yes 2X	ONO	10	Yas 2	₽ No			
		BeC	25. Was casa refarrad to medical					2	6. Pleca of	Daath (0	Check only	one)				7			
	0 0	To	axaminar? 1 □ Yes 2√ No	Hospital: 1 Inpatie	nt 2 ER/Ou	utpatient	3□ DOA	Other:	4 💢 Nursin	g Homa	5 🗆 Rasi	Idence 6	Otha	ar (Specify,)				
	After fune		27. Mennar of Death 1 Natural 5 □ Pandin		Year) 28b.	Tima of Injury	28c.	Injury at Work?	s 2□No	280	d. Describe	how injury	occurr	ed					
	Attending or death. ector: Afte by the fune	Certification:	2 Accidant invastig 3 Suicida 6 Could i 4 Homicida determ	not be 28a. Place of inju	ry - At homa, fa	arm, stree			2	28f	Location (Street and	l Numbe	er or Rural	Route Nu	ımber,			
	a Dir	Cert	4 D Homoda	building, afc	. (Эреспу)						City or To	wii, Sieta/							
	To the Hospital or Attend within 24 hours after deat To the Funeral Director: completely filled in by the	edical	29a. Cartifier (Check only one)	g Physician: To the best of Examiner: On the basis of and manner sta	axaminetion an	e, deeth o	occurred at the stigation, in	ha ti <i>m</i> a, <i>m</i> y opini	data and pl	aca, and	d dua to the at the time,	causa(s) : dete end	and mai plece, a	nner as sta and dua to	ited. tha cause	e(s)			
	Vithin Comp	Me	29b. Signature and title of partition	. 1/			29c. Li	icansa n	umbar			29d. Date	signed	(Month, D	Day, Year)				
	- > - 0		1 / 70	25			D	334	64			Octo	obe	r 14	, 19	996			
			30. Nema and address of person	who completed causa of de	ath (liem 23a)	(Type Pr		J J 4	J 1						,				
		3	Robert M. Co				Box	8 -	Ealo	n. T	WV 2	2671	6						
	Sta	te	31. Data filed (Month, Dey, Year)	32. Registre	r's Signatura		DOA	-,											
	Registr	-	OCT 1 6	1996	Murden	Bull	4												



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

111 Penn Street, Baltimore, Maryland 21201

2. Date of Death

31272

Physician	
/Medicai	
Examiner	

GEORGE

October 4.

3. Time of Deeth 1996 11:42p

1. Decedent's Name (First, Middle, Lest)

ΗΔΤ.Τ.

30. Nama and address of peraon who completed causa of death (Item 23a) (Type, Print)

Finler

¿ Funerai Director

items 23s or 28s-f show ner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death Department of Health and Mental Hygiene. Important: If them 27 is marked other than "naturel", or flarms 23 any or other treumatic event, the become Example main and

Baltimore, Maryland 21215-0020

Physician Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be within 24 hours after death. Medical Certification: To Be Completed by Physician/Medical

Division of Vital Records, P.O. Box 68760,

ozonoz .												-
4e. Fecility Name (If not institution, give								cation of Deeth		ty of Deet		
	ional			W 11 - 1 -		Salis		-	Wico			
5. Social Security Number 6. Security Number 216–14–2237 Usual Residence of Decedent	7. Age ((In yrs. last bird	Yrs.	If Under Months				8. Dete of Bird (Month, De 05/20/			hplace (Stete ountry) YLAND	or Foreigi
10e. State 10b. County	1	Oc. City, Towr	n or Loca	ation							10d. Inside C	ity Limits
MARYLAND SOMERSET		DDTNO	ECC	ANINIT								22 No
10e. Street end Number		PRINC	E22_	10f. Zlp					10g. Citizen of	What Co	untry?	
26889 FITZGERALD F	ΡΩΝ					853						
11. Maritel Stetus	12. Was Decedent Ev	er in U,S.	13. W	es Deced			gin? (Spe	cify Yes or No- Rican, etc.)		J.S.	rican Indian,	
1 ☐ Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 No						, Puerto I	Rican, etc.)	Bio	ack, White		
3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1[☐ Yes 2	No.	Specify:			Speci	MHI.	TE	
15. Decedent's Edu		16a.	Deceda	nt's Usua	Occu	pation			16b. Kind of I	Business/	Industry	
(Specify only highest gred Elamantary/Secondary (0-12)	Collaga (1-4or 5+)		lifa. Do	O NOT us	e retire	during most	of workii	ng				
7			RVIC	E ST	ATI	ON_OPE	RATO	R	AUTO S	ERVI	CE	
17. Father's Neme (First, Middle, Last)								(First, Middle,	Maiden Sume	me)		
LYDIE HALL						ANNI	E HA	LL				
19e. Informant's Name/Relationship (T		19b.	. Mailing	Addrass	(Stree	t end Numbe	r or Rura	Routa Numbe	er, City or Town	n, State, Z	(ip Code)	
KATHLEEN HALL/WIFE		268	889	FITZ	GER.	ALD RO	AD,	PRINCES	S ANNE	, MD	. 21853	}
20a. Method of Disposition		20b. Place of	Disposit		ne of			Date	20c. Location			
Buriai 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)		ST. PE					1	0/07	ORIOLE	MAI	DVI AND	
21. Signature of Funeral Service Licens	0e	01. 11				ess of Fecility		0/0/	OUTOFF	, MAI	TLANU	
1 / 1/	\sim \sim \sim	0000=	НТ	NMAN	EUI	NERAL	HOME	, PRINC	FSS AN	NE 1	MD 219	53
Narth Enter the disease, or companded, or heart failure. List only o	ications that causad th	00295 e death. Do n								, ,	Approximat	
mock, or heart failure. List only o	na cause on each line.				,			and the same of th			Interval Bet Onset end I	ween
Immediata Cause (Final	100.71	/ .	T									
disease or condition resulting in death)	· Much	pe	101	uri	es							
	Di	le to (or as a c	conseque	ance or):						i		
Sequentially list conditions	b. ————————————————————————————————————	e to (or as a c	O D É D O LI O	ance of						1		
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury	50	0 10 (0) 23 2 0	oriseque	orico oij.								
that initieted events	D.	e to (or es a co	oneague	nce of):						-		
resulting In daath) Last	50	e to (or es a co	oriseque	nice or).						-		
	d									-		
Part II. Other eignificant conditions cor	stributing to death but o	ot regulting in	the und	la di siana an		unn in Bost I		ook Dida			4-44-5	
artin out of grinioun contained to	in butting to death but i	ot resulting in	tria drig	anying ca	iusa yn	vali ili Faiti,		1 🗆 1	obacco use co		obably 4	
								101	2/2/10	3	obably 4	OTIKITOW
								24a. Was		24b. V	Vere autopay f	indings
								perfor	med?	C	valiable prior to completion of c of death?	ause
								463	•□•			
25. Wes case raferred to medical								11/2 Y		1	Yes 2	No
examiner?	lospital:	· Mana		-5	Oth	oer.		(Check only of				
27. Manner of Death	1 ☐ Inpatiant 28a. Date of Injury	2 🗷 ER/Out			7	4 LINUR		ne 5 Resid		-		
1 □ Natural 5 □ Pending	(Month, Day Y	ear) In	jury	м	Sc. Injui Woi	rk? Yes 2 ⊠N			- Auto	V	river	
3 Suicide 6 Could not be	28e. Pleca of Injury		m street					8f. Location (S				her
4 ☐ Homicide determined	building, etc. (Specify)		, ractory,	Jiiilud		-	City or Tow	n, Stete)	USI UI FIUI	I TOUGO I TUM	<i>UOI</i> ,
29a. Certifier 1□ Certifying Phys		udur u	-	courred -	t the of-	me dete on	I place at	Rt 1		00001	eteted	
	lician: To the best of m ner: On the basis of ax and mannar stated	amination and	Vor Inves	stigation,	In my c	ppinlon, daath	h occurre	d at tha tima, o	ause(s) and m late and piaca,	anner as	stated. to the cause(s)
29b. Signature and title of certifier	O//			29c.	Licens	se number			29d. Date signe	ed (Month	Dav. Year)	
1	16/					M.E.			Octobe			5
	- //								_ ~ ~ ~ ~ ~ ~	_ ~		-

Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

						C	ertificat	e of	Death		F	leg. No.				
	-		1. Decedent'a Name (First, Middle	Last)							2. Dete of Des Month		Year	3. Tim	ne of Death	
ı	Physic /Medi		Maxwell	Henry	Horz,	Jr.					D(TOBE			7.	35 PM	
	Exami		4e. Fecility Neme (If not Institution,	-					4b. City, To	wn, or Lo	ocation of Death	4c. County	of Death			
			University of D	1D Medica	l Syst	em				imor	re	Ba]	Ltimo	re		
	Funerai			6. Sex X (∇) M 2 □ F	7. Age (In yrs		y) If Unde Months	1 Yeer Deya	If Under Houra	Min.	8. Date of Birtl (Month, De)	Year)	9. Birthp Coun	lace (Ste	ete or Foreign	
4	Director		212-74-2282 Usual Residence of Decedent	AX	41	Yrs.					Mar. 28	, 1955	Mary	ylan	d	
	and and		10a. State 10b. County		10c. C	ity, Town or	Location						10	0d. Inaid	le City Limita	
	Many	ğ	WV Morg	an	B	erkele	ey Spr	ings	5					XX	Yes 2□No	
	28a	Director	10e. Street and Number				10f. Zlg	Code			1	0g. Citizen of	What Coun	itry?		
	3a o		307 S. Washin	aton Stre	et.			2541	1			U.S.A				
	72 hours after death with the Manfand netural, or items 23a or 28a-f show dies! Examiner, must be notified at	Funeral	11. Marital Status	12. Was Dece	dent Ever in	U,S. 13				igin? (Spi	ecify Yea or No- Rican, etc.)		e - Americ		n,	
)	or he		1 Never Merried 20 Marrie	Armed For	2 X X0						Hican, etc.)		ck, White,			
Mai yiaila 21213-0020	ours	by	3 Widowed 4 Divorced	If Yes, Giv Yeer or Da			1 Yea	5 M Mo	Specify:			Specif	w Whit	ce		
5	d within 72 hours after jiene. r than "natural", or it the Medical Examir	Completed	15. Decedent' (Specify only highes	a Education grade completed)		16a. Dec	edent'a Uau ve kind of wo	al Occup	pation during mos	t of work	ina	16b. Kind of B	usiness/Ind	duatry		
1	filed within Hygiene. ther than "	du	Elementary/Secondary (0-12)	College (1	-4or 5+)	life	. DO NOT u	se retire	od)							
7	e filed withir al Hygiene. cother than		12			Inc	dustri	al e	1					Lpme	nt	
	over the first	Be	17. Father's Name (First, Middle, L Maxwell Henr	*	C~						e (First, Middle,	445.0				
	should be fund Mental h	1º	19a. Informant's Name/Relationsh		SI.	405 14	Was Adda.		Ruth		Helen	MCE		0 (1)		
	d 2 sho th and 7 le me treum		Rosemarie Thomas								al Route Numbe Rerkel				25411	
	s 1 and 2 should be filed if Health and Mental Hyg tem 27 le marked othe other treumatic event,		20a. Method of Disposition		20b.	Place of Dis	position (Ne	me of								
	ages int of t: If it		WBurial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp		State	cemetery, c. ohrs (remetory or o					6 Berke	lev S	Spri	nas. W	
altilliole,	ortan Injur	1 1	21. Signature of Funeral Service L		DP	OILS (-					.1907	
	permit. Pages 1 an Department of Heal Important: If item 2 eny injury or other 2005.		1200	0	M005	22					neral H					
	_	Н	23a. Part1. Enter the dieease, or o	omplications that or							keley S		WV			
	Dhunisian	١.	ahock, or heart tallure. List of	nly one cause on e	ach line.	our. Do not e	Miles the mod	or or oy	ily, aucii aa	Cardiac	or respiratory an	951,		Interval	Between	
	Physician /Medical	Н	Immediate Cause (Final disease or condition ENDOCARDITIS												Llaur	
	Examiner		disease or condition resulting in death)	a									- 1	MALL	WEEK	
		ē			Due to	(or as a cons	equence or).							can Indian, etc. te duatry ipment Code) WV 25411 Down, State Springs, 25411 Approximate Interval Between Onset and Death Note: Weel of the cause of death completion of cause death? Yea 2540 My) al Route Number, stated.		
	erificate be executed ling physician and se es the burial-transit	Examiner	Sequentially list conditions	b	Due to	(or as a cons	equence of):				1		1			
•	an ar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury										ì			
	hysic the bi	edical	that initiated events resulting in death) Last	C. ———	Due to (or as a cons	equenca of):						1			
	ding physics of the tree the tree tree tree tree tree t	Mec														
	death ce		Ì	Q												
	that the death c ed by the ettend detached for us	Physician	Part II. Other significant condition	s contributing to de	ath but not re	suiting in the	underlying	ause gi	ven in Part	l.	23b. Did t	obacco use co	ntribute to	the cau	se of death?	
	that the										101	ea 2□No	3 Prot	oably	45 Unknown	
	8 58	l by									0.44 (1844)		7 04h W	are autor	nou findings	
	v requires been sign should be	ete									24a. Was i		ava	allable pi	rior to	
	has has	Completed		_								~:	of			
	iclan: The is certificate ha rector, page										1 U Y		10	Yea	2/3-10	
	Physician: this certificated director,	Be	25. Was case referred to medical examiner?	Hoapital:				. Ott	her:		h (Check only o	100 mm				
	£ 5 5	- To	1 ☐ Yea 22 No 27, Manner of Death	28a. Date o		ER/Outpat 28b. Time		JA	4 🗆 N		me 5 Resid			y)		
,	ding F the After	tlor	Natural 5 Pending	(Monti	h, Dey Year)	Injury	M	28c. Inju Wo 1 □	rk?]Yes 2□			,,,,				
	Attending r death. ector: After by the fune	fica	3 Suicide 6 Could n	ot be 200 Place	of Injury - At	home, farm,	street, factor	y, office					ber or Rura	Route	Number,	
	Dire	Certification:	4 Homicide	bulldir	ng, etc. (Spec	ify)					City or Tow	n, Stete)				
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fun	edical C	(Check only 2 Medical E	Physician: To the xaminer: On the ba											ise(s)	
	the the mple	Med	one) 29b. Signature and title of certifier	and mann	ner atated.		20	o I looni	ae number			Od Data eland	d (Month	Day Va	a el	
	5 ₹ 5 8	7	A 4.4	asid,1	u.D.		23	G. LIGOTI	ae municer		4	ed. Dete signe	ou (Moriui,	Dey, rec	11/	
				/					1012	-9		10 7	1996			
			30. Name and address of person w	no completed cause	e of death (Ite	m 23a) (Typ	e, Print)	Medic	ne,	UMI	ms, ac	S. Gre	ene Si	mn	_713-1	
		10	30. Name and address of person w ATTAN KAS1 31. Date filed (Month, Day, Year)	32 R	egistrar'a Sign	nature	J		')		/ }	permi	u,	טויו	-2(20)	
	Sta Registi		SOT 1 A	1996	As	un Parl	all									
DHI	MH 16 Rev 6/9	_	00110	1330 300	AC BO KINDS	200				-						

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

96 31

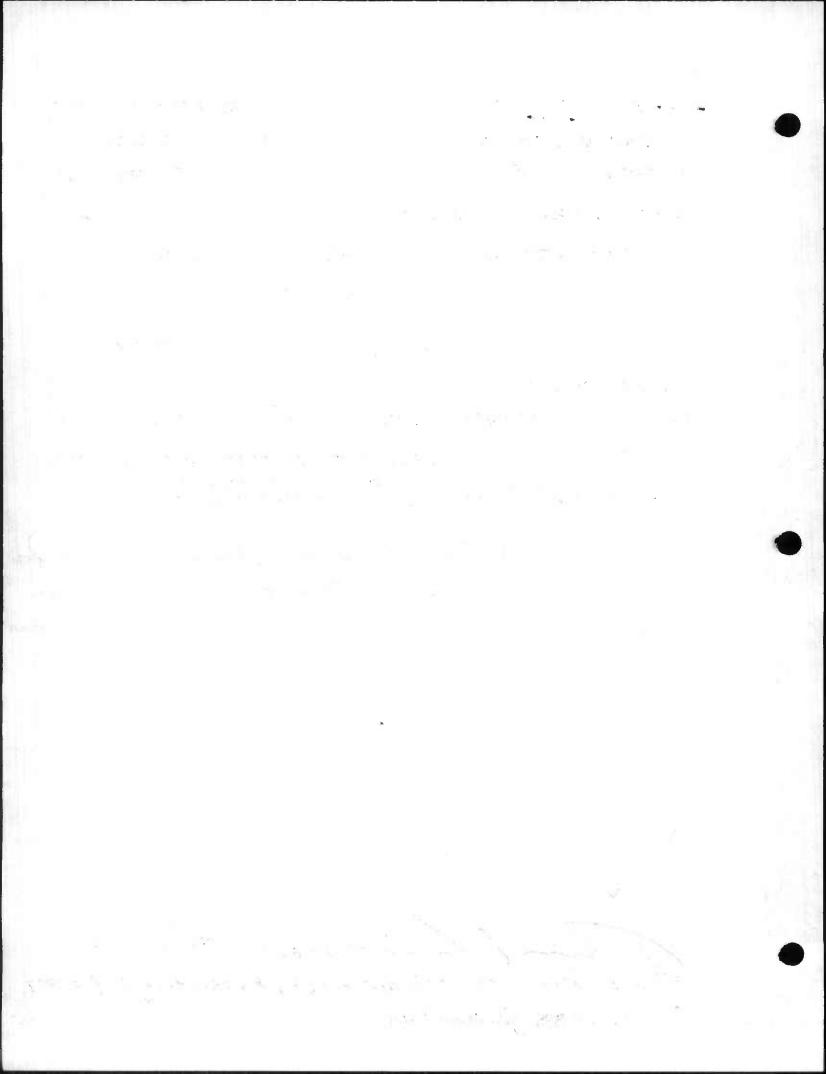
						Cert	ificate of	Death		Reg. No.		01674		
F	Dh		1. Decedent's Nama (First, Middla, Last)					2. Date of Di		Yaar	3. Time of Death		
	Physici /Medi		Jane Elizab	eth Hart					Octobe	er 3, 19		2:05 A.M		
	Examir		4e. Facility Name (If not institution, giva	street and number)				4b. City, Town, or						
			Manor Care Nursi	ng Center				Largo		Prin	ice Ge	eorge's		
	Funeral		Social Security Number 6. Sec.		(In yrs. las	st birthday)	If Under 1 Yea Months Days	r If Undar 24 Hrs	8. Dete of Bi (Month, D			placa (State or Foreign		
	Director		578-14-9948	M 2DE	77	Yrs.	Months Days	nouis Min.	Sept 1	1919	Wash	nington DC		
	P.		Usuel Residence of Decedent											
	anyla.	9	10a. Stata 10b. County		10c. City,	Town or Loca	ation				1	IOd. fnside City Limits		
	D M	cc	Maryland Prince G	eorge's	Br	andywi	ne					1 ☐ Yes XXNo		
	1 2 2 E	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cour	ntry?		
	23a	Ta .	11901 Lusby's Lan	e			20	0613		United	Stat	es		
21215-0020	n 72 hours after death with the Maryland "naturel", or items 23a or 28a-f show safest Examiner roust be notified at	by Funeral	11. Meritel Stetus 1 Never Married Married 3 Widowed 4 Divorced	12. Wes Decedent I Armed Forces? 1 Yes 2 If Yes, Give Yaar or Detes:			as Decedent of Yas, specify Cui ☐ Yes 2 X Mo	Hispenic Origin? (S ban, Mexican, Puerl Specify:	pecify Yas or No lo Rican, etc.)		ce - Americ rck, White, fy: Whi	etc.		
2-0	72 ho	ted	15. Decedent's Edu	cation		18e. Decede	nt's Usuel Occu	pation	ek in e	16b. Kind of E	Business/Inc	dustry		
21		Completed	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4or 5	+)	life. De	O NOT use retir	during most of world)	rking					
2	77 00 10 00	00	12			Stati	sticiar	1		Census	Bear	eu		
pu	al Hygi sother	Be (17. Father's Neme (First, Middla, Last)	_				18. Mother's Ner			ma)			
yla	should be and Mental a marked o umetic eve	To	Norman M. Dettor	, Sr.				Eva F.	Flannag	jan				
Maryland			19e. tnforment's Neme/Reletionship (Ty	rpe, Print)		19b. Malling	Address (Street	et and Number or Ru	ural Route Numb	per, City or Town	, State, Zip	Code)		
	드들어노		Francis I. Hart			1190	1 Lusby	's Lane,	Brandyw	ine, Ma	rylan	d 20613		
ore	ges 1 and it of Healt If Item 2		20e. Method of Disposition	lamoval from State	20b. Pie	ce of Disposi netery, crema	ition (Name of atory or other pl	ace) October	50pta 199	620c. Location	- City or To	wn, Steta		
Ē	artment ortant: I Injury o		Francis I. Hart 20e. Melhod of Disposition 1											
Baltimore,	permit. Pages 1 Department of H Important: if ite any Injury or ot once.		21. Signeture of Funerel Sarvica License	00 /- ()	/			ress of FecilityLe						
0	Dep Jany		1 Alut N	10001		Al	exandri	a Ferry E	Road, Cl	inton,	Maryl	and 20735		
	Physician		23a. Part1. Enter the disaasa, or compleshock, or heert feilure. List only or	icetions thet caused na cause on each lin	tha death.	Do not enter	. 1					Approximete Intarvsl Between Onset and Deeth		
	/Medical Examiner	J.	Immediate Cause (Finel disease or condition resulting in death)	Ne	Due to (or e	all C	ence of):	rg (a	nce	7	1	6 Monte		
	nsit	mln	Sequentially list conditions, if eny, leeding to indeption for the control of the											
ć	wificate be axecuted ing physician and a as the burial-transit	Еха	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	(Due to (or e	es e consequ	ence of):				1			
68760,	e be Sicia	edical	thet initieted events)	Due to for e	s a conseque	ance off:							
	ifficat g phy as th	P	resulting in death) Lest	•	0 10 01 60	s a consequi	silos oi).							
Box	D IS	M/us		l							i			
	es that the death igned by the atter be detached for the	Physician/	Part II. Other significant conditions con	itributing to death bu	it not resulti	ing in the und	leriving causa o	ivan in Part t.	23b. Did	tobacco use co	ontribute to	o the cause of death?		
P.0.	by th	h	·							Yes 2 No	3 Prol			
S,	s that gned b	by F												
of Vital Record	been s	Completed I						-1		s en eutopsy ormed?	av	ere autopsy findings allable prior to impletion of ceuse death?		
æ	The law ata has b	Elo							10	Yes 200No		☐Yes 2☐No		
ta	delan: The cartificata rector, pag	Bec	25. Wes case referred to medical					28. Place of Dec		/	1	3700 2010		
>	Physician: this cartific	To B	exeminer? 1 Yas 2 No	lospitel: 1 Inpatie	nt 2DF	R/Outpetient	3□ DOA O	ther		Idence 6 Oti	her /Snecif	(v)		
0	Physical area		27. Msnner of Death	28e. Dete of trijur (Month, Day		8b. Time of	28c. Inju			how injury occu		,,		
<u>o</u>	Attending or death. ector: After by the fune	atlo	1 Netural 5 Pending 2 Accident investigation	(Month, Day	rear)	Injury		Yes 2 No						
Division	2442	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injubulding, etc.	ry - At hom . (Specify)	e, ferm, stree	et, factory, office)		(Street and Num wn, State)	ber or Rura	al Routa Number,		
	To the Hospital of within 24 hours at To the Funeral D completely filled it.	edical	29e. Certifier (Check only one) 1 ☐ Certifying Physical Control one) 2 ☐ Madical Examination	ner: On the best of end menner ste	examinetion	edge, d <i>ea</i> th on end/or inve	occurred et the t stigetion, in my	ime, dete end plece opinion, deeth occu	, and due to the irred et the time	cause(s) and m , dete and plece,	anner es s , and due to	tated. o the cause(s)		
	To the	Σ	29b. Signature and title of certifiar	2 29	_		29c. Licer	nsa number		29d. Data signe	ed (Month,	Day, Year)		
				ell l	eal		1	13427	4	10.	4.	96		
			30. Neme and eddress of person who co	mpleted cause of de	eath (Item 2	3e) (Type, P	rint)	- 1 - /			1	10.		
			Sam Tellawi, MD	7700 Old	Branc	h Ave	#B102	, Clinton	, Marvl	and 2073	35			
									-					

State Registrar

. 11

State of Maryland / Department of Health and Mental Hygiene

			Certificate of	Death	Reg. No.	31213
Phys	ician	1. Decedent's Name (First, Middla, Last) - HELEN T. HUBBLE		2. Date of D Month OCTOBI	Dey 13,1996	3. Tima of Death
	dical niner	4a. Facility Neme (If not institution, give street and number)		UCTUB		8:15 AM
Exam	mnei	COLLINGSWOOD NURSING HOME		ROCKVILLE	MONTGOME	
Funer Direct		5. Social Sacurity Number 5.48-18-2405 6. Sex 1 M 25 F 86	last birthday) If Under 1 Year Months Days	Hours Min. 8. Date of Bi	ay Year Co	hplaca (Stata or Foreign buntry) A SCOTIA
Maryland H show	tor	MARRIE SHE MONTE CHIEF	ty, Town or Location			10d. Inside City Limits 1 ☑ Yes 2 ☐ No
ath with the Marylar 23a or 28a-f show	Funeral Director	10e. Street and Number 101 ODEND'HAL AVENUE #618	10f. Zip Code 2087	7	10g. Citizen of What Co UNITED STAT	
ter des items	2	3 X Widowed 4 ☐ Divorced If Yes, Give Year or Dates:	,S. 13. Was Decedent of H If Yas, specify Cuba 1 ☐ Yes 2 ☑ No	ispanic Origin? (Specify Yes or N in, Maxican, Puarto Rican, etc.) Specify:		
	Completed	15. Decedant's Education (Specify only highest grada complated)	16a. Dacadent's Usual Occup. (Give kind of work done of life. DO NOT use retired	during most of working	16b. Kind of Business/	Industry
2121 d within giene. or then	Ĕ	Elementary/Secondary (0-12) College (1-4or 5+)	HOMEMAKER	,	OWN HOM	ΙE
ore, Maryland 2121 \$1 and 2 should be filed within \$1 the and Aental Hygiene, them 27 is merked other then other traumatic event, the Me	To Be	17. Father's Nama (First, Middle, Last)		18. Mother's Name (First, Middle AGNES HURI)	
Mar nd 2 sho lith and 27 is m		19a. Informant's Name/Relationship (Type, Print) BETTY JANE McPHERSON, DAUGHTER		and Number or Rural Routa Numb AVENUE,#618,GA		
Baltimore, bemit. Pages 1 er bepartment of Hea mportant: If Itam; iny Injury or othe			Place of Disposition (Name of sematery, crematory or other place		20c. Location - City or	Town, State
Baltimo permit. Page Department o Important: If i any Injury or	Duce	21. Signature of Funeral Servica Licensaa	MURIEL H.	SARBER FUNERAL I	HOME	
_		23a. Part1. Enter the disease, or complications that caused the death shock, or heart failure. List only one cause on each line.	h. Do not enter the mode of dyln	038, LAYTONSVILLE	E, MD. 20882	Approximate Interval Between
M 68760, Antificate be assecuted by a physician end ing physician end eas the buriel-transit	Medical Examiner	Sequantially list conditions, if any, laading to Immadiate cause. Enter Undertying Cause (Disease or Injury the belief and cause (Disease or Injury)	or as a consequence of): As a consequence of): as a consequence of):	failway Con	ncer	onset and Death Gewyon 5 years Gflid you
Cords, P.O. Box v requires that the death can been signed by the attendin should be deteched for use	by Physician/	Part II. Other eignificant conditions contributing to death but not resu	ulting In the underlying cause give		tobacco use contribute	
0 0 0 N	Completed				ormed?	Were autopsy findings available prior to completion of cause of death?
m e e e	Com			10	Yes 2 No 1	☐Yes 2☐ No
OIVISION OF VITALION OF Attending Physician: The after death. Director: After this certificate of the funeral director, pe	To Be	25. Was case referred to medical examinar? 1 Yes 2 No Hospital: 1 Inpatient 2	ER/Outpatient 3□ DOA Othe	28. Place of Death (Check only er: 4⊠ Nursing Homa 5 ☐ Ras		sify)
anding P seth. Xr. After the funera	ation:	27. Manner of Death 1 Natural 5 Pending (Month, Day Year) 2 Accident Investigation	28b. Time of Injury Work	tat 28d. Describe 17 17as 2 No	how injury occurred	2011-7
DIVISION De Hospital or Attendin n 24 hours after deeth. The Funeral Director: After pletely filled in by the funeral fulled in by the funeral funeral funeral funeral funeral funeral funeral functions.	Certification:	3 Sulcide 6 Could not be determined 28e. Placa of Injury - At ho building, etc. (Specify	ome, farm, street, factory, offica	28f. Location (City or To	Street and Number or Ru wn, Stata)	ral Route Number,
To the Hospital or / within 24 hours after To the Funeral Director completely filled in E.	edica	29a. Certifier (Check only one) 1 Certifying Phyeiclan: To the best of my know 2 Medical Examiner: On the basis of examination and manner stated.	wledge, death occurred at the timion and/or investigation, in my op-	e, date and place, and due to the inion, death occurred at tha tima,	cause(s) and manner as date and placa, and dua	stated. to the cause(s)
To the within To the comp	M	29b. Signature and title of certifier	29c. License	North Control of the	29d. Data signed (Month)	
S Regis	tate strar	31. Date filed (Month, Day, Year) OCT 1 8 1936	23a) (Type, Print) Stady Bov. ture	e Ct, Barth	enting la	rd, 20877
DHMH 16 Rev 6	/95	1330 June 17000	The state of the s			



State of Maryland / Department of Health and Mental Hygiene

96

31276

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time I be th Month Physician OCTOBER 01, 1996 HELEN IONE HALE 12:38 P.M. /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City Town or Location of Death 4c. County of Death Examiner MALCOLM GROW MEDICAL CENTER ANDREWS AFB PRINCE GEORGES If Under 24 Hrs. Hours Min. If Un 1 Y 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Months 1 M 2 F Yrs Director 78 JULY 11, 1918 New York 127-05-2676 Usual Residence of Decedent with the Meryland 10a. State 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or itema 23a or 28a-f ahow other traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 Yas 2 No Directo MARYLAND PRINCE GEORGES TEMPLE HILLS 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 20748 UNITED STATES 6211 CLARIDGE ROAD Funeral death Race - American indian, Black, White, etc. 12. Was Decedent Ever in U,S. Was Decedent of Hispanic Origin? (Specity Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status Armed Forces 2 should be filed within 72 hours after nend Mental Hygiene. Is marked other than "natural", or its 1 ☐ Yes 2**X** No If Yes, Giva 1 Naver Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: WHITE Specify: þ 3√Widowed 4 □ Divorced Year or Dates Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) Homemaker Home 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumema) Hulda E. Hallenbook Walter E. Kinnin 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Coda) (Son) permit. Pages 1 end 2 st Department of Health end Important: if Item 27 is n any injury or other traun once. Frederick Norman Hale, 8330 Vance Ct. Colorado Springs Colorado 80919 20a. Mathod of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata Oct. 2 Lee Crematory Clinton, Maryland 20375 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licarsee 22. Name and Addrass of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md 20735 23a. Part1. Enter the disease, or complishock, or heart failure. List only hs that caused the daath. Do not enter the mode of dying, such as cardiac or respiretory errest, usa on each line. Approximete Intervel Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical a METASTATIC BREAST CANCER Examiner Due to (or es e consequence of): Examiner buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last and Due to (or as a consequence ot): certificate be exec Box 68760 physician Physician/Medical the Due to (or as a consequence ot): Se 980 to ed by the e Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contributs to the cause of death? signed by t 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown þ 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy Completed peen performed' hes certificate 1 Yes 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certific funeral director, 25. Was case referred to medical exeminer? Be 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Yes 2 No Inpatient 2 ER/Outpatient 3□ DOA 28e. Dete of Injury (Month, Dey Year) 27. Manner of Death Certification: 28b Time of 28c. Injury at Work? 28d. Describe how injury occurred Natural Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined To the Hospital or Atte within 24 hours efter de To the Funeral Directo completely filled in by th 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At homa, tarm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier Medicai ***Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) end manner as stated. (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signature and title of certitian 29c. License number 29d. Date signed (Month, Day, Year) MD-042806-E PA OCTOBER 01, 1996 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 89 MEDICAL GROUP OPERATIONS SQUADRON 1050 W PERIMETER RD ANDREWS AFB MD 20762-6600 THOMAS C. GRAU, MAJ, USAF, MD

State Registrar 31. Date filed (Month, Dey, Year)

OCTO

32. Registrar's Signature.

Julia d'Avelson Rardall

State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Month October Richard Ervin Kline 1996 7:45 am 4b. City, Town, or Location of Daath 4a. Facility Nama (If not Institution, giva street and number) 4c. County of Death 2027 Big Lane Court Huntingtown

Examiner

Physician

/Medical

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

							11001101119	COWII	Cuive	-E C
Funeral Director		5. Social Security Number 220 22 9818	6. Sax 1 ☐ M 2 ☐ F	Aga (In yrs. 68	last birthday) Yrs.	If Under 1 Ya Months Da		(Month Da	th y, Year) Der 17,	9. Birthplace (Stata or Foreign Country) 928 Maryland
and and		Usual Rasidance of Decedant 10a. Stata 10b. County	,	10c. Cit	ty, Town or Lo	cation				10d. Insida City Limits
Aary f sho	5	Maryland Calv	ort							1□Yas 2□No
28a	Director	10e. Street and Number	ELL	П	untingt	10f. Zip Cod			10g. Citizen of V	Х
N N		2027 Big Lane	Court				20639			
# 23	Funeral		12. Was Deceda	ent Euror in 11	12 12 1			Consider Van au Na	United	e - Amarican Indian,
iter d	ů	11. Marital Status	Armed Force	is?		Yas, specify C	f Hi <i>s</i> panic Origin? (uban, Maxican, Pua	nto Rican, atc.)		ck, Whita, atc.
rel', or	by	1 ☐ Nevar Married 2 ☐ Mar 3 ☐ Widowed 4 ☐ Divorced			1	☐ Yas 2 🔀 t	lo Specify:		Specify	American India
72 h	Completed	15. Decedar (Specify only highs	nt'a Education ast grada complated)		(Giva	ant's Usual Oc	na during most of we	orking	16b. Kind of Bi	usinass/Industry
P 9 9	Idm	Elamantary/Secondary (0-12)	Collaga (1-4	or 5+)	lifa. L	OO NOT use re	ired)			
hygie v		8			mutual	. depart			race tr	
Jental F Jental F rked off	To Be	17. Fathar's Nama (First, Middla, Howard Kline	Last)					ama (First, Middla, Singleto		1a)
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Begins of Health and Health and Health and "Internal", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified at once.		19a. Informant's Name/Ralations Joanne Kline	ship (Type, Print)				et and Number or F De Court H			Stata, Zip Code) yland 20639
f Hee		20a. Mathod of Disposition				sition (Nama of	ala no l	Data	20c. Location -	City or Town, Stata
tment of tant: If		1 ☐ Buriai 2 ☐ Saramation 4 ☐ Donation 5 ☐ Othar (S	Specify)		tropoli	tan Oct	ober 10,			ria Virginia
Depar impor any in		21. Signature of Funaral Sarvice	Licensaa				drass of Facility F Oxnes Islan	Rausch Fund Road F	neral H	ome, P.A. 2067 Sublic Maryland
		23a. Part1. Entar tha disaasa, or	complications that ceu	sad tha daat						Approximata
hysician		shock, or haart failura. List	only ona ceusa on aaci	n lina.						Onset and Death
/Medical Examiner		Immediata Causa (Finai disaasa or condition rasulting In daath)	a. Mei	artal			Cell C	acenoni	1	2 months
pe is	Examiner		b	Dua to (c	or as a con 🚱 q	uance of):				
n and ial-trar	Exan	Sequentially list conditions, it any, leading to immediate cause. Enter Underlying		Dua to (d	or as a conseq	uance of):				
ysicia e bur		that initiated evants	c	Dua to (o	or as a consequ	ianca of):				
as th	Jed	rasulting In death) Last								
in ce endir r use	arv		d							
d fo	sici	Part II. Other significant condition	ons contributing to death	but not ras	ulting In the ur	darlying causa	givan in Part I.	23b. Did	tobacco use co	ntributs to the cause of death?
requires that the bearn certificate be executed een signed by the attending physician and hould be detached for use as the burial-transit	by Physician/Medical	Ch	oric osm	ruck	pulm	onal	mege	A	Yss 2 No	3 Probably 4 Unknown
gis d big big	ed b	4			U	/		24a. Was	an autopsy	24b. Wara autopsy findings
8 de 6	jet							репо	med?	available prior to complation of cause of death?
certificate has been si rector, page 2 should	Complet							10	ras 2 No	1 Yas 2 No
tifical tor, p	0	25. Was casa rafarred to medica	1				28 Place of De	eath (Check only o		.0100 20110
s cert	To B	axaminar? 1 ☐ Yas 2 ☐ No	Hospitai:	atiant 2	ER/Outpatien	3□ DOA	Wher	Homa 5 Rasio		ar (Snacifu)
eral in	2	27. Mannar of Death	28a. Data of I		28b. Tima of	28c. Ir			now Injury occur	
afth.	atio	1 X Natural 5 ☐ Pandir 2 ☐ Accident Invasti		Day Fear)	Injury		Yorki ☐ Yas 2 ☐ No			
after des Directo	Certification:	3 ☐ Suicida 6 ☐ Could 4 ☐ Homicide datam	not be nined 28a. Place of building,	Injury - At he atc. (Specif	oma, farm, stra y)	at, factory, offi	a	28f. Location (S City or Tox	Street and Numb	per or Rural Routa Number,
within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai C	29a. Certifiar (Check only one) Certifyin 2 Medical	ng Physician: To the be Examiner: On the basis	of axamina	wledga, daath	occurred at the	tima, data and plac y opinion, daath occ	e, and dua to tha surred at tha tima,	causa(s) and ma	innar as stated. and dua to tha cause(s)
ithin mple	Mec	29b. Signature and talk of certain	and mannar	อเสเสีย.			nsa number			d (Month, Day, Year)
- ≱ ⊨ 8) / L	1	m			010	7		
		1	VAX IVI			D	7051		Octob	er 8, 1996
		Charles A. Judo					ao Eroda	والمرام أو	12-00	670
		- Judge	M 11.D. 12	1102F	TLAI K	u. PIII	ce Freder	TCK Mary	Tand 20	6/8

State

Registrar

31. Data filed (Month, Day, Year)

32. Ragistrar's Signatura

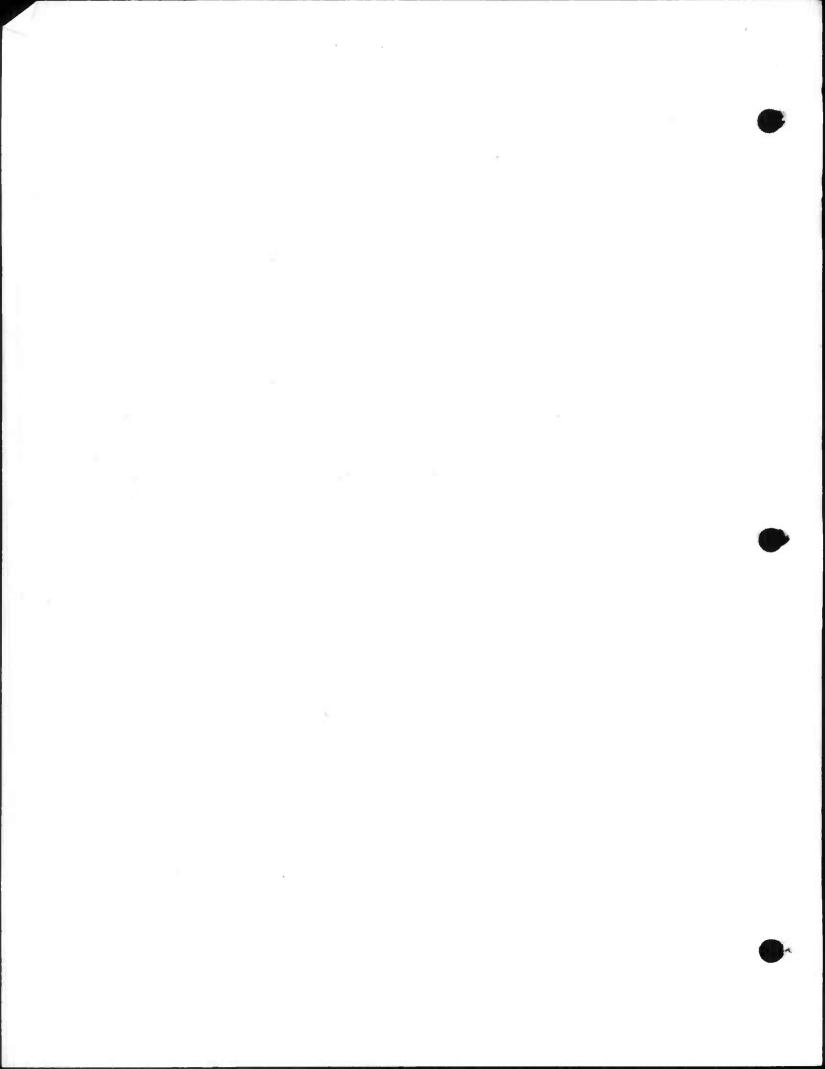
OCT 08 1996 Davidson Randall

State of Maryland / Department of Health and Mental Hygiene 9 6

						Certifica	te of	Death	R	eg. No.	0 012.10			
П	Discost-		1. Decedant's Nama (First, Middla, Las	1)					2. Data of Dea Menth	th Day	3. Tima of Dea			
	Physic /Medi		Ellen Eliz	abeth k	Cline				October	- 2	1996 0417			
	Exami		4a. Facility Nama (If not Institution, give	street and number)				4b. City, Town, or I	ocation of Death	4c. County				
1			Washington C	ounty Hosp	ital			Hagersto	own	Wash	ington			
Т	Funeral	Г	5. Social Sacurity Number 6. Sa	x 7. Aga	(In yrs. last bi	rthday) If Und Month	ar 1 Yaar	Hagersto	8. Data of Birth	Vees	9. Birthpiace (Stata or Fo			
	Director		212-14-7768 10	□M 2♥F 90		Yrs.	s Days	Hours Min.	Sept. 30	, 1906	9. Birthpiace (Stata or Fo Country) Pennsylvania			
	yland		10a. Stata 10b. County		10c. City, Tow	m or Location					10d. Inside City L			
	Man I	ğ	Maryland Washing	ton	Hager	stown					1 XYas 2			
	1 28 m	Director	10e. Street end Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0		ip Coda		1	0g. Citizen of V	Vhat Country?			
	3ª o		35 Randolph Avenue	<u> </u>			21740)		USA				
	deeth	Jer 2	11. Marital Status	12. Was Decedant E	var in U,S.			lispanic Origin? (S an, Maxican, Puart	pecify Yas or No-		e - Amarican Indian,			
21215-0020	72 hours after deeth with the Maryland naturel; or items 23s or 28s-f show sizes Examiner must be notified a	by Funeral	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas? 1 ☐ Yas 2 Note of Yas, Giva Yaar or Datas:	0		ecify Cubi 2⊠ No	an, Maxican, Puart Specify:	o Rican, atc.)		ck, Whita, atc.			
Ō	"naturel",	Completed	15. Decedant's Edu	ucation	16a	. Decedent's Us	ual Occup	pation		16b. Kind of Bu	usiness/industry			
215	S .	pie	(Specify only highast grad Elementary/Secondary (0-12)	la complated) Collega (1-4or 5-		(Giva kind of v life. DO NOT	vork dona usa retired	during most of word)	king					
2	filed within Hygiene. ther then ther then ent, I've M	mo:	8	College (1-401 54	"	Homema	aker			Home				
g		Be C	17. Fathar's Nama (First, Middla, Last)					18. Mothar's Nan	na (First, Middle, I	Maidan Suman	a)			
Ø	Mentai Mentai arked o	ToE	John Weslev Ye	ates				Eliza	Jane Clo	opper				
Maryland	SPEE	-	19a. Informant's Name/Ralationship (T)		198	. Melling Addra	ss (Street	and Number or Ru			State, Zip Coda)			
	CHNE		Janie L. Stine		8	Robin D	rive	Randol pl	n, New Je	ersev	07869			
ē,			20a. Mathod of Disposition			of Disposition (N				1	City or Town, Stata			
9	Pages nent of I int: If its iny or o		1 Burial 2 Cramation 3 6						10/5/96	Jacoret	own, Marylan			
Baltimore,	permit. Page Department of Important: If i any Injury or once.	21 Signature of Funaral Service Licenses 22 Name and Address of Facility												
B	Departi Departi Importa any inju		Leveld St	Unsuch		Gerald					c Street aryland			
			23a. Part1. Entar tha disaasa, or comp shock, or haart feitura. List only of	lications that caused to	ha daath. Do	not entar tha me	oda of dylr	ng, such as cardiad			Approximate Interval Between			
S	Physician										Onsat and Deat			
	/Medical		Immediata Causa (Final disaasa or condition a. Musicardial martin											
н	Examiner		rasulting in daath)	a. mys	Dua to (or as a	consequence of	D. T	uce			10100			
	D 45	Examiner		Uston	rary	poler	111	time	1		8 year			
	rificate be executed ng physician and i as the burial-transit	am	Sequentially list conditions,	0		consequance of	7	acrear			year			
o,	e exe		Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Causa (Disaase or Injury			0								
68760,	nysic he bi	Medical	that initiated evants rasulting in death) Last	CD	ua to (or as a	consequence of):							
	£ 0 a	Med												
Вох	death cer e attendin od for usa	Pan-7		d										
	dea od fo	Physician/	Part II. Other significant conditions con	ntributing to death but	not rasulting I	n tha undarlying	causa giv	an in Part I.	23b. Dfd to	bacco use co	ntribute to the cause of de			
0	that the ed by th detache	ڳ ا	50 . 1 4	· 10-1-	A	1/			1 🗆 Y	08 2 No	3 Probably 4 □ Unk			
	gned be de	by	Dealelly 1	nellelis,	lyne	11								
Vital Records,	requires that the de been signed by the s should be detached	Completed							24a. Was a perform	n autopsy ned?	24b. Wara autopsy findir available prior to completion of cause			
He He	has b	E C									of death?			
a	: The licata har, pege								1 🗆 Ya	as 2 No	1 ☐ Yas 2 ☐ No			
<u> </u>	Physicien: The rthis certificate and director, peg	Be	25. Was casa rafarred to medical axaminar?	lospitel:	17		Oth	ar.	ith (Check only on					
<u></u>	this aldi	T ₀	1 Yas 2 No	fnpatian 🗀 🛴			NA	4 LI Nursing n	oma 5 Rasida					
2	Ing I	on	1 Naturai 5 ☐ Panding	28a. Data of Injury (Month, Day		Tima of Injury	28c. fnjur Wor		28d. Describe ho	w injury occuri	ed			
S	i or Attending after death. Director: After d in by the fune	Certification:	2 Accident Investigation 3 Suicide 6 Could not be			М		Yas 2 □ No						
Division	or At after of Direct in by	E	4 Homicida datarmined	28e. Place of Injur building, atc.	y - At homa, fa (Specify)	ırm, straat, facto	ory, office		28f. Location (St City or Town		er or Rural Routa Number,			
	To the Hospital or Attending I within 24 hours after death. To the Funerel Director: After completely filled in by the funer		20.0.15											
	Hosp 24 ho Fune Hely f	edical	(Check only 2 Medical Examf	elcian: To the best of ner: On the basis of a	xamination an	e, deeth occurre d/or invastigation	d et tha tin n, In my o	na, data and place pinion, daath occu	, and dua to the co rred at tha tima, d	ause(s) and me ata and place, :	nner as steted. and dua to tha causa(s)			
	Thin a	Med	one) 29b. Signatura and titla of certifiar	and mannar state	ed.		9c. Licans							
	5 × 5 0	-	200. Signatura and titla of certifiar	A		2	_		2		d (Month, Day, Year)			
			Whilen	et, Mr)			32518		10.5.				
			30. Neme and addrass of person who co	ompleted causa of day	3	(Type, Print)		11 1	- ,1	· 11/1	1 0			
			W. Guedenet	100 (reet	ing he	inc	Mord	Y541116	Illa	21756			
	Sta Registr		31. Data filed (Month, Day, Year)	32. Registrar	Signatura	Carl-11			ı					

DIVISION OF VITAL RECORDS, P.O. BOX 68760

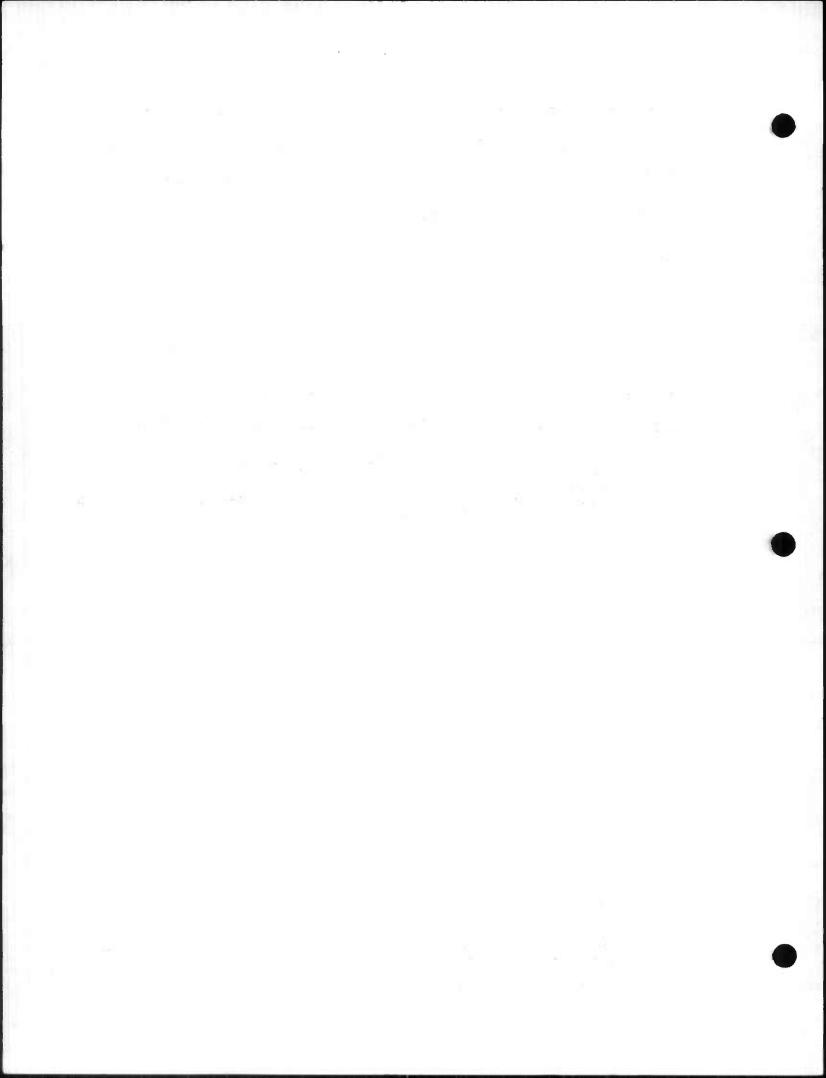
	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE OF	HEALTH AND	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) BETNENS 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. las		MINEY F UNDER 24 HRS.	2. DATE OF MONTH	ber 6	YEAR 1996	3. TIME OF DEATH O 9 0 M HPLACE (State or Foreign
10000	219-05-6934 9e. FACILITY NAME (If not institution, give s	1 M 2 F 82	YRS. MONTHS DAYS	HOURS MIN.	(Month, 1	71- 13	Count	VA.
DIRECTOR	PENINSULA REGIONA RESIDENCE OF DECEDENT		R S	ALISBURY		V	/ICOMI	[CO
	10e. STATE 10b. COUNTY	cester	POCOMOR	e				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	215 Tenth	STEET		2 185			1.5.	A.
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2 No	NO If yes, s	CENDENT OF HISPA Decity Cuben, Maxic B 2 NO Specia	an, Puerto Ric	(Specify Yes or No- lan, etc.)	14. RAC Blec Spec	E - American Indian, k, Whita, etc. Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (Gi	CEDENT'S USUAL OCCUPAT ive kind of work done during m. Do NOT use retired.)	ON pst of working	16b. K	IND OF BUSINESS	INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last)	reen)	10436 1011	18. MOTHER'S NA Addie	AME (First, Mid	die, Maiden Surname)	
5	190. INFORMANT'S NAME (Type/Print) James Green	1.0	36 Pinewal	and Number or Rural	A.		Zip Code)	',
	20e. METHOD OF DISPOSITION 1 % Burlel 2 Cremation 3 Remoted Denation 6 Other (Specify)	oval from State 20b. PLACE A cametery, crea	AND DATE OF DISPOSITION () matory or other place) STS CEMF	ame of	DATE	20c. LOCATION	- City or To	own, State
	21. SIGNATURE OF FUNERAL DESTVICE LIC	ENSEE		ND ADDRESS OF FA	74 E1	note Cit		121851
		complications that caused the de List only one cause on each line	ath. Do not enter the m	oda of dying, suc	h as cerdia	c or reaplratory	errest,	Approximata interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEC	AL HEMOR	30411				Onset and Death
NO	Sequentially list conditions,	. Itymatensio).N					
ICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEC						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant condition ARTUNU SCLAN	s contributing to death but not re	esulting in the underlying	g ceuse given in		PERFORMED?	Y 24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: ME	DID TOBACCO USE CONTR	RIBUTE TO CAUSE OF DEAT	TH YES NO	UNCERTAI				1 Tes 2 No
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO		E OF DEATH (Check only one,					
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN.	IURY AT DRK?		NIBE HOW INJURY	CCURED	
TED BY	2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hor building, atc. (Specify)		YES 2 NO	281. LOCATI City or	ON (Street and Num. Town, State)	ber or Rural I	Route Number,
COMPLETED		CIAN: To the best of my knowledge, des) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	HOER	29d. D	ATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	1 27) (Type, Print)	D2658	_		10/6	186
6	SI)WIN H, BELLI. 31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNATURE		21813010	7, my	1) 218	9/	
	OCT 0 7 1996	Jalia Davoler Ras	A. II.					



State of Maryland / Department of Health and Mental Hygiene Q6 31280

						Cer	tificate of	Death	Re	g. No.		1200		
	Physic	20	1. Decedent's Nama (First, Middle, L.	ast)					2. Data of Death	-	Yaar	3. Tima of Death		
1	Physici /Medi Examir	cai	MICHAEL BART 4a. Facility Nama (If not institution, gi					4b. City, Town, or L	Oct.		96	11:50 AM		
1	Exami	101	Atlantic Genera	I Hospital				Berlin		Worc				
	Funeral Director		5. Sociel Security Number 6.	Sex 7. Ag	a (In yrs. last b	virthdey) Yrs.	If Under 1 Yeer Months Days	If Undar 24 Hrs.	8. Dete of Birth (Month, Day, Jan. 12	Year)	9. Birthp Coun	place (Steta or Foraign http:/ yland		
	nyland show		10a. Stete 10b. County Maryland Worce	stor	10c. City, To		eation				1	0d. Insida City Limits		
	Se-f	cto		ster	Berlii	n 	,					1 ☐ Yes 20 No		
	ith with the 23a or 2	Funeral Director	8056 Ocean Pine	es			10f. Zip Coda 21811			og. Citizen of V		itry?		
21215-0020	d within 72 hours efter death with the Meryland jiene, "natural", or frems 23s or 28s-f show the Medical Exercise must be notified at	Completed by Fune	11. Meritel Stetus 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent I Armed Forcas? 1 □ Yas 2 1 If Yas, Giva Yaar or Dates:			/as Decedant of I Yes, specify Cub ☐ Yes 2 No	Hispanic Origin? (Spen, Maxican, Puarto Specify:	ecify Yas or No- Rican, etc.)	14. Red Bia	e - Amaricok, Whita, y: Whi	atc.		
5-0	72 hk	eted	15. Decedent's E (Specify only highast gr	ducation rade completed)	16	a. Decede	ent's Usuai Occu	pation during most of work	tina	6b. Kind of B	usinass/înc	dustry		
121	within lene. then	ldm	Elemantary/Secondary (0-12)	Coilega (1-4or 5				during most of work d)		Disabl	ed			
d 2	등수동년		12 17. Fathar's Nama (First, Middla, Las	t)	L	isab	iea	18. Mothar's Nam	a (First, Middla, N					
Maryland	2 should be filed vend Mentel Hygie is marked other tenantic event, to	To Be	Dennis B. Kane					Betty He	enning					
lan	d 2 should th end Mer 7 is marke treumatic		19a. Informant's Name/Raiationship		19	b. Mailing	Address (Street	t and Number or Ru	rai Routa Number,	City or Town,	State, Zip	Code)		
	D = P =		Colleen Popp Kar	ne			Ocean P		lin, MD	2181	1			
Baltimore,	Pages 1 nent of He nt: If Nen iry or oth		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremation 3 [Ramovai from Stata			ition (Nama of atory or other pla			Oc. Location				
##	Semit. Peg Separtment mportant: I any injury o		4 ☐ Donation 5 ☐ Other (Speci	ify)	Cape	Her	olopen C	rematory						
Bai	permit. Peges 1 an Department of Heel Important: If Item 2 eny Injury or other once.		21. Signature of Fundamental Company of Structure of Stru											
			23a. Pert1. Enter the disease, or con shock, or haert littlere. List one	ndications that caused one cause on each in	ne daath. Do	not enta	r tha mode of dyl	ng, such es cerdiec	or raspiratory arre	st,		Approximata Interval Between		
	Physician /Medical		Immediata Causa (Final	Hec	ratio		Fay l					Onsat and Death		
ı	Examiner		disease or condition rasulting in daeth) a. The first accuracy and the first accuracy and the first accuracy and the first accuracy and the first accuracy and the first accuracy accuracy and the first accuracy accuracy and the first accuracy acc											
	Po is	nine												
	cate be executed physician and the burlet-transit	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.											
68760,	e be e		that initiated events	c. (CC	Due to (or as a	conseque	ulur	_						
Box 68	law requires that the death certificate be executed as been signed by the attending physician and a 2 should be detached for use as the bunel-transit	Physician/Medical	resulting in death) Last	d	Due to (or as a	CONSEQU	arioa orj.							
	death se atte	sicia	Part II. Other eignificant conditions	contributing to death bu	ut not rasulting	in tha un	darlying causa gh	ven in Part I.	23b. Did tol	bacco uee co	ntribute to	the cause of death?		
P.0	res that the de signed by the a l be detached (Phy	Blight						1/X Ye	e 2□ No	3 Prol	bebly 4 Unknown		
	signed bed	by	1/0-10							M*1111*-	1			
Division of Vital Records,	has been sige 2 should	Completed							24a. Was ar perform	n autopsy ned?	av.	ara autopsy findings allable prior to mpletion of causa death?		
æ	0 - 0	Com							1□ Ya	s 20 No	10	Yas 2□ No		
/ita	icien: Th certificate rector, pag	Be	25. Was casa refarred to medical axaminar?				La		h (Check only one	a)				
of	his di	^L	1 Yas 2 No	Hospital: 1 Inpatie	-		3LI DOA		me 5 Raside			y)(y)		
Lo	0 0 0	tion	27. Mannar of Déath 1 Neturel 5 Pending invastigation	28a. Deta of Injur (Month, Day	Year)	Time of Injury	28c. Inju Wo M 1	ryat ⊮rk?]Yas 2□No	28d. Dascribe ho	w injury occur	red			
ivisi	or Attending frer death. irector: After in by the fune	Certification:	2 Accident invastigation 3 Suicida 6 Could not to 4 Homicida datamined	00 - Diana et la l	ıry - At homa, f	iarm, stra		7140 2010	28f. Location (Str. City or Town		per or Rura	Il Routa Number,		
	To the Hospital or Attendin within 24 hours after death. To the Funeral Director: Aft completely lilled in by the fun	edical Ce	29e. Certifier Certifying Pl	hysician: To the best ominar: On the basis of	of my knowledg	e, death	occurred at the ti	me, date end piece,	and due to the ca	usa(s) and ma	annar as si	lated.		
	the H the F the F	Medi	oner	end mennar sta	ited.	III IO OI III V								
	To To	5	29b. Signature and tible of cartifiar	Mĩ.			29c. Licens	1948	29	O. 5	o (Month)	Berlin, md 21911		
		/	30. Nama and address of person who	complated cause of de	eath (Itam 23e)	(Type, P	Print) AG (-	H 9733	Healt	huxu	Dr.	Berlin.		
	Sta Registr		31. Date filed (Month, Day, Year) OCT 0 8 199	32. Registra	ar's Signatura	Nett		1. 1. 4. 4				md 21911		

DHMH 16 Rev 6/95



State Registrar

31. Data filed (Month, Day, Year) 1 8

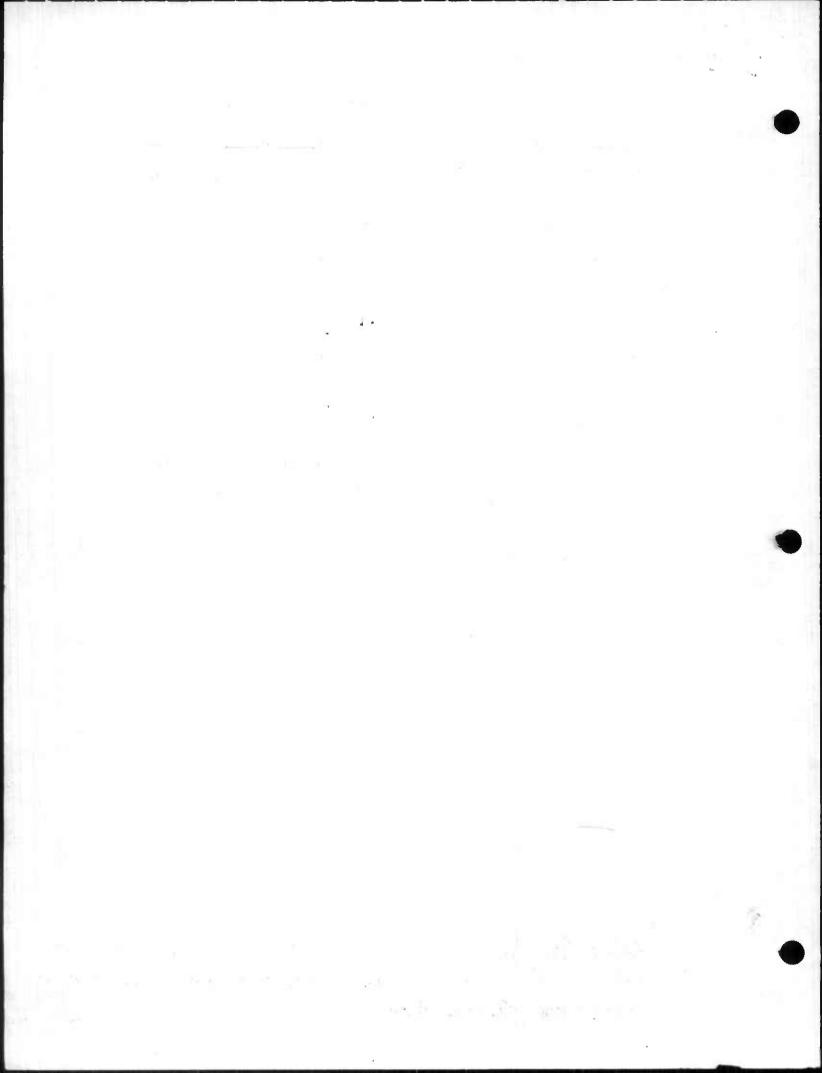
Name and eddrass of person v

11- RED MOD

111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature

160 NEW

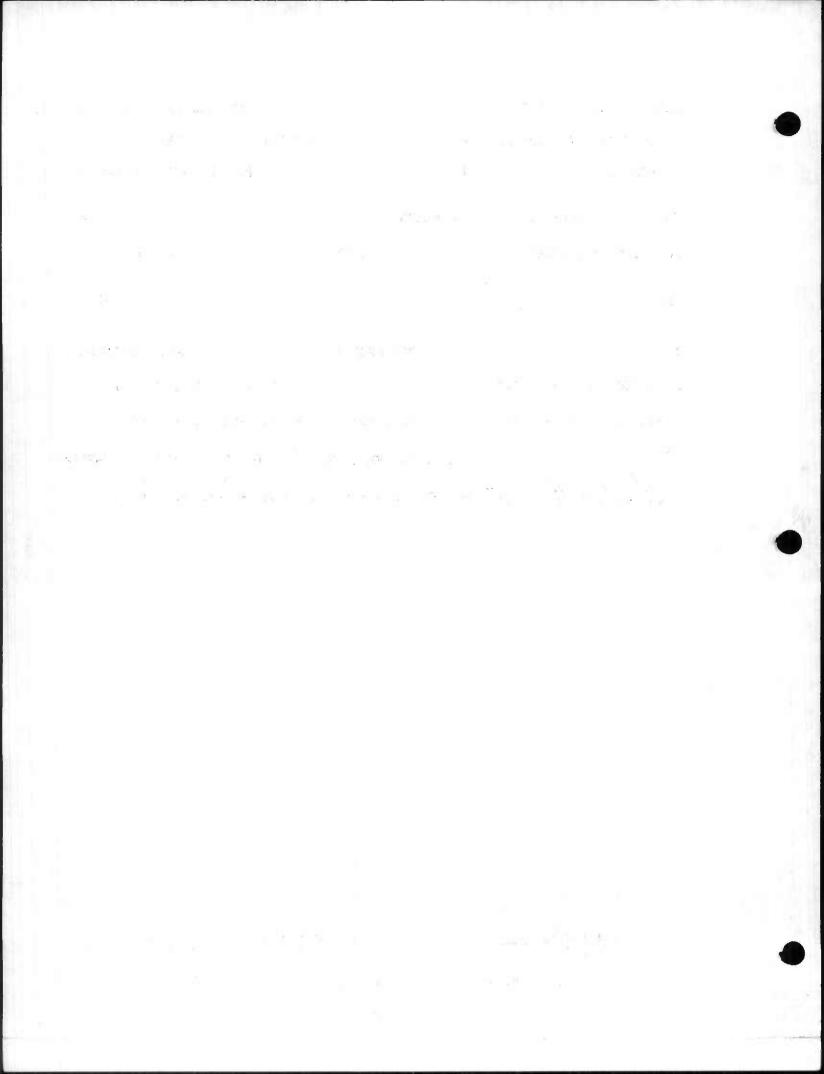
causa of daeth (Itam 23e) (Type, Print)



					Certificate o	f Death		Reg. No.		01606
Ohasia		1. Decedent's Name (First, Middle, Last)				2. Date of De Month	ath	V	3. Time of Death
Physici /Medi		ANNA VIRGINIA I	OHR				OCTOBE	CR 13, 1	996	6:58 PM
Examir		4a. Facility Neme (If not institution, give	street end number)			4b. City, Town, or L	ocation of Deat			
		GARRETT COUNTY ME	MORIAL HOSE	PITAL		OAKLAND		GARRE	TT	
Funeral Director		5. Social Security Number 213-03-1953 Usual Residence of Decedent	7. Age (In	yrs. iest bir	thdey) If Under 1 Yes Months Day		8. Date of Bir (Month, Da MAY 5,	y. <i>Year)</i> 1915	9. Birthp Coun MARY	
land ow		10a. State 10b. County	100	c. City, Tow	n or Location				1	0d. Inside City Limits
the Mery	Director	MD GARRE	TT	OAKLA						1 X Yes 2 □ No
ath with		104 E. CENTER STR			10f. Zip Code 2155			10g. Citizen of GARRET		itry?
within 72 hours efter death with the Meryland liens. Than "natural", or ferms 23s or 28s-1 show the Medical Esame et must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorcad	12. Wes Decedent Ever Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:	In U,S.	13. Wes Decedent of If Yes, specify Control of Image 2 № N	f Hispanic Origin? (Spuban, Mexican, Puerto o Specify:	ecify Yes or No Rican, etc.)	Bla	ca - Americ ck, White, y: WHI]	etc.
filed within 72 h Hygiena. ther than "natu ent, the Medical	Completed	15. Decadent's Edu (Specify only highest grede Elementary/Secondery (0-12)	cation e completed) College (1-4or 5+)	16a.	Decedent's Usual Occ (Give kind of work dor life. DO NOT use reti	ne during most of work red)	ing	16b. Kind of B		
Hygie ther t		12 17. Fether's Name (First, Middle, Last)			BOOKKEEPER	18. Mother's Nam	o /First Middle			ERSHIP
la b	o Be	LAWRENCE MILTON	FRALEY					WISENMU		
th and Mer 7 is marke traumatic	2	19a. Informant's Neme/Relationship (Ty		19h	Meiling Address (Stre				-	Codel
0 0 2		ROBERT F. LOHR -	SON		P.O. BOX 5			AND 215	,	0000)
of Health I fram 27 I		20a. Method of Disposition			Disposition (Neme of y, cremetory or other p		Date	20c. Location		wn, State
iry or		1 Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State		ND CEMETER		0/16	OAKLA	ND. N	MARYLAND
Depertment of H Important: If its any Injury or of once.		21. Signature of Fundal Service License)167	22. Name end Add		P.O.	BOX 24	3	
		23a. Part1. Enter the disease, or compli	cations that caused the						/ 215.	Approximete
nysician 'Medical		Immediate Cause (Final	e ceuse on each line. corpulmor			, ,			1	Intervel Between Onset and Death
xaminer		disease or condition resulting in death)			consequenca of):)	cars
	ner		pulmonary						3	rears
trans	Examine	Sequentially list conditions,	Due	to (or as a c	onsequenca of):					
ettending physician and for use as the burial-transit		Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury							i	
physic the t	edical	thet initieted events resulting in death) Last	Due	o (or as a c	onsequence of):					39
ding se as	3									
for u	clan									
ched	Physician	Part II. Other significant conditions con	tributing to deeth but not	resulting In	the underlying cause	given in Part I.	23b. Dld 1	obacco use co	ntribute to	the cause of death?
e deta	by Pr									
s been signed by the ettend 2 should be detached for us	Completed b							an autopsy med?	eva cor	ore eutopsy findings vilable prior to enpletion of cause death?
s cartificata has b director, page 2 s	mo:						101	'es 2□No		Yes 2 No
s cartificata hu director, page	BeC	25. Was case referred to medical				28. Place of Deat			-	20,10
direct	ToE	examiner?	ospitel: 1 Inpatient	2 ER/Out	patient 3 DOA	ther: 4 Nursing Ho			er (Specify)
or: After the		27. Menne of Death 1-□ Netural 5 □ Pending 2 □ Accident Investigation	28a. Date of Injury (Month, Dey Yea	r) 28b. T	jury W			ow injury occur		
M Director	Certification:	3 Sulcide 6 Could not be determined	28e. Placa of Injury - A building, etc. (Sp	At home, far	m, street, factory, office	9	28f. Location (5 City or Tow		er or Rura	Route Number,
within 24 hours after death. To the Funeral Director: After this cardific completaly filled in by the funeral director,	edical	29a. Certifier 1 Certifying Physic Check only one) 1 Medical Examin	cian: To the best of my er: On the basis of exam end manner steted.	knowledge, Ination and	death occurred at the Vor investigation, in my	time, date end placa, opinion, death occurr	and due to the dead at the time, d	cause(s) and me date end place,	enner as stand due to	ated. the cause(s)
To the		29b. Signature and title of certifler			29e-Licer	nse number		29d. Dete signe	d (Month, L	Dey, Year)
		+ HIL			D	15333		0115	196	
	-	30. Name and address of person who cor	npleted cause of death (Item 23a) (Type Print)			1.3	LF	

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene

283 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth Month Physician Kathryn Louise LONG 9.00 A.M. 96 10 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 18503 Kent Avenue Hagerstown Washington 5. Sociel Security Number If Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) June 20,1917 7. Age (In yrs. lest birthday) Funeral Birthplece (State or Foreign Country) Months Deys 1 □ M 2 1 F 219-46-2940 79 Yrs. Director Maryland Usual Residence of Decedent Pages 1 end 2 should be filled within 72 hours efter death with the Marylend nent of Health and Mental Hygiene. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ms 23a or 28a-f show MD Director Washington Hagerstown 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 18503 Kent Avenue 21740 USA Funeral Hems . 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of HIspanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Meritel Stetus event, the Medical Examinar 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2X No Specify: Completed by Specify: white 3 Widowed 4 Divorced natural 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) homemaker her own home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be and Mental I William B. Hays, Sr. Minnie Margaret Showe traumatic 2 and le 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 a Department of Health ar Important: If item 27 is any injury or other trau 18503 Kent Ave., Hagerstown, Maryland 21740 Chester Long 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Rose Hill Cemetery 10-10-96 Hagerstown, Maryland 21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Betw Onset and Deeth Physician Immediete Ceuse (Finel disease or condition resulting In deeth) /Medical Examiner Examiner The law requires that the death certificate be executed the buriel-trensit Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest and Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. attanding physician Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Tes 2 No 3 Probably 4 Unknown þ 24b. Were sutopsy findings svallable prior to completion of ceuse of desth? Completed 24e. Wes an autopsy performed? certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: Be 25. Wes cese referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No After this within 24 hours effer deeth.

To the Funerel Director: After this completely filled in by the funeral r Certification: 27. Menner of Deeth 28e. Dete of injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending injury 1 ☐ Yes 2 ☐ No 2 Accident investigetion 3 Suicide 6 Could not be determined 28e. Plece of injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. edicai 29e Certifier 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) Octobe 8, 1996 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) DWAYNE SHUHART Blvd Jetk 22911 Smiths burg 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State A churcher Registrar

DHMH 16 Rev 6/95

The same of the sa

DHMN-16 Rev 1/89

020	offer death. Page 6 may be retained by the hospital or attending physician
0-	fina
1.5	Man
12	20
ND 2	hoenital
A	4
7	2
E, MARYLAND 21215-0020	retained
	2
R	JAN 1
0	Œ
Σ	Pane
BALTIMORE	eath
BA	after d

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

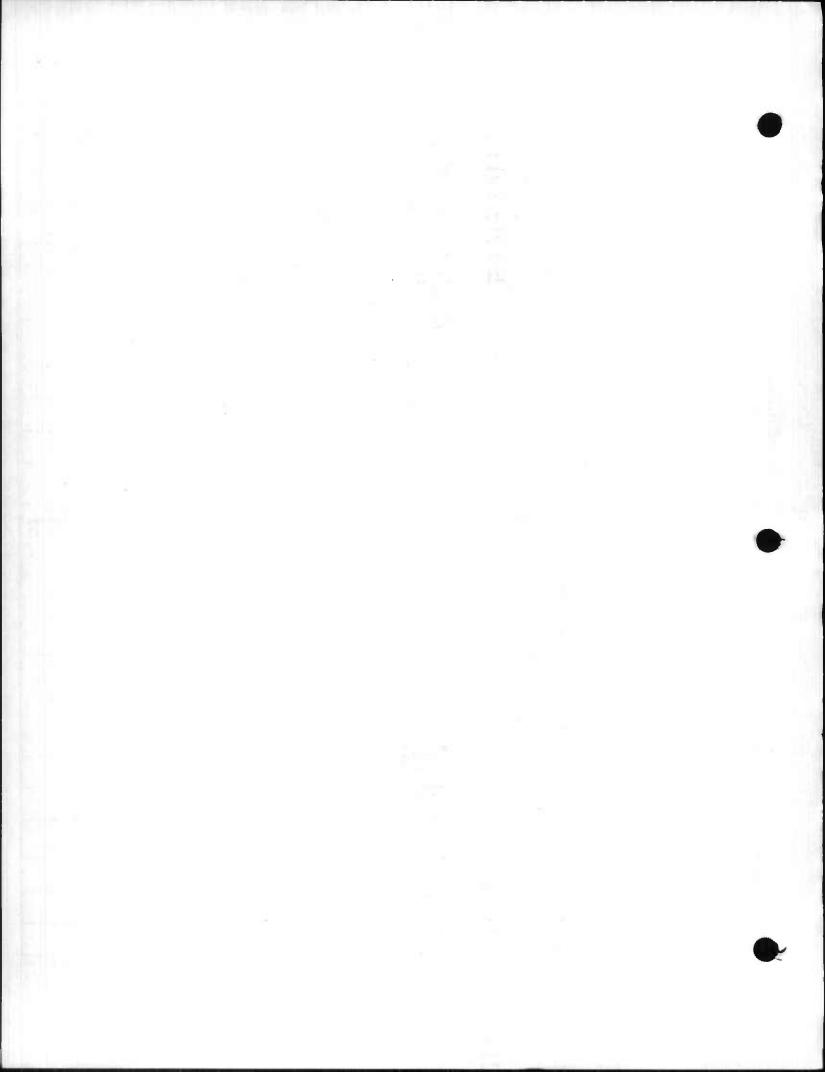
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the new parts of the death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral directio, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEA		MENTAL HYGIEN	E					
1. DECEDENT'S NAME (First, Middle, VIRGINIA	DILLER LEWIS				2. DATE OF DEATH DA	V YEAR	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 214-10-1652	SOCIAL SECURITY NUMBER 5. SEX 1 M 2 D F 8. AGE (In yra. last birthday) 1 M 2 D F 8. AGE (In yra. last birthday) 1 M 2 D F 8. BEX 1. DATE OF BIRTY (Month, Day, Near) 1 D MYS MIN. 1. DATE OF BIRTY (Month,										
90. FACILITY NAME (If not inetitution, COFFMAN NURSING	G HOME	9	b. city, town on L Hage	ocation of de rstown	ATN	Washi	ngton				
	ounty Jashington		town or Location		IS FREE	10d. INSIDE CITY LIMITS? D(YES 2 NO					
				21.740		10g. CITIZEN OF	WHAT COUNTRY?				
10e. STREET AND NUMBER 1133 Hamilton 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER	2 X NO	If yes, specify	ENT OF HISPAN	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No— 14. RA Bis	CE — American Indian, ack, White				
15, DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Lat.	B EDUCATION grade completed) College (1-4 or 5 +)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during most of	working	16b. KIND OF BUS	INESS/INDUSTRY	***************************************				
12		bookkeep			departm		re				
	91)			. mother's hai Clara	ME (First, Middle, Meiden : Helen D	iller					
Unknown 190. INFORMANT'S NAME (Type/Print))	19b. MAILING A			Toute Number, City or Town						
Mae M. Phebus 212 Belview Avenue Hagerstown, Maryland 217											
20s. METHOD OF DISPOSITION 1 State 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cametery, crematory or other place) Rose Hill Cemetery 10/9 Hagerstown, Mary La											
IN MONATURE OF FUNERAL SERVI	22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich Funeral Home 1. 305 N. Potomac Street Funeral Home Hagerstown, Maryland										
23. PART I. Enter the disesses ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	ure)	etory strest,	Approximate Interval Between Ornet and Death						
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 DATE 1 ABRURS 5 Pending 2 Accident investigs	ditions contributing to deeth	but not resulting in faculty of the court of	the underlying ca	luse given in	Part I. 24a. WAS AN. PERFOR 1 TYES 2	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		26. PLACE	OF DEATH (Che	ick only one)		V-10-10-10-10-10-10-10-10-10-10-10-10-10-				
1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending		tpetient 3 DOA 4	OF 28c. INJURY WORK?	AT		iher (Specify) DESCRIBE HOW INJURY OCCURED					
	ot be 28e, PLACE OF INJUR	IY — Al home, ferm, streedly)	eet, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Run	il Route Number,				
	PHYSICIAN: To the best of my kno AMINER: On the basis of examinati						e(e) end manner ee stated.				
296. SIGNATURE AND TITLE OF CER	29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Mo D36655										
30. NAME AND ADDRESS OF PERSON SAMUETA CHAN, MD 31. DATE FILED (Month, Day, Year)	444	NA ROAD. I	HAGERSTON	N. MD.	21740						
007 0 8 19	96 Juli Stavile	Redall									





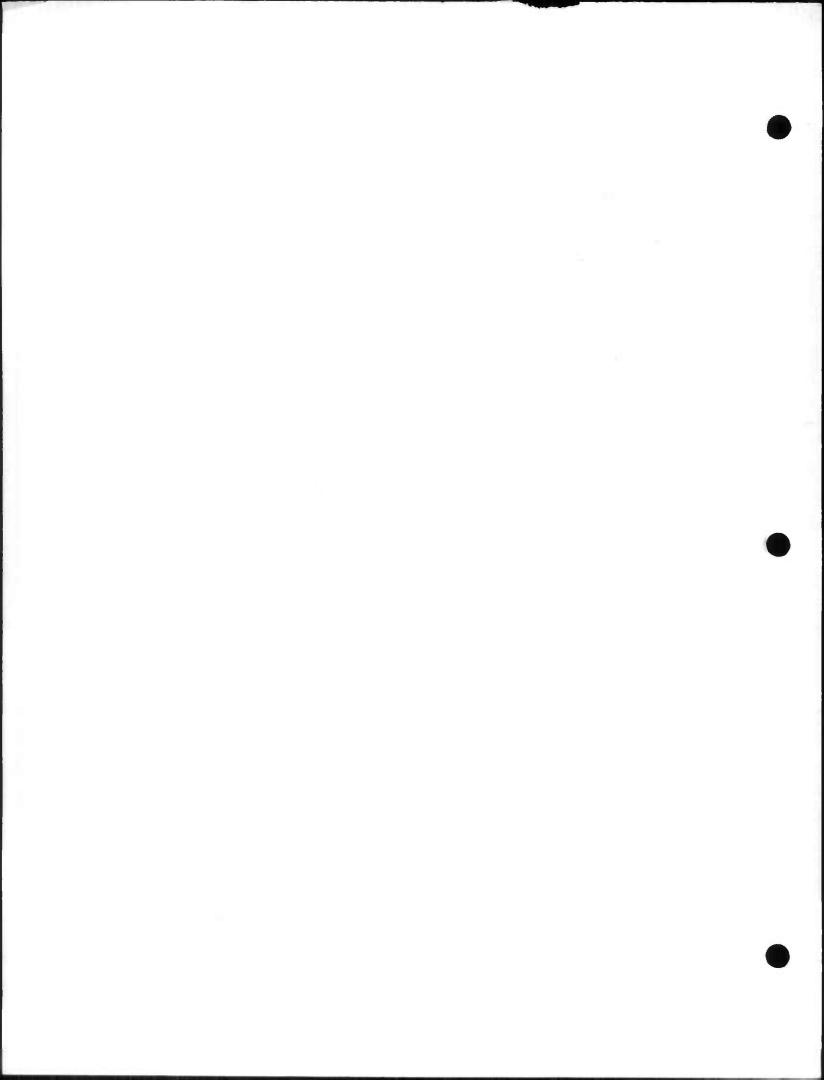
State of Maryland / Department of Health and Mental Hygiene 96 31285

					.,	Certificat	e of	Death	R	leg. No.	0	11283
Ť	Dhualai		1. Decedent's Neme (First, Middle, Le	st)					2. Dete of Dee	th	. Vear	3. Time of 5 th
	Physici /Medic		CHARLES M	ARSHALL		MASON			остове	RB,	1996	11:52 PM
	Examir		4e. Fecility Neme (If not institution, giv	e street end number)				4b. City, Town, or I		4c. County	of Deeth	
L			PRINCE GEORGE			MILL		CHEVERI				EORGES
	Funeral Director		5. Social Security Number 6. S 545 52 8535 Usuel Residence of Decedent	ex 7. Age Mi 2□ F	(In yrs. lest birt	Months	Deys		8. Dete of Birth (Month, Day Apr. 21	, Year) , 1941	9. Birthp Coun Cali	plece (State or Foreign http) fornia
	dand dand		10e. Stete 10b. County		10c. City, Town	or Location					1	0d. inside City Limits
	h the Maryland r 28a-f show I notified at	tor	Maryland Anne Ar	undel			Lo	othian				1☐ Yes 2√ No
	h the	Director	10e. Street end Number			10f. Zip	Code		1	0g. Citizen of	Whet Coun	itry?
	th wil	alD	1502 Hill Road					20711		USA	A	
720	be filed within 72 hours efter death with the Maryland that Hygiene. Id other than "netural", or items 23e or 28e4's how event, I'm Moultral Examiner must be notified at	by Funeral	11. Meritei Stetus 1 ☑ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent E- Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Detes:		, D.		Hispenic Origin? (Si en, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	14. Rad Bie Specif	ca - Americ ck, White,	etc.
2-0020	2 hou	pe	15. Decedent's Ed	lucation	16a.	Decedent's Usu	ei Occuj	pation		16b. Kind of B		
212	hin 7	Completed	(Specify only highest gra Eiementary/Secondery (0-12)	de completed) Coilege (1-4or 5+)	(Give kind of wo life. DO NOT u	rk done se retire	during most of world)	king			
Z	ed withing giene. er than	Con	12		sp	ecial e	ffec	cts stage	hand	theater	/mov	ie
yland	be filed tal Hygir d other	Be	17. Fether's Neme (First, Middle, Last)					18. Mother's Nen	ne (First, Middle, i unknown		ne)	
	should b nd Menta marked umatic e	10	unknown									
Mar	2 0 0 0		19e. informent's Name/Relationship (Alice M. Henson/fi					t end Number or Ru				
a)	of Health Itam 27 other tr		20e. Method of Disposition			Disposition (New y, cremetory or co		Street,	St. Leo	20c. Location		0685 wn. Stete
Ballimor	ft. Pege rtment o rtant: If I		1 ☐ Burial 2 ☑ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specifi	1)	Metrop	olitan	Cre	natory		Alexar		
Da	Deperiment of the policy of th		21. Signeture of Funerel Service Lican William R	Ske-				ess of Fecility uneral Hor	me, P.A.	, Owir	ngs, N	MD 20736
			23a. Pert1. Enter the diseese, or com- shock, or heert feiture. List only	plications thet caused tone caused to	he death. Do n	ot enter the mod	le of dyi	ng, such es cardiac	or respiretory err	est,		Approximete intervei Between
ř	Physician											Onset end Deeth
n	/Medical Examiner		immediate Cause (Fine) disease or condition resulting in deeth)	e Mul	tiple	In,	uni	25				
		i i				onsequence of):						
	ficate be executed physician end st the burial-transit	Medical Examiner		b							<u> </u>	
'n	exect in end ial-tra	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury	U	ue to (or es e c	onsequence of):						
00/00	deeth certificate be executed e ettending physician end of for use es the bunial-transit	ical	thet initieted events	c	ue to (or es e c	onsequenca of):						
0	= Q W	Med	resulting in deeth) Lest			,					i	
Ö	tendii or use	an/		d								
5		Physician/	Pert ii. Other significant conditions or	ontributing to death but	not resulting in	the underlying of	ause gh	ven in Pert i.	23b. Did to	obacco usa co	ntributs to	the cause of death?
Ţ.	hat the								1 □ Y	ss 22 No	3 Prob	bebly 4 Unknown
ecords,	The law requires that the deeth cer ate hes been signed by the ettendir page 2 should be detached for use	d by							24e. Wes e	o eutopey	24h We	ere autopsy findings
Ö	been shou	iete							perfor		COL	eileble prior to mpletion of cause
Č	hes ge 2	Completed							. 1797			deeth?
VIII	n: The ficate or, pa	e Co	25. Wes case referred to medical					00 Pl/ P		es 2 No	114	Yes 2□ No
	Physician: r this certific ral director,	0 8	exeminer?	Hospitai: inpatien	2 □ ER/Out	petient 3 DC	Otl Otl	her:	th (Check only or ome 5 ☐ Reside		er (Specifi	v)
5	g Phy er this	n: T	27. Menner of Deeth	28e. Dete of injury (Month, Dey	28b. T		8c. inju		28d. Describe h			,
VISIOII	ath. r: Aft	Certification:	1 ☐ Neturei 5 ☐ Pending 2 🗷 Accident investigation	10-6-96		50 M		Yes 2. No	Motorc	rile 1	Lecid	lent
2	r Atternation	tlfic	3 ☐ Suicide 6 ☐ Could not be determined	28e. Pieca of injur building, etc.	v - At home, fer		y, offica		28f. Location (S	treet end Numl	per or Rura	lent Il Route Number, Route 4
2	Ital or rail o				eet				Prince Geo	rges Co	cunty,	Maryland
	Hosp 14 hou Fune tely fi	edical	(Check only 2 Madical Exert	vaician: To the best of iner: On the besis of e	xaminetion end	deeth occurred Vor investigation	et the ti	me, dete end piece.	, end due to the c	euse(s) and m	enner as st	teted.
	To the Hospital or Attending Physician: The lav within 24 burus after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	Med	29b. Signeture end title of certifier	end menner stete	ed.			se number		9d. Dete signe		
	8 4 % 4		1 1	6 ,1/1.	11/1	410						
	2		30. Name and eddress of person who	completed cause of day	th (Ham 220)	Type Print	OC	ME		OCTOB	ck /	, 1996
			Stephen Si	Radint			St	reet, Ba	altimor	e, Ma	ryla	nd 21201
	Sta		31. Dete filed (Month, Dey, Yeer)	32. Registra								
	Registr	df	ULI U	שושטון ה								

1 -	FOR STAT REGIS		AR
1. D	ECEDEN	NT'S	NAM
I	le1a	1	
4 0	OCIAL	RECH	en T

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	nedistran		- CL	SHIII	CALL	· OF	DEAL			REG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last)	1/0/	IGED						2. DATE OF MONTH	DA	NY .	YEAR	3. TIME OF OEATH
	Lela Gertrud 4. SOCIAL SECURITY NUMBER	le MOS	SSER						Sept.		199		8:40 A M
	INI -III- SC AS SMAS	5. SEX 1 □ M 2 🏹 F	6. AGE (In yrs. last birthday) IF UNDER MONTHS			DAYS	HOUSE NO (Month, D.			onth, Day, Year) Country)			
	217-30-1457 9a. FACILITY NAME (If not institution, give a	ina.					Sept.	6, 1					
m					96. CITY,		R LOCATIO	ON OF DE	EATH			NTY OF DE	
<u>ō</u>	Garrett County M	lemorial H	lospital			0ak	land				G	arret	t
입	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION						10d, INSIDE CITY
DIRECTOR	MD	Garrett			Oal	klan	đ						LIMITS?
	10e. STREET AND NUMBER	OGIICE					. ZIP CODI	E			10g. CIT		NAT COUNTRY?
FUNERAL	351 Dodge United	Farms						2155	0			USA	
3	11. MARITAL STATUS	12. WAS DECEDEN			13. 1	WAS DEC	ENDENT C	OF HISPAN	VIC ORIGIN? (Specify Yea	or No-	14. RACE	- American Indian, White, etc.
	1 Never Married 2 Married	FORCES? 1	YES 2 XI	NO			ecify Cube 2 X NO		n, Puerto Rici	in, atc.)		Black, Specify	:
BY	3 Wildowed 4 Divorced						45					,	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(G	CEDENT'S	work done o	CCUPATIO	ON ast of working	na	16b. KI	ND OF BUS	SINESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5 +)	. Do NOT us									
MP	8		Н	louse	keepe	er				Hous		ping	
8	17. FATHER'S NAME (First, Middle, Lest)	24							ME (First, Mide	dle, Maiden			
BE	Amos	Mosser					Ma	_				eber	
2	19a. INFORMANT'S NAME (Type/Print)								Route Number,				
	Lorene Dodge		-					Farm	s, Oal	T			
	20a, METHOO OF DISPOSITION 1 X Burlai 2 Cremation 3 Ram	noval trom Stata	20b, PLACE / cemetery, cre						DATE	20c. LO	CATION -	City or Tow	n, Stata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		St. J	ohn':			Ch. (10/2	. Oak	Land	, Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	\cap						al Hor	n O			
	Scalley H	Mentel	<i>y</i>						St., (nd.	MD 2	1550
	23. PART I. Enter the diseases, or	complications the	t caused the da	ath. Do s									Approximata
											Interval Between Onset and Death		
	disesse or condition Percol Foot June										2 Weeks		
	resulting in death) s. Reflat ratture DUE TO (OR AS A CONSEQUENCE OF):										2 WCCRS		
z		b. Ca	ardiac F	ailu	re								2 Weeks
CERTIFICATION	Sequentially list conditions, if sny, lesding to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):								
5	CAUSE (Disesse or Injury	Ψ,	cute MI										2 Weeks
쁘	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
ER	Tesuting in destit) EAST	d,			-								
3	PART II. Other significent condition	ns contributing to	deeth but not i	resulting	In the un	derlyin	g csuse	given in	Part I. 2	la. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ '	YES 2	M NO		OF DEATH?
Σ.	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	ATH Y	FS 🗀 I	NO D	UNC	FRTAII	NΠ				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			CE DF DEA				JE1(1) (81					
Sic	EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Nur		se 5 □ B	neldence	8 Other (S	Specify)			
H	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIN	E OF	28c. IN.	JURY AT		28d, DESCE		NJURY OC	CCURED	
	1 X Natural 5 Pending	(Month, D	lay, Year)	IN.	JURY		YES 2	_ NO					
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At he	ome, term,	atreet, fect	lory, offic	:a		281. LOCATI	ON (Street i	and Numbe	or Rural Ro	oute Number,
百	4 Homicide detarmined	bollaing,	atc. (Specify)						City or	Town, State)			
COMPLETED	29a. CERTIFIER 1 X CERTIFYING PHYS	SICIAN: To the heat of	rny koowledge de	anth consum	and at the t	les det	and alone	and due	to the course	(a) and ma			
MP.	(Check only one) 2 MEDICAL EXAMIN												and manner as stated
8	29b. SIGNATURE AND TITLE OF CERTIFIE	-								, p. 1000, G			
BE	290. SIGNATURE AND TITLE OF EACH		-					1533			29d. DA	9/30	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CALL	SE OF DEATH #TE	M 27 Circ	(Drint)		<u>u</u>	1933				7/30	7 30
	Dr. Thomas Johns		311 N.	, , , ,		-	∩al-1	hae	Marsel	land	215	50	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	LUUI	CII D	,	Jaki	ana,	nary.	Land	21)	50	
2	OCT - 2 1996		oteorla	11									
1	001 ~ 1000	PARTIES AND IN	CONTRACTOR OF THE PERSON	vicine .									



State of Maryland / Department of Health and Mental Hygiene 96 3 | 287

							C	ertificate	of	Death	7		Reg. N	No.		
	TO VALUE		1. Decedent's Nama (First, i	Aiddla, Li	ist)							2. Data of D	_			3. Tima of Death
	Physic		WINNIE WAR I	æeci	,							Month		ay	Yaar	
ы	/Medi		4a. Facility Nama (If not inst			umberl				4h City T	own or L	OCTOB ocation of Dea		1, 19	y of Death	12:00 P.
7	Exami	ner				umbory										
		7	Sacred Heart 5. Social Security Number		SDITAL Sax	7. Aga (In yr	n land hinthu	evi If Undar	Vaar		erla r 24 Hrs.		17-61-	Alle	gany	
н	Funerai		212-38-5720	1	58X 1 □ M 2 Q F	7. Aga (in yi	s. last birtho 89 Yrs	Months	Days		Min.	8. Data of B	Day, Yea	(r)	Cou	
	Director		Usual Rasidence of Deceda	1	Λ.		09					August	5 1	.907	Mary	yland
	and		10a. Stata 10b. Co			10c. (City, Town o	r Location					-		1.	10d. Insida City Limits
	ferylan show	5	wanted A	11			_									1 ☑ Yas 2 ☐ No
	death with the Meryland ims 23a or 28a-f show cross be notified at	Directo		l1ega	any		Bar									11
	E 6 8	늄	10e. Street and Number	_				10f. Zip	oda				10g. C	Jitizan of	What Cou	ntry?
	ath with	ra	Bar	lett	St.				152				Ur	nited	Stat	tes
		Funeral	11. Maritai Stafus		12. Was De Armed F	cedant Evar in orcas?	U,S.	Was Deceded if Yas, specific	int of I	Hispanic O	rigin? (Sp	pecify Yas or No Rican, atc.)	10-		ce - Amari	can Indian,
0	of Port	F	1 X Navar Married 2 □		1 ☐ Yas If Yas, G	2 No		1 ☐ Yas 2						Specif		
8	72 hours efter netural", or he	d by	3 Widowed 4 Divo	rced	Yaar or	Datas:			χ	ороспу				Specif	Wh:	ite
21215-0020		Completed	15. Dec (Specify only h	edent's E	ducation)	16a. De	cedent's Usua	Occup	pation	st of work	cina	16b.	Kind of B	usinass/In	dustry
21	within ene. than "	d	Elementery/Secondary (0-	-	-	(1-4or 5+)	- lif	iva kind of wor a. DO NOT us	retire	ed)	or or work	ur/g				
2	d withinglene.	000	12		4		Sc	hool Te	ach	er			E	duca	tion	-
Maryland	should be filed v and Mentel Hygle i marked other t umatic event, th	Be (17. Fathar's Nama (First, Min	idia, Lasi)						ar's Nam	a (First, Middl	a, Maide	an Sumar	na)	
la	Mentel Mentel of arked of attice over	To	William N.	Nees	e					Mi	nnie	Clark				
ary	should and Man a marke		19a. Informant's Name/Rata	lionship (Type, Print)		19b. M	ailing Addrass	Street	t and Numb	er or Rur	ra/ Routa Num	ber, City	or Town	, Stata, Zip	Code)
Σ	od 2 sign of the or tract	İ	Mary Cather	ine	Miller		1	.9604 St	102	r Man	le Ri	d. Bar	rton	Md	215	21
e,	s 1 and 2 should f Heelth end Mer frem 27 Is marke other traumatic		20a. Mathod of Disposition			20b.	Ptace of Di	sposition (Nam	a of		10 10	Data	T			own, Stata
9	nt of		N Burial 2 □ Crama	ion 3 [Ramoval from	Stata	cematary,	Hill (ar pla	aterv	10-	7-96				
ţ	tant dury		4 Donation 5 □Oth				Laurel		-			, , , ,	Ва	rton	, Md.	
Baltimore,	permit. Peges 1 and 2 Department of Heelth e Important: If hem 27 is any injury or other tra once.		21. Signature of Funaçal Sa	vice Lice	nsee,	0		22. Nama and								
ш	20 = 9 X		May	24	Don	l_				neral		e esternp	ont	Mal		
	100	г	23a. Part1. Entar the diseas shock, or heart failure.	a, or con	plications that	ceused tha da	ath. Do not	antar tha mode	of dyi	ing, such a	s cardiac	or respiretory	arrest,	, _LiC.		Approximata
а	Physician		SHOCK, OF HEART ISHUTO.	LISCOTILY	ona causa on	aech iina.									1	Intarvai Between Onset and Death
и	/Medical		Immedieta Causa (Final		P	11.20		- 4							i	7/
	Examiner	н	disaasa or condition resulting in daath)		a. / c	537196	aspi	sequence of):								24045
		ē			^	Due to	(or as a con	sequence of):		- /					1	2 hours
	nsit nsit	Examiner			b. De	bility 1		hip	1	actu	~				i	140114
	and all-tra	Xa	Sequantially list conditions, if any, leeding to immediata cause. Entar Undarlying Cause (Disaasa or Injury			Dua to	(or as a con	sequence of):							į	
68760,	certificate be executed ding physician and ise as the burial-transit		Cause (Disaasa or tnjury	~	C										i	
87	phys the	edicai	that initiated evants rasuiting in death) Last			Dua to	(or as a con	sequance of):							į	
×	6 = 0	Me		L	d											
Bo	that the death c ed by the attend detached for us			_											I	
	o de pe	Physician	Part II. Other significant cor	ditions o	ontributing to c	leath but not re	suiting in th	a undarlying ca	usa gi	van in Part	l.	23b. Die	d tobac	co use co	ntribute t	o the cause of death
P.0	at the	Phy	Pint low	1	()	Nov.	1	11-			4	. 1 Yes 2 No 3 Probably 4				bably 4 Unknow
	es that igned be det	þ	Right Voc				(750)	Ujia	47	pen	7 162					
of Vital Records,	-= or ro		Viney	+	4	· 1.						24a. Wa			24b. W	are autopsy findings
0	ew requ	ojet	Ullray.	1946/	11/2	21600						ры	formed?		CC	ompletion of cause death?
Re	0 - 0	Completed											Yas -	- Tale		
la	iclan: The	O	25. Was case referred to me	dical										SET NO	111	☐Yas 2 ¹ ☐No
5	Physician: this certific	O B	axaminar?	uicai	Hospitai:				Oll	hor:		th (Check only				
of	ding Phys h. After this funeral di	⊢	1 ☐ Yes 2 ☑ No 27. Manner of Deeth		28a, Deta	Anpatient 2			1	4 L N	ursing Ho	oma 5 Ra				fy)
	ling I. After fune	Certification:	1 Natural 5 □ Pa		(Moi	nth, Day Year)	28b. Tim Inju		c. Inju Wo		101-	28d. Describe	now in	jury occu	ned	
Division	f or Attending effer death. Director: After I in by the fune	cat	Z C . TOOTOGETT	astigatiould not b				М		Yas 2						
\leq	or Attendented of the Control of the	E	4 ☐ Homicide	tarmined	28a. Plac	e of Injury - At ling, etc. (Spec	homa, farm,	streef, factory,	office			28f. Location City or To			ber or Run	al Routa Number,
	tal or selection of the control of t	Ce														
	desp L hon unes	edical	29a. Cartifier 15 Cert	ifying Ph	ysician: To the	a best of my kr	owledga, de	ath occurred e	the ti	ma, data ai	nd place,	and dua to the	a causa	(s) and m	annar as s	stated.
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: Affer thi completely filled in by the funeral		one) Z Med	var EXAL	and mar	nar stated.	alion and/ol	arvastigation,	тту с	opinion, de	atri OCCUP	ou at tha time	, uate â	nu place,	and dua t	o ma causa(s)
	To the Com	Σ	29b. Signatura and fille of ge	tifier				29c.	Licans	se number						Day, Year)
			1/1/2			0.	20 10	1) 2	210	188			OCT	OBER	4,1	1996
			30. Name and address of per	June .	completed occ	sa of doosh /h.	m 23a) /T		•							
		15	Thomas)	FWIIO	Don't	da oi dadin (ile	200 (19)	ouglas	D	ve	10	acor!		her 1	21	538
			Or Determed Of the Control	- 6	colla 1	10	200	Jens	-/	/		-2007/1	21	1	41	-X

Registrar

THE BOOK OF THE STATE OF THE ST Y

State of Maryland / Department of Health and Mental Hygiene 96 3 | 288

December 1 Amen 2794 Andre, Case 1 Service Control of Case 1 Amen 2794 Andre, Case 2:15 Amen 2714 Andre 2715 Amen 27				Certific	cate of L	eath	F	Reg. No.	
Extensions Salisbury Center/Genesis Eldercare Salisbury Center/Genesis Eldercare Salisbury Center/Genesis Eldercare Salisbury Center/Genesis Eldercare Salisbury Center/Genesis Eldercare Salisbury Center/Genesis Eldercare Salisbury Center/Genesis Eldercare Salisbury Center/Genesis Eldercare Salisbury Center/Genesis Eldercare Salisbury Center/Genesis Eldercare Salisbury Center Cente			Decedent's Name (First, Middle, Last)						
Sea City Town or Location of Death Sea Copy of D			ZET DA	MA.TO	R				
Sal is shurry Center/ Genesis Pladercare Sal is shurry Center (Genesis Pladercare) Sal is shurry Center (Genesis Pladercare) Sal is shurry Center (Sal is shurry Center) Sal is shurry Center (Sal is				MADO		City. Town, or Lo			
South Sample Windows South Sample Windows South Sample Sou	Exam	niner	The property of the party of th	raro					
The Part Residence of Description of the Country of				1 20 1					
Description of the property of	Funera	al	16 0100 5.	Mon			8. Date of Birth (Month, Day	Year)	Birthplece (State or Country)
United Residence of Decedered 100 colley	Directo	or	101-18-7600	Yrs.			08-21	-1919	
Bennanderproposocratary (0-12) College (1-4or 5+) Bennanderproposocratary (0-12) College (1-4or 5+) To Refer Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Name) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (9								0
Bemersteps Beschart (9-12) Bemersteps Beschart (9-12) College (1-lot 5+) College (1	ylar how								10d. Inside City
Bennanderproposocratary (0-12) College (1-4or 5+) Bennanderproposocratary (0-12) College (1-4or 5+) To Refer Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (First, Middle, Name) 15. Fisher's Name (First, Middle, Lead) 15. Fisher's Name (M P	Ď	MD VV: Con: co	JAI:Sbu	116				1 XYes 2
Bemersteps Beschart (9-12) Bemersteps Beschart (9-12) College (1-lot 5+) College (1	\$ 28 E	8			-1			10a. Citizen of V	What Country?
Bemersteps Beschart (9-12) Bemersteps Beschart (9-12) College (1-lot 5+) College (1	with	ā	LA ALLO ALCOL		2	1201		1	15
Bemersteps Beschart (9-12) Bemersteps Beschart (9-12) College (1-lot 5+) College (1	et-	ig.			<u> </u>				1.0
Elements Decorptory (0-12) College (1-tof 5-) The property of the property	e e	L L	Armed Forces?	U,S. 13. Was D	specify Cuban	panic Origin? (Sp., Mexican, Puerto	BCITY Yes or No- Rican, etc.)		
Elements Decorptory (0-12) College (1-tof 5-) The property of the property	at b		If Yes Give	1□ Ye	es 2 No	Specify:		Specifi	Rlack
Elements Decorptory (0-12) College (1-tof 5-) The property of the property	Par.		3 ☐ Widowed 4 ☐ Divorced Year or Dates:			,.		Орвон	Diaci
Bennening Georgian (1-12) Bennening Georgian (1-12) College (1-4or 5+) To Figher's Name (First, Models, Assignment) To Bone (1-12) To Bon	2 h	3	15. Decedent's Education	16a. Decedent's	Usuel Occupat	ion		18b. Kind of B	usiness/Industry
17. Faper's Name (First, Microte, Last) 18. Michigan Sharine (First, Microte, Medicinal Surround) 19. Michigan Address (Street and Number or Paral Rode Numbers (Dity or Form) Stells 19. Informatic Name (First, Microte, Medicinal Surround) 19. Mailing Address (Street and Number or Paral Rode Numbers (Dity or Form) Stells 19. Name of Paral Rode Numbers (Dity or Form) Stells 19. Nam	C	pie e		life. DO NO	or work done du OT use retired)	iring most or work	mg	0	1
17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Medicin Summer) 19. Malling Agdress (Street and Number or Flural Route Number, City or Town, States and Number or Flural Route Number, City or Town, States and States and Number or Flural Route Number, City or Town, States and Number or Flural Route Number, City or States and Number or Flural Route Number, City or States and Number or Flural Route Number, City or States and Number or Flural Route Number, City or States and Number or Flural Route Number, City or States and Number or Flural Route Number, City or States and Number or Flural Route Number, City or States and Number or Flural Route Number, City or States and Number or Flural Route Number, City or States and Numbe	W Bu	E	College (1-401 5+)	T	abor	ei			lerical
Sequentially its conditions. Description of the part of the par	H H		17. Father's Neme (First, Middle, Last)				e (First, Middle.	Meiden Sumen	ne)
20. Method of Disposition 3 Denove from Stete 4 Donesto of Disposition (Marrie of Dispositi	d la b							11.	
20b. Place of Disposition 1/2 Furtil 2 Correspondence of Disposition (Name of Disposition (Me	15	0.00					May	
20. Method of Disposition 3 Denove from Stete 4 Donesto of Disposition (Marrie of Dispositi	and and and and and			19b. Meiling Add	ress (Street an	nd Number or Run	al Route Numbe	r, City or Town,	Stete, Zip Code)
Physician A December South So	C = N +		Marquerite Kobinson	1182	Kive!	Kd	Westo.	ver ,	1D 2187
1. Security 1. Securit	ST FE		20a. Method of Disposition			·	Date	20c. Location -	City or Town, State
23. Signature of uneral Service Licensee 24. Signature of uneral Service Licensee 25. License and Address at Facility and Tuncial Tu	0 0		1 Burial 2 U Cremation 3 U Removel from Stete	ilea I	1 6		0-9-96	Sal	Shure UD
Physician (Macdical Examiner) 23a. hast. Enter the dilease, or complications that caused the death. Do not enter the mode of dying, such as cardiac of respiratory errest. 23a. hast. Enter the dilease, or complications that caused the death. Do not enter the mode of dying, such as cardiac of respiratory errest. 23a. hast. Enter the dilease, or complications that caused the death. Do not enter the mode of dying, such as cardiac of respiratory errest. 23a. hast. Enter the dilease, or complications that caused the death. Do not enter the mode of dying, such as cardiac of respiratory errest. 23a. hast. Enter the dilease, or complications that caused the death. Do not enter the mode of dying, such as cardiac of respiratory errest. 23a. hast. Enter the dilease, or complications are consequence of the cause of death. Do not enter the mode of dying, such as cardiac of respiratory errest. 23a. hast. Enter the dilease, or complications are consequence of the cause of death. Do not enter the mode of dying, such as cardiac of respiratory errest. 23a. hast. Enter the dilease, or complications are consequence of the cause of death. Do not enter the mode of dying, such as cardiac of respiratory errest. 23a. hast. Enter the dilease, or complications are consequence of the cause of death. Do not enter the mode of dying, such as cardiac of respiratory errest. 23b. Did of consequence of the cause of death. Do not enter the mode of dying, such as cardiac of respiratory errest. 23c. Place of Death (Check only one) 23c. Place of Death (Check only one) 23c. Place of Death (Check only one) 23c. Place of Death (Check only one) 23c. Place of Death (Check only one) 23c. Signature end the of certifier of the basis of examination and/or investigation, and manner as stated. 23c. Did Death (Check only one) 23c. Signature end the of certifier of the basis of examination and/or investigation, in my opinion, deeth occurred at the lime, dete and place, and due to the cause(s) and manner as stated. 23c. Diaconder the mode of the			9		Acm. C			001	a build me
Physician (Medical Examiner) 23a. has: Enter the dilease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between Interval Between Interval Between Interval Between Interval Between Content and Death Immediate Cause (Final disease or condition resulting in deeth) 25a. Pure 10 (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 25a. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 25b. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 1 yes 2 No 9 Probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the probably 4 Unknown of the trilling of the trilling of the probably 4 Unknown of the trilling of the trilling of the trilling of the trilling of the trilling of the trilling of the trilling of the trilling of the trilling of the trilling of the trilling of the trilling of the trilling of the	epe ny is	9	21. Signature of Funeral Service Licensee	22. Nam		F. War	Trune	101 +	Tême
Physician Miscolcal Examiner Part Enter the diffuse, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory errest. Part Enter the diffuse, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory errest. Part	70E 9	GI	Thallay G. Care	30/13		Mar A	P	1	Control of the Contro
Physician (Medical Examiner) The part of the part of			23a. Part. Enter the disease, or complications that caused the dea				or respiratory en		
The properties The			shock, or heart failure. List only one cause on each line.				, , , , , , , , , , , , , , , , , , , ,		Interval Betwo
Due to (or as a consequence of): Due to (or as a consequence of):		_	Demodrate Course (First			-1			
Due to (or as e consequence of): Sequentially list conditions and yleading to immediate cause. Enter Underlying Cause (Disease or Injury Part III. Other significant conditions course consequence of):			disease or condition	con	es	-///et	extat	u	2011
Cause (Disease of Injury that Inhibited events resulting in deeth) Lest Due to (or es a consequence of): Cause (Disease of Injury that Inhibited events resulting in deeth) Lest Cause (Disease of Injury that Inhibited events resulting in deeth) Lest Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert II. Other significant conditions contribute to the cause of death	LXUIIIII			(or as e consequence	of):	•			700
The property of the property o	n +	Je J							/
The property of the property o	d d ansi	Ē	Sequentially list conditions b.	or as a consequence	of):		-		
Course (Disease or Influry) That Inhided events resulting in deeth) Lest Due to (or es a consequence of): Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth) Lest Course (Disease or Influry) that Inhided events resulting in deeth Inhided events resulting in the underlying cause given in Part I. Course (Disease or Inhided events resulting in the underlying cause given in Part I. Course (Disease or Inhided events resulting in the underlying cause given in Part I. Course (Disease or Inhided events resulting in the underlying cause given in Part I. Course (Disease	al-tr	X	if any, leeding to Immediate	or as a consequence	y 01).				
Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobsecco use contribute to the cause of death 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to condition of cause of death 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to condition of death 1 Yes 2 No 1 Yes	be picia		Cause (Disease or Injury c						
Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death 1 1 1 1 1 1 1 1 1	phys the	B	resulting in deeth) Lest	or es à consequence	of):) a
Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Pert III. Other algnificant conditions and problem of cause given in Part I. Pert III. Other algnificant conditions contributing to the cause of death of cause of death of cause of death of cause of death of cause of death of cause of death of cause of death of cause of death of cause of death of cause of death of cause	ling ing	Me							
Age and address of paragraphs of the cause (s) and manner stated. 24a. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 Yes		92	_ U						1
Age and address of paragraphs and address of	0 0 0	2	Pert II. Other significant conditions contributing to death but not re	sulting In the underly	Ing cause giver	n in Part I.	23b. Did t	obacco usa co	ntribute to the cause of
24a. Was en autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical examiner? 1 Yes 2 No 26. Place of Death (Check only one) 27. Manner of Death (Check only one) 28. Date of Injury	tha ach	P S		,			400	/oo 2□No	2 Probably 4 III
24a. Was en autopsy performed? 24a. Was en autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? 1 Yes 2 No 1 Yes 2 Yes 2 No 1 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes 2 Yes	that det							20110	JULIODEDIA 400
The state of the s	D o								Total Management
The state of the s	nbe upon	ě							available prior to
25. Was case referred to medical examiner? 1	> 11 07	등							
25. Was case referred to medical examiner? 10 yes 2 No 26. Place of Death (Check only one) 27. Manner of Deeth 1 Naturel 28. Date of Injury 28b. Time of Injury 3 Suicide 4 Homlide 28c. Injury et Work? 1 yes 2 No 28d. Carrier of Death (Specify) 28d. Describe how injury occurred 28d. Location (Street end Number or Rural Route Number, City or Town, Stee) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 28e. Place of Injury - At home, farm, street, factory, office 29e. Certifier (Check only one) 29e.	0 - 0	E					100	o 0□No	4 🗆 Van 0 🗆 A
The state of the s		O		_			ILJ Y	es 211N0	1 Li Yes 2 Li N
The state of the s	clan entif ecto	Be	examiner?				h (Check only or	ne)	
Set 1 Nature 2 Accident 3 Suicide 4 Homicide 5 Pending investigation 3 Suicide 4 Homicide 5 Pending investigation 5 Pending investigatio	lis c	12	1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpetient 3	DOA Other	4 ☐ Nursing Ho	me 5 Resid	ence 8 DOth	er (Specify)
29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)			(14 - sh. etc. 14 - st.		28c. fnjury	et	28d. Describe h	ow injury occur	red
29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Signature end title of certifier 29e. Signature end title of certifier 29e. License number 29e. License number 29d. Date signed (Month, Day, Year)	ith. : Aft	엹	TENTAL OF STORY						
29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Signature end title of certifier (29e. Signature end title of certifie		100	3 Suicide 6 Could not be 280 Place of Injury Ath	nome farm street fe	ctory office		28f Location (S	treet end Numb	per or Rural Route Numb
29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Signature end title of certifier (29e. License number (29e. Lice	or A	Ī	4 Homicide determined building, etc. (Speci	ify)	otory, omoo				To di Fidial Fidale Fidino
Name and address of paragon who completed aguas of death (Name 13a) (Turns Brits)	urs arraid								_
Name and address of parent who completed source of death (New 13a) (Time Brief)	or ho	S		owledge, death occur ation and/or investiga	rred et the time	, dete and placa,	and due to the c	ause(s) and ma	anner as stated.
Name and address of parent who completed source of death (New 13a) (Time Brief)	n 24 n 24 n 24 n 24 n 24 n 24 n 24 n 24	8	LE INTERIOR EXAMINATION OF THE DAGGET OF CARLING	ation and or investige	stion, in my opi	mon, deem occur	ed at the time, t	ete and piece,	and ode to the cadse(s)
Name and address of parent who completed serves of death (New Cas) (Time Brief)	Nith Fort	≥	29b. Signature end title of certifiet		29c. License	number	- 2	29d. Date signe	d (Month, Day, Year)
Name and address of person who completed cause of death (Item 23a) (Type, Print) William H. Robins M.D., 1104 Healthway Dr., Salisbury, MD 21804 State 31. Date filed (Month, Ray, Year) A. 32 Hegistal's Signature			V/XV		10	97119	9	10%.	1101
Name and address of person who completed cause of death (Item 23a) (Type, Print) William H. Robins M.D. 1104 Healthway Dr., Salisbury, MD 21804 State 31. Date filed (Month, Ray, Year) A. 32 register's Signature			/////		1/	124/		1/2	176
State 31. Date filed (Month Ray, Year) A 32 Hegisty Sympture			Name and address of person who completed cause of death (Ite	m 23a) (Type, Print)		1		4	/
State 31. Date filed (Month, Pay, Year) / A 32 Regist Signature			William Hikobins M.D.	1104 1	Healthw	av Dr.	Salisbu	rv. MD	21804
	C	tate	31. Date filed (Month, Pay, Xear) 1 32, Regist P's Sign	ature				-11	• • •
	Regis								

Maria ya mataniki yan Ponskyit magazini agazina f

after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed without after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writer or hours after death. Page 6 may be retained by the hospital or attending physician.	FUNEAL, DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitified at once.
---	---	---	---	---

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH DAY helma OC tober 3:00 A 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 TF 212-24-7252 71 YRS. 1925 august 4, Maryland 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1749 Edgewood Hill Circle DIRECTOR Washington Hagerstown RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Washington Hagerstown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1749 Edgewood Hill Circle 21740 USA 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 THOU IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexicon, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried ΒY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Statistical Engineering Electric Company 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumame) Charles Edward Miller Susan Elizabeth Lesher BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vera Miller Butts, Sister 119 East Potomac Street, Williamsport, MD 20a, METHOD OF DISPOSITION
1 № Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Little Rose Hill Cemetery 10/10 Clearspring, Maryland ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kelly 1. Younter Douglas A. Fiery Funeral Home 331 Eastern Blvd. N., Hagerstown, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Betw shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition Doute Myocardial Infaction resulting in death) Lunned DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY Hyperteus m. 1 TES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 1 YES 2 NO HOSPITAL: OTHER Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 26d, DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide determined CERTIFIER
(Check only one)

2 MEDICAL EXAMPLE CONTROL OF THE BOOK 29e. CERTIFIER 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Many 2

> 32. REGIST IAR'S SIGNATURE Newdoor Radall

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 3 | 290

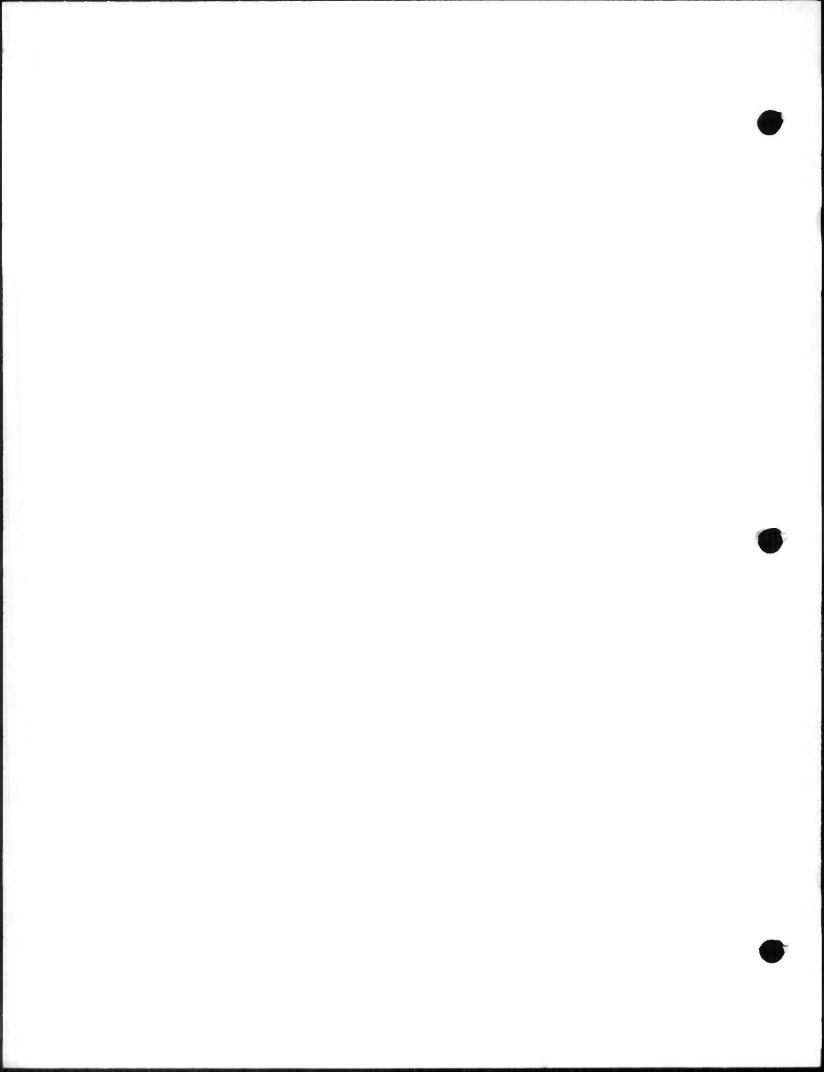
						Cert	ificate of	Death	,	Reg. No.	0 0	1630
	Dhyala	-	1. Decedent's Nama (First, Middla, Las	st)					2. Data of De	ath Day	Yaar,	3. Tima of Death
	Physici /Medi		Catherine N	1yers					OC-to		996	1414
	Examir		4a. Facility Nama (If not Institution, give	a street and number)				4b. City, Town,	or Location of Deat	4c. County	of Death	
			Washington Cour					Hagerst			hingto	n
	Funeral Director		5. Social Security Number 6. S. 219-74-8613 Usual Rasidence of Decedant	ax	e (în yrs. last		If Undar 1 Yaar Months Days		lin. (Month, De	th. Year) 3, 1922	Country)	land
	/land		10a. Stata 10b. County		10c. City, To	own or Loca	ation				10d.	fnside City Limits
	death with the Maryland ms 23a or 28a-f show r must be notified at	to	Maryland Washing	2ton	Boons	boro	13					1 ☐ Yas 2 No
	or the	Director	10e. Street and Number	,			10f. Zlp Coda			10g. Citizan of V	What Country	?
	th wil		22120 San Mar Road	d			2171.	3		USA		
020	iges 1 and 2 should be filed within 72 hours after death with the Manfan at of Health and Mental Hygiene. If item 27 is marked other than "naturel", or items 23a or 28s-f show or other traumatic event, the Modical Examiner must be nortified at	by Funeral	11. Marital Status 1 ☑ Navar Marriad 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant I Armed Forcas? 1 Yas 2 1 1 If Yas, Giva Yaar or Datas:			as Decedant of I Yas, specify Cub		(Specify Yae or No earto Rican, atc.)	Specify	a - American I ck, Whita, atc.	
0	22 ho	ted	15. Decedent's Ed	ucation	16	Sa. Decedar	nt's Usual Occup	pation	Linux Co.	16b. Kind of Bu		
Maryland 21215-0020	e filed within 7 al Hygiene. I other than "n vent, the Med	Completed	(Specify only highast grader) Elementery/Secondery (0-12) None	College (1-4or 5	+)	lifa. Do None		pation during most of a d)	working	None		
nd	tal Hygid d other event, ii	Be (17. Father's Nama (First, Middla, Last)						Nama (First, Middla	Maidan Suman	18)	
Ya	should be and Mental marked of umatic eve	2	George Myer					Cather	cine :	Reynolds	3	
Ja	2 sho		19a, Informant's Name/Ralationship (7	Type, Print)					Rural Routa Numb			
6,1	1 and 2 Health em 27 I		Diane Davis 20a. Method of Disposition				orida A		lagerstow			21740
סנ	Pages mit if it my or of		1 D∕Burial 2 □ Cremation 3 □		1		tion (Nama of tory or othar pla		Data	20c. Location -		
	rtant riuny		4 Donation 5 Othar (Specify		Res		en Ceme		10/9/96	Hagerst	own, M	Maryland
Ba	permit. Pages 1 and 2 Department of Health of Important: If Nem 27 is any injury or other tra once.		21. Smalure of Funaral Sarvice Licen-	Min	mich		rald N. neral Ho	ess of Facility Minnich Ome		. Potoma		
			23a. Part1. Entar the disaasa, or comp shock, or haart failura. List only	olications that causad	tha daath. D	o not antar	tha moda of dyl	ng, such as card	llac or respiretory a	rrest,	Ap	oproximate tarval Between
<i>J</i>	Physician /Medical Examiner	5	Immediate Cause (Final disaasa or condition rasulting in death)	· Coron	Myo	care	dial I	infarc	tion			7 hrs
	f 189	or.	The state of the s		Due to or es	a consaque	ance of):	1			1	
	uted d ansit	Examiner		b. Coron	ary	ar	tery	disc	:45e		>	lears
oʻ.	exec in an		Sequentially list conditions, if any, leading to immadiata causa. Entar Underlying Cause (Disease or Injury	Ather	Dua ye (or as	a conseque	ince or):					1000
68760,	difficete be executed ng physician and set the burial-transit	edical	that initiated events	c	Dua to (or as	a consequa	inca of):				/	ears
99	E 00	Med	rasulting in death) Last		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					
Box	eath cer ettendir for use			d							1	
	The law requires thet the death ce lte hes been signed by the ettendi page 2 should be detached for use	Physician/	Part fl. Other significant conditions co	entributing to death bu	t not rasulting	In the und	arlying causa gi	van in Part I.	23b. Did	tobacco uee co	ntribute to the	e cause of death?
P.O.	d by letach	F.	Hypercholest	toralen	n i'a				1)	Yes 2□ No	3 Probabi	ily 4□Unknown
5	signe b ed b	by	THE CHOICEST	Cr o.c.	100							4
0	requi	Completed								an autopsy rmed?	avaliat	autopsy findings ble prior to letion of cause
Records,	hes b	mpi									of deal	th?
e									10	Yas 2 No	1 □ Ya	ae 2 No
Ħ	ysician: The lav is certificate hes director, page 2	Be	25. Wes case refarred to medical axaminer?	Hospital:			Ott	hor:	Death (Check only o			
ō	0.0	. To	1 Yas 2 No	1 U Inpatiai		Outpatient Tima of	3LI DUA	4 LI NUISIN	g Homa 5 Rasi	dence 8 Oth		
o	ding th.	tion	1 Natural 5 Panding 2 Accidant invastigation	28a. Data of Injur (Month, Dey	Year)	Injury	28c. Inju Wo M 1 □	rk? Yas 2 □ No	200. Duscribe	now injury occur	60	
Division of Vital	I or Attending Physician: effer death. Director: After this certific In by the funeral director.	Certification:	3 Suicida 6 Could not be 4 Homicida determined		ry - At homa, . (Specify)	farm, stree	t, factory, office		28f. Location (City or To	Streat and Numb vn, Stata)	er or Rural Ro	outa Number,
	To the Hospital or Attending Ph. within 24 hours elier death. To the Funeral Director: After thi completely filled in by the funeral	edical C	29a. Cartifiar (Check only one) Certifying Phy	reician: To the best of iner: On the basis of and mannar sta	axamination a	ge, daath o and/or Invas	ocurred at the the stigation, in my o	ma, data and pia opinion, daath oc	ace, and dua to the ocurred at the time,	causa(s) and ma data end placa,	inner as state and dua to the	d. a cause(s)
	omple	Me	29b. Signatura and titla of cartifiar	4			29c. Licans	sa number		29d. Data signe	d (Month, Day	y, Year)
1	- s - 0		11154	1 mn			D2	1400		20tober	7.19	196
			30. Name and addrass of person who c	ompleted cause of de	ath (Itam 23a) (Type Pri	int)			20/20-1	/ 11	
			W. S. Hood	M.P.	249	MI	11 5%.	Hug	erstou	n m	d. 71	740
	Sta	te	31. Data filed (Month, Dey, Year)	QG 32 Registra	r's Signatura	Road 11			,	1	~ ~ ~	

DHMH 16 Ray 6/95

And the second BALTIMORE, MARYLAND 21215-0020

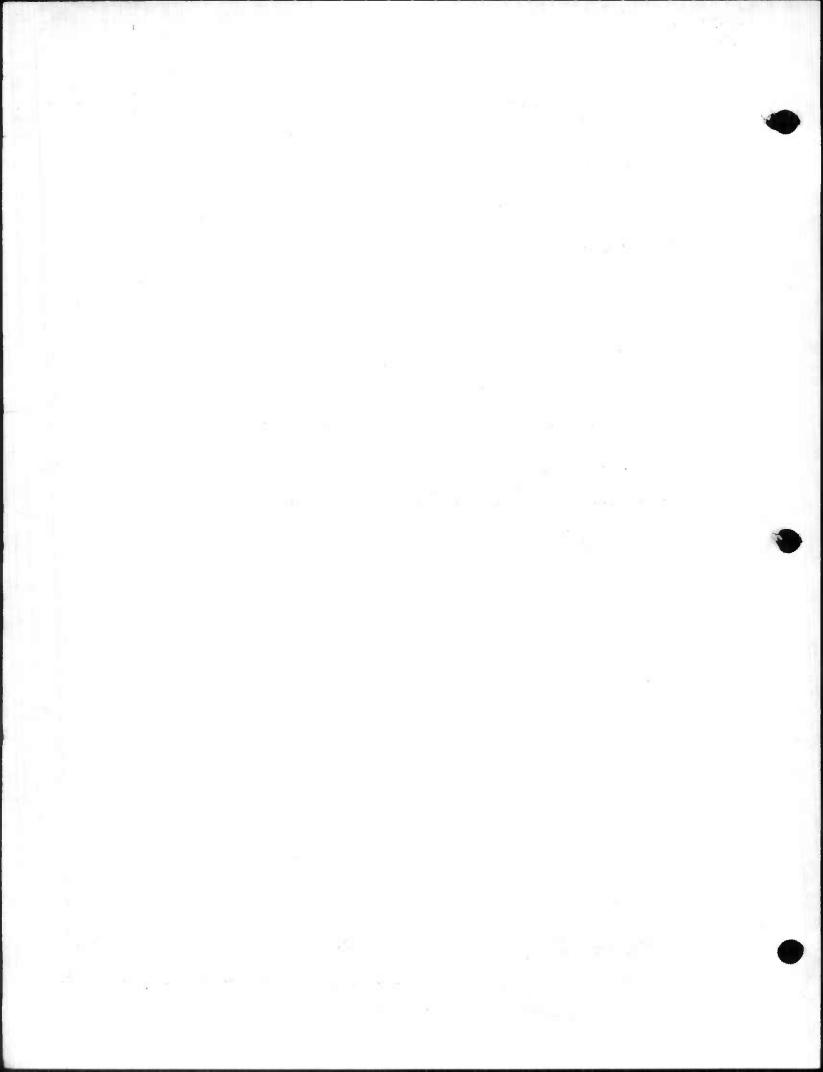
68760	
7	
89	
BOX	
0	
8	
0	
0	
Ś	
Œ	
Ö	
O	
RECORDS,	
OF VITAL	
F	1
5	
12	
ō	
7	
õ	4 2 2 2 2 2 2
Ä	
57	
DIVISION	

	REGISTRAR 1. DECEDENT'S NAME (First, Middle	le, Lest)		CHIIL	ICATE O	F DEA		REG. NO		3. TIME OF DEATN		
	Alexander St	canley Mathe	s				o	ctober 0!	**	6 11:24 A		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR MONTHS DAYS		1 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (Stete or Foreig Country)		
	105-01-6430	1 ▼M 2 □ F	3	37 YRS.			A	ugust 14	1909	Philadelphia.		
œ	9a. FACILITY NAME (If not institution		9b. CITY, TOW?		ON OF DEATI			Y OF DEATH				
CTOR	Reeders Memo	NT			Boons	oro			Wash	ington		
DIRE	· E	COUNTY			Y, TOWN OR LOC					16d. INSIDE CITY		
	Maryland Wa	ashington		Ha	gerstow	/[] 101. ZIP COD			Lan OFFITE	1 VES 2 NO		
FUNERAL	13324 Fairfax	Drive				2174			US			
N N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS D	ECENDENT (OF NISPANIC	ORIGIN? (Specify Yes		I. RACE — American Indian.		
BY I	1 Never Married 2 Merrie 3 X Widowed 4 Divorced	IF YES, GIVE V		340		ES 2 X NO		verto Rican, atc.)		Black, White, atc. Specify: White		
ED	15, DECEDENT	I'S EDUCATION	16a. I	DECEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS	INESS/INDIAS			
	(Specify only higher Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of a life. Do NOT us	work done during in retired.)	nost of world	ng	Servery Lines				
COMPL		3	sup	ervisor	technic	al serv	rice	aircraft	manufac	turing		
	17. FATHER'S NAME (First, Middle, L	•	1					(First, Middle, Melden				
8 8	Alexander 190. INFORMANT'S NAME (Type/Pri		thes	195 MAILING	ADDRESS (Street		ene	e Number, City or Town	Krisch			
	Charlotte A.	Miller						sda, Mary				
20	20a. METHOD OF DISPOSITION 1 IX Burlet 2 □ Cremation 3		20b. PLAC	E AND DATE	OF DISPOSITION (Name of				y or Town, State		
THE STATE OF THE S	4 Donation 5 Other (Special	(y)	Res	Have	n Cemet				rstown	n, Maryland		
examiner	21. SIGNATURE OF FUNERAL SERV	/ICE LICENSER	0		Gera]	AND ADDRE	ss of facili	ch 305	N. Pot	tomac Street		
	23. PART I. Enter the disease	· OI WMMC	2n		Funer	al Ho	me	Hage	rstown	n, Maryland		
y, or other traumatic event, CERTIFICATION	disease or condition resulting in desth) a.											
23 shows any injur AN: MEDICAL	PART II. Other significent con Chronic A DID TOBACCO USE C	ONTRIBUTE TO CA	pulm o	ATH YE	s NO I	use UNC	ERTAIN	PERFOR	MED?	24b. WERE AUTOPSY FINDH AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 (4 AD		
SICI,	EXAMINER?	HOSPITAL:		T	OTHER:		eldanos &	Other (Specific)				
	27. MANNER OF DEATN 1 Pandin 5 Pendin	26s. DATE OF	INJURY	26b. TIM	E DF 28c. III	JURY AT	28	d. DESCRIBE NOW IP	JURY OCCUP	RED		
의 수 [F INJURY — At I	nome, term, a	"" '	YES 2			nd Number or	Rural Route Number,		
is marked, o D BY PHY		3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28e. PLACE DF INJURY — At home, term, street, tectory, office 5 City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
m 28 is marked, o ETED BY PHY	3 Suicide 6 Could 4 Homicide determ	ined building,		29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and manner se stated.								
II ILEM 28 IS MARKEG, O WPLETED BY PHY	3 Suicide 6 Could deferm 29e. CERTIFIER (Check only 1	PNYSICIAN: To the best of	my knowledge,	death occurre	d at the time, da	te and place	, end due to t	he cause(s) and man	ner se stated.	ause(e) end manner ee state		
PORTANT: If item 28 is marked, or BE COMPLETED BY PHY	3 Suicide 6 Could deferm 29e. CERTIFIER (Check only 1	B PNYSICIAN: To the best of a XAMINER: On the beste of a	my knowledge, oxamination end/o	r Investigatio	d at the time, da	death occur	end due to to the day the time	, date and place, end	due to the c	euse(e) and manner se stated		
WPLETED BY PHY	3 Suicide 4 Homicide 6 Could determ 29e. CERTIFIER (Check only one) 2 MEDICAL E.	D PNYSICIAN: To the best of XAMINER: On the best of examiners	my knowledge, oxamination end/o	r Investigatio	n, In my opinion.	death occur	ed at the time	, date and place, end	due to the c	suse(e) end manner ee state		



State of Maryland / Department of Health and Mental Hygiene

						Certificate of	Death	,	Reg. No.	D .	26710	
	Physic	an	1. Decedent's Name (First, Middle, L	est)				2. Dete of De Month		Yeer	3. Time of Deeth	
ķ	Physici ⊮ /Medi			OSEPH	MIL	LER JR.		OCT.	3. 199		11:25	A
	Exami	ner	4e. Fedility Neme (If not institution, g	Section 19 Section 19			4b. City, Town, or		h 4c. County			
_			3800 WASHBUR		In ten Innt high	(day) If Under 1 Year	BALTIN		Balti			
	Funeral Director		5. Social Security Number 216-68-9862 Usual Rasidence of Decedent	Sex 7. Age (in the second of	In yrs. lest birth	Months Days	Hours Min	. (Month, De	th y, Year) , 1956		ece (Stata or Foreigr ry) nsylvani	
	yland		10a. Stete 10b. County	1	Oc. City, Town	or Location				10	d. Insida City Limits	
	Ba-1 st	Director	Md. Anne Ar	undel (Glen B	urnie					XXYas 2□No	
	ges 1 and 2 should be filed within 72 hours after death with the Meryland to f Health and Mental Hygiene. If item 27 is merked other than "natural", or items 23a or 28a-f show or other traumatic event, the Medical Examiner must be notified at		10e. Street and Number 8058 Phrine R	d.		10f. Zip Code 2106	1		U.S.A.	hat Count	ry?	
	items instructions	Funeral	11. Meritel Status	12. Was Decedent Eve Armed Forcas?	ar In U,S.	13. Wes Decedant of H If Yes, specify Cub	Hispenic Orlgin? (Sen, Maxican, Puer	Specify Yes or No to Ricen, etc.)	- 14. Race Bieck	- America		
020	urs aft	þ	1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1√ Yes 2 No If Yas, Give Yeer or Detes:1 C	76_80	1□ Yes ¥No	Specify:		Specify:	wh:	ite	
Maryland 21215-0020	72 ho	Completed	15. Dacedent's E (Specify only highest gi	ducetion	16e. [Decedant's Usuel Occup	petion	orkina	16b. Kind of Bus			_
121	within ene.	mpie	Elamantary/Secondary (0-12)	College (1-4or 5+)	- '	Give kind of work done life. DO NOT use retire	d)	in King				
7	e filed val Hygiel other the	S	12 17. Fathar's Name (First, Middla, Las	1	Car	penter	40 Mathada Ma	- Cina Middle	Constr	uct:	i-on	
and	d be f notal h ed of	Be							Meiden Sumeme	1)		
2	should be and Mental marked o	10	John Joseph M 19a. Informent's Neme/Reletionship		106	Meiling Address (Street	Phyllis	Sall	y Kuhn	Ptoto Zin	Codel	
Ma	od 2 shk ith and 27 Is ma		John J. Mille									
e,	permit. Pages 1 and 2. Department of Health as Important: If Item 27 Is any Injury or other traugone.		20a. Method of Disposition		20b. Piece of [58 Phrine Disposition (Name of		Dete	20c. Location - (LUO City or Tov	vn, Stete	-
Baltimore,	age: ent of rt: If i		Buriel 2 Cremetion 3 Donation 5 Other (Special	Removei from State		cremetory or other ple		0/1				
Ē	artm ortar		21. Significant of Funeral Service Lice		Unio	Cemeter 22. Name and Addre	Ss of Facility	0/6	McConne	lsbu	ırg,Pa.	
ä	Depa Impo any I		0+ 00	P	7	Burner T	rade Se	rvices				
	1000		23a. Pert1. Enter the diseese, or con shock, or heert failura. List only	plications that caused the	a deeth. Do no	1037 Dua	1 Place	Hager	stown, M	d.21	740	
3	Physician		shock, or heart failura. List only	one ceuse on each lina.				o			Interval Batween Onsat end Deeth	
	/Medical		Immediate Cause (Finel disease or condition	· HAN	2.1.1.20							
Н	Examiner		rasulting in death)		Carlo I Harris Co.	nsequanca of):						_
щ	D #	ner			a 10 (01 ab 0 00	niosquariou orj.				1		
	ortificate be executed ing physician and e as the burial-transit	Examiner	Sequentially list conditions,	b. — Du	a to (or es e co	insequence of):						_
20,	oe exe		Sequentially list conditions, if eny, leading to Immadiate ceuse. Entar Underlying Ceuse (Disease or injury	6						İ		
68760,	physic the t	edical	thet Initiated evants resulting In deeth) Lest	Due	to (or es e co	nsequence of):						
9 xo	ing e	2		d								
8	that the death or ed by the attend detached for us	Physician/								1		
o.	The law requires that the death ate hes been signed by the atter page 2 should be detached for u	ıysi	Part II. Other significant conditions	contributing to death but n	ot resulting In t	he undarlying cause giv	ven in Pert I.				the cause of death?	
0	es that the igned by be detact							10	Yee 20 No	3 Prob	ably 4 ☐ Unknow	n
Records,	uires n sign	od by						24a, Was	en eutopsy	24b. Wei	e autopsy findings	
00	w require s been si should	Completed							med?	COIT	lable prior to pletion of cause eath?	
Re	The lav	E							PEOTON I			
Viital		Be C	25. Wes cesa referred to medical				26 Place of Do	eth (Check only o		- 10	Yas 2□ No	
	ysician: s certific director,	To B	examinar? 1∰¥es 2□ No	Hospitel:	2□ EB/Outn	atient 3 DOA Oth	or		dence 6 Other	(Specify)		
Division of	£ 5 8		27. Menner of Deeth	28a. Deta of Injury (Month, Dey Ye		ne of 28c. Injur		-	now injury occurre			
0	ath. r: After	Certification:	1 ☐ Neturel 5 ☐ Pending Investigation			M 1□	Yes 2 No	SW31.	EU HAN	40	SELF	
N N	Arte de by th	tiffe	3 Suicide 6 □ Could not be determined	e age Bloom of Injury	At home, farm	n, street, fectory, office		28f. Location (S City or Tox	Street and Numbe	r or Rural	Route Number,	
	rs efter	Cer		RES	10 Call					STI	SAUTHORE	М
	To the Hospital or Attendi within 24 hours effer death To the Funeral Director: A completely filled in by the fi	edical	(Check only XXX Medical Exa	yelcian: To the best of m	y knowledge, o	deeth occurred et the tir	ne, dete end plece pinlon, daeth occi	e, end dua to the	ceuse(s) and man	nar as sta	ited.	
	the the mple	Med	29b. Signature and title of certifie	end menner steted		29c. Licans						-
	F 3 5 8	_	N/10	01 10			.M.E		OCT . 4		996	
)			Moupos Un	eynu			• F1 • E		001. 4	, 1:	, , , ,	
			30, Name and address of person who	(0017/ 11.	111	Donn Chmo	at Del		W 3	3	21201	
	Sta	0	31. Dete filed (Month, Dey, Year)	SORFU My	Signature	Penn Stre	et, Bal	ггтшоте	, maryl	.alia	21201	-
	Registra	_	OCT 0.7	1996 32. Registraria	Hudson	tendell						
			001 01	U								



State of Maryland / Department of Health and Mental Hygiene

Days

21851

10f. Zip Code

Certificate of Death

Physician
/Medical
Examiner

1. Decedent's Name (First Middle Last) JOHN FREDERICK

MCALLEN

2. Date of Death Month October

3. Time of Death 1996 1756p

Funeral

SAND ROAD 5. Social Security Number 229-70-1119

100 M 2□ F

7. Age (In yrs. last birthday).
Yrs. If Undar 1 Yaar Months

SNOWHILL if Under 24 Hrs. Houra

4b. City, Town, or Location of Death

8. Date of Birth May 19950

WORCESTER 9. Birthpiaca (State or Foreign

10d. Insida City Limits

Yes 2□No

Director

rwat be notified at

Director

Funeral

Completed by

Be

the Maryland

with

death items 2

Peges 1 and 2 should be liled within 72 hours effer dinent of Health and Mental thygiene.
Int: If Itam 27 is marked other than "natural", or item ary or other traumetic event, I'm Med call Examines.

Department of Health ar important: If Itam 27 Is any Injury or other traconce.

Physician /Medical

Examiner

pue

use as the buriel-tra

been signed by the should be detected

this certificate

As efter dea.

-al Director: After a.

-y the funerel di

To the Hospital o within 24 hours of To the Funeral D completely filled i

filled in by

Attending Physician:

Completed by

Be

2

Certification:

Medical

The law requires that the death certificate be executed

P.O. Box 68760,

of Vitai Records.

Division

Baltimore, Maryland 21215-0020

Usual Residence of Decedent 10a. State Maryland

Worcester

4e. Facility Name (If not institution, give street and number)

10c. City, Town or Location Pocomoke

10g. Chizen of What Country?

4c. County of Deeth

10e. Street and Number

11 Marital Status

2021 Wildwood Trail

10b. County

12. Was Decedent Evar in U,S. Armed Forces? 12 ves 2 No If Yes, Give / 970-/974 Yaar or Dates:

 Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ Yas 2 No Specify:

 Race - American indian, Black, White, etc. Specify: Write

15. Decadent's Education (Specify only highest grade completed) Elementary/Secondery (0-12)

3 ☐ Widowed 4 ☐ Divorcad

1 Nevar Married 2 Married

Sollege (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Electronics Technician

16b. Kind of Business/Industry N.A.S.A.

(hinco teague, Virginia

Approximete Interval Betw Onset and Death

17. Father'a Name (First, Middle, Last)

John Richard McAllen

18. Mothar's Name (First, Middle, Maidan Surname)

19a., Informant's Name/Relationship (Type, Print)

20a. Method of Disposition

20b. Place of Disposition (Name of cemetery, crematory or other place)

19b Mejling Address (Street and Number or Rugal Route Number, City or Town, State, Zip Cod) 12021 Nicawod I nair, Pocomo Re, Waryland 21851 20c. Location - City or Town, State

t Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

Bunting (emetery

22 Name and Address of Facility
Salyer Funeral Home

21. Signature of Funeral Servica Licensee

23a. Part1. Enter the disease, or complications that caused the death. Do no shock, or heart failura. List only one cause on each lina.

Chinco teague, Virginia 2333 enter the mode of dyling, such as cardiac or respiratory errest, Virginia 23336

Immediate Cause (Final disease or condition resulting in death)

Due to (or es a consequence of):

Due to (or es a consequença of)

Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.

23b. Dfd tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24b. Were autopsy findings available prior to completion of cause of death?

24a. Was an autopsy performed?

1 Wes 2 No

25. Wes case referred to medical 1 XYes 2 No

28a. Date of Injury (Month, Day Year)

10.5.96

28b. Time of

Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Other: 4 Nursing Homa 5 Residence 8 Pether (Specify) 28c. Injury et Work? 1 Yes 2 No

28d. Describe how injury occurred ported -Durang

29a. Certifier

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

Workester G.

(Check only 29b. Signature and

27. Manner of Deeth

1 Natural

2 Accident

3 Sulcide

4 | Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner es stated.

1 Pedical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and mannar stated. 29c. Licensa number title of certif

O.C.M.E.

29d. Date signed (Month, Day, Year) OCTOBER 6, 1996

30. Name and Aldr m who completed cause of death (Item 23a) (Type, Print)

5 Pending Investigation

6 Could not be determined

111 Penn Street, Baltimore, Maryland 21201

28. Place of Death (Check only one)

State Registrar

31. Date filed (Month, Day, Year) OCT 08 1996 32. Registrar's Signatura alt Daveler Radall

celling.

superior of they are

March June - No 1945

samonačes kanačeka sa sa sa

BARCI VER

The state of the s

Training the state of the state

all the second of the second of the

The state of the s

9	C	2	0	0
2	O	3	6	7

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Day Yaar ROBERT STEWARD OCT. 11, MOORE 1996 0110 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner UNIVERSITY HOSPITAL S.T.U BALTIMORE CITY If Under 1 Year | ff Undar 24 Hrs. | Months Days Houra Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Oct. 3, 1968 9. Birthplace (State or Foreign Country)
Maryland **Funeral** Months 10XM 2□ F 215-84-5488 Director 28 Usual Residence of Decedent the Meryland 10a. State 10b. County 10c. City. Town or Location 28a-f show 10d. Inside City Limits Examiner must be notified at MD Baltimore Parkton 1 ☐ Yes 2X No Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 19200 York Road 21120 U.S.A. items 23a death Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian. Pages 1 and 2 should be filed within 72 hours efter of and of Mathla hygiene.
Int: If Item 27 le marked other than "natural", or ites iny or other traumalic event, in a Maillet Examine.
Iny or other traumalic event, in Biack, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: White 1 Yas 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced If Yes, Give Year or Dates: Completed 15. Decedent's Education (Specify only highest grade complated) 16a. Decedent's Usuai Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Industrial Construction 10 Construction 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be James S. Price Ollie M. Thomas 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. fnformant's Name/Relationship (Type, Print) Ollie M. Price 19200 York Rd., Parkton, MD 21120 20a. Method of Disposition 20b. Piaca of Disposition (Name of Oct. 14 20c. Location - City or Town, State First Baptist Cemetery Of Hereford 1 Burlai 2 Cramation 3 Removal from State Department of Important: If any Injury or once. 4 Donation - Course (Specify) 1996 Hereford, MD 21 Signature of Fameral Sec 22. Name and Address of Facility J.J. Hartenstein Mortuary, Inc. 24 Second St., New Freedom, PA 17349 the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medicai Immediata Cause (Final Fun Shot of chest wounds disease or condition resulting in death) Examiner Due to (or as a consequenca of): Examiner The law requires that the death certificete be axecuted Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as e consequence of): P.O. Box 68760. physician Physician/Medical the Due to (or as a consequence of): USA es Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, ģ page 2 should Completed 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? peed certificate has 10 Yes 2 No 19Yes 2□ No Division of Vital Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one)

XYes 2□ No

27. Manner of Death 5 Pending 1 Natural 2 Accident 3 Sulcide 4 Homicide

Investigation 6 Could not be determined

28a. Dete of injury (Month, Day Year) 28b. Time of 10-11-96 28e. Piaca of fnjury - At home, farm, street, factory, office building, etc. (Specify)

Street

00 37M

Othar: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 28c. Injury at Work? 1 Yes 2 No

28d. Describe how Injury occurred subject Shot

28f. Location (Street and Number or Rural Route Number, City or Town, State) \$ 300 bW York Rd York Rd.

29a. Certifier (Check only one) 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and manner as steled.

XXMedical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29c. License number

29b. Signature and title of certifier

O.C.M.E

29d. Data signed (Month, Day, Year) OCT. 11, 1996

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

DAVID R. FOWLER 111 Penn Street, Baltimore, Maryland 21201

State Registrar

/dal or Ah.

Jours after death.

*rel Director: After h.

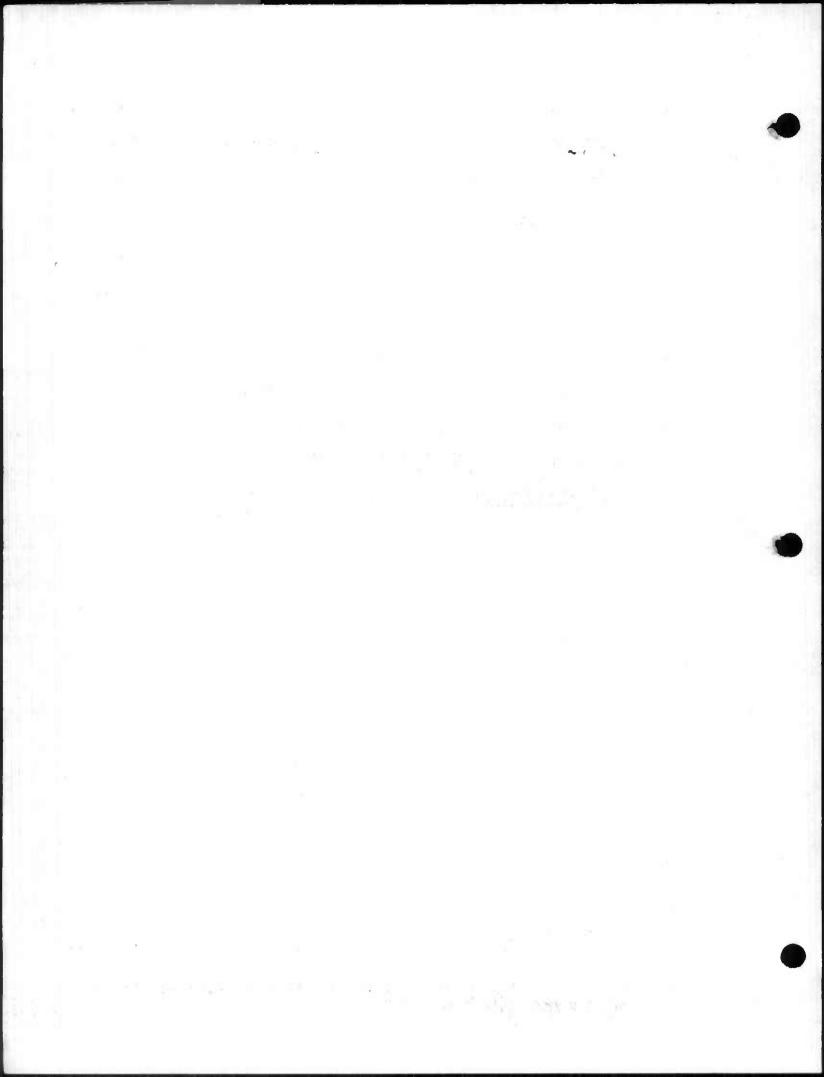
*In by the funeral dir

To the Hospital or within 24 hours aff To the Funeral DI

P

Certification:

Medical

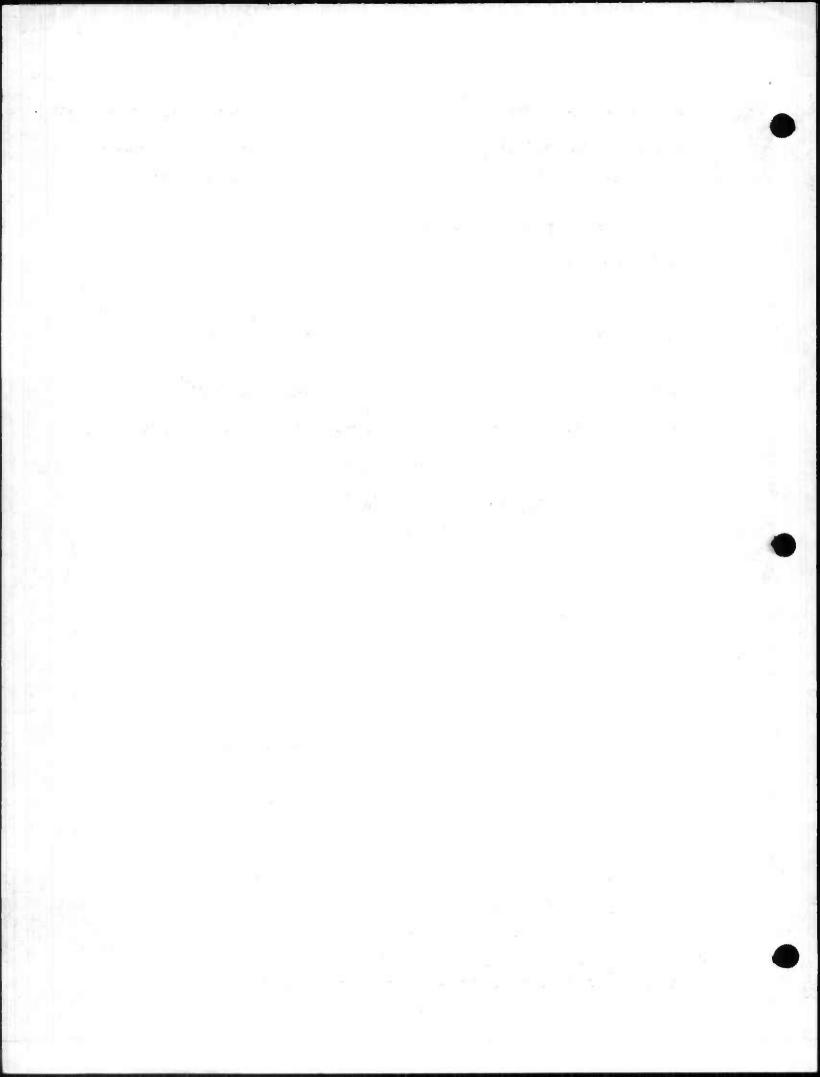


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Dey **Physician** Sterling Elwood PLOTNER 1996 11:50PM October /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Ravenwood Lutheran Village Hagerstown
r If Under 24 Hrs.
s Hours Min. Washington If Under 1 Year Months Days 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1XM 2□ F Months Yrs 705-05-9292 79 Director October 7, 1916 WV Usual Residence of Decedent with the Meryland 10a. State 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner nast be notified at 10d. Inside City Limits Director 1X Yes 2 No MD Washington Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Examiner Issuel once. 21740 Funeral 1183 Luther Drive 12. Was Decedent Ever In U.S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. Armed Forces 1 Never Married 2 Married 1 ☐ Yes 2 No Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by 3 Widowed 4 Divorced Year or Dates: White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Eiementary/Secondery (0-12) Coilege (1-4or 5+) Carpenter Construction 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be 2 Charles Plotner Minnie Mae McCarty 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Delores I. Plotner/ Wife 20b. Place of Disposition (Name of cametery, cramatory or other place)

126 Fairground Avenue Hagerstown, MD 21740

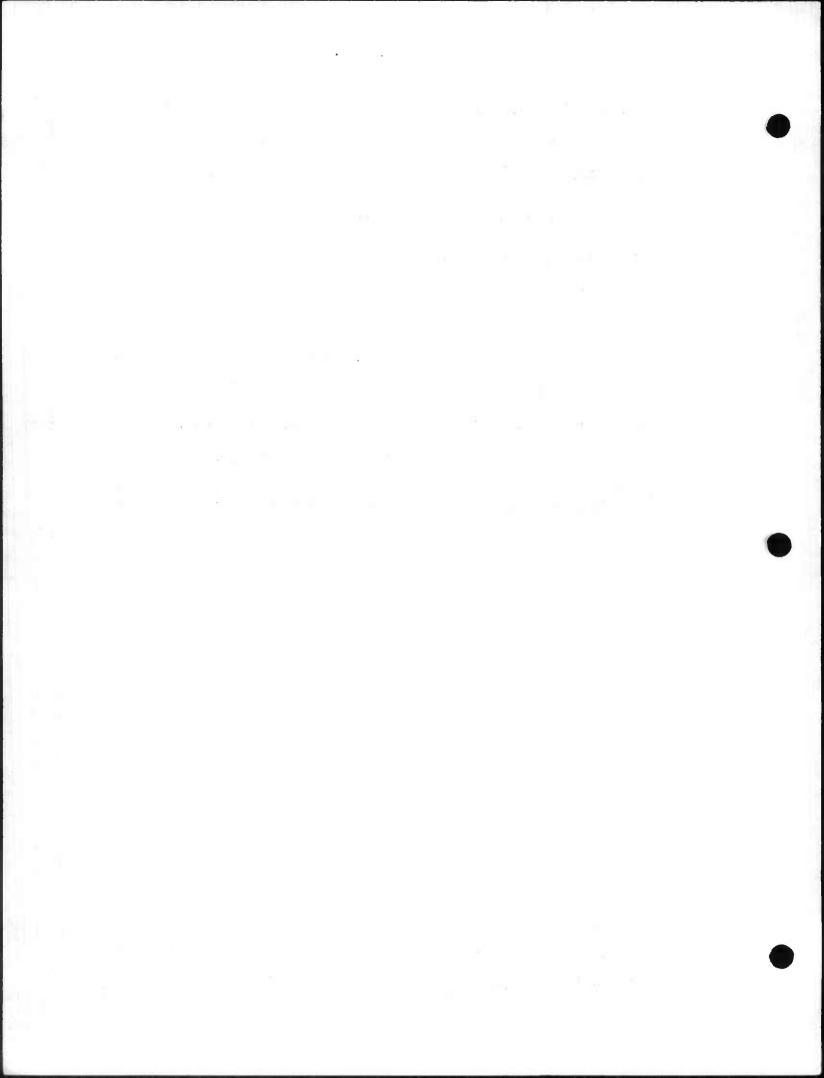
Date 20c. Location - City or Town, S 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetlon 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Alpine U.M. Cemetery 10/4/96 Berkeley Springs, W 25411 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Grove Funeral Home, P.A. P.O. Box 368 Hancock, MD 21750

That caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, and a second such as cerdiac or respiretory arrest arrest arrest arrest and a second such as cerdiac or respiretory arrest ar Low .6 23a. Part1. Enter the disease, or complicate shock, or heart feilure. List only one care Approximate Interval Between Onset and Deeth **Physician** /Medicai Immediate Cause (Final diseese or condition resulting in deeth) Pulmany change obttende no Examine Due to (or es a consequence of): Examiner physician and s the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Box 68760 Physician/Medical Due to (or as a consequence of): USB BS ettending s for use as P.O. ed by the deteched Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Sunknown Anteriordente Cardiovana signed t Records, þ Be Completed 24a. Was an autopsy performed? 24b. Were autopsy findings svailable prior to completion of cause of death? Dietety mallita page 2 this certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital 25. Wes cese referred to medical examiner? 28. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Date of Injury (Month, Day Year) 27. Manner of Death Hospital or Attending Pt 124 hours after death.
 Funeral Director: After the letely filled in by the funeral Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation Division 1 ANatural 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled 29a. Certifier Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the ceuse(s) and manner as stated. 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred at the time, dete and place, and due to the ceuse(s) and manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) tonthe mo OU- 2, 1996 D18019 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Dr. Vasant Datta 334 Mill Street Hagerstown, MD 31. Date flied (Month, Day, Year) 32. Registrer's Signeture State Registrar



State of Maryland / Department of Health and Mental Hygiene 96 3 | 296

						Ce	ertificate of	Death		Re	g. No.		01250
	Physic	ian	1. Decedant's Nama (First, Middla, L							2. Data of Death Month	Day	Yaar	3. Time of Death
J	/Medi		KATHRYN M							10	6	96	1837
P	Examir	ner	4a. Facility Nama (If not institution, g Atlantic Gen							cation of Death	4c. Count		
H				Sax	•	n <i>yrs. last birthd</i> ay	If Undar 1 Yaar		rlin 24 Hrs.	8 Data of Birth		ceste	
	Funeral Director		578-20-8390 Usual Residence of Dacedant	1□ M 2□ X F	7	Yrs.	Months Days	Hours	8. Data of Birth (Month, Day, 12/22)	Year) / 24	Cour	olaca (Stata or Foreign oftry)	
	filed within 72 hours after deeth with the Meryland Hygiena. ther than 'natural', or flems 23a or 28a-f ahow ent, the Medical Examiner must be notified at	ctor	MD 10b. County Wo	rcester	10	oc. City, Town or L Be	eriin					1	0d. Inside City Limits 1 ☐ Yas 그 No
	or 28	Director	10e. Street and Number				10f. Zip Coda			10	g. Citizan of	What Cour	ntry?
	eth w	ral	#3 Fisherman D				218		_		US		
	Per de	Funeral	11. Maritai Status	12. Was Dece	orces?	r in U,S. 13	Was Decedant of If Yas, specify Cub	Hispanic Ori pan, Maxican	gin? (Spe , Puarto	ecify Yas or No- Rican, atc.)	14. Fla	ce - Amaric ck, Whita,	an Indian, atc.
)20	Irs aft	by F	1 ☐ Navar Marriad 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas If Yas, Giv Yaar or D	va.		1□ Yas 2€ No	Specify:			Specif	y: W	nite
21215-0020	2 hou	be	15. Decedant's	Education		16a. Dec	edant's Usuai Occu	pation		1	6b. Kind of B	usiness/In	dustry
218	Bn n	ple	(Specify only highast g Elementery/Secondary (0-12)	rade completed) Coltaga (1	1-4or 5+)	(Giv lifa.	a kind of work done DO NOT use retire	during most ed)	t of worki	ng			
	ygien Fr th	Completed	12	- 0			Housewi	1				ome	
Maryland	should be filed within 72 hours aft nd Mental Hygiena. marked other than "natural", or umatic event, the Medical Exami	To Be	17. Fathar'a Nama (First, Middla, Las Gordon L. Kin	*						M. Wern		na)	
	2 9 9 9		19a. Informant's Name/Ratationship Larry Pizza,				ling Addrass <i>(Stree</i> Fishermar						MD 21811
Baltimore,	Peges 1 and nent of Health int: If item 27 iry or other ti		20a. Mathod of Disposition 1 Burlal 2 Cramation 3 4 Donation 5 Other (Spec		Stata	Sunset	position (Nama of omatory or other pie Memorial	Park	10/	- 233	Oc. Location Berlin		
alti	- 5 5 5 -		21. Signature of Service Lice	**		- 2	22. Nama and Addr	ass of Facilit					
0	Depariment of the same of the		W. X11 4	3. 1.0			108 Willi	ams S	Bu t. B	rbage F Berlin, M	unera	i Hom 811	ne
			23a. Parti. Enter the disease, or con shock, or healt talure. List onl	mplications " t c	ausad tha	daath. Do not er	ntar tha moda of dy	ing, such as	cardiac o	or respiretory arre	st,		Approximete Interval Batween
d	Physician		Cot on	U	arcor in ita.		Λ .	_					Onsat and Death
1	/Medicai Examiner		Immediata Causa (Finat diseesa or condition rasulting in daath)		0000	wy	Artin	()(5	rev	~			
		5	rasoning in deatily		Due	a to (or as a conse	equance of):	n 0	0			i i	
	ned insit	Examiner		b	1/1	chily	er M	ell	lu			-	
ć	eath certificata be executed attending physician and for use es the burial-transit	Exa	Sequentially list conditions, if any, leading to immadiata causa. Entar Underlying Causa (Diseesa or injury		Dua	to (or as a conse	equence of):						
68760,	ita be ysicie	cal	Causa (Diseesa or injury that initiated evants rasulting in death) Last	C	Dua	to (or as a conse	quanca of):						
39 x	ntifica ng ph	Medical	rasuning in death) Last									1	
Boy				d								1	
0	b ed hed	Physician	Part tt. Other significant conditions	contributing to de	eath but no	ot rasulting in tha	undarlying causa gi	ivan in Part I.		23b. Dld tot	DACCO USO CO	entribute to	the cause of death?
0	that the ed by detac		Breen	1						1 □ Ye	8 2 No	3 Proi	bebly 4 Unknown
of Vital Records,	sign d be	d by								24a. Was an	autonev	24b. W	ara autopsy findings
00	v requir been s should	ete								perform	ed?	00	ailable prior to mpletion of causa death?
Re	The lew ate hes b page 2 s	Completed								1 □ Ya	s 20XNo		Yas 2□ No
ta		Be C	25. Was casa rafarred to medical					26. Place	of Death	(Check only one		110	3160 2010
\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \	0 D	Tole	axaminar? 1 ☐ Yas 2 No	Hospital: 1 ☐ t	npatient	2 ER/Outpatie	ent 3 DOA Ot	har _		na 5 🗆 Rasidar		nar (Specif	(v)
			27. Menner of Death 1 Netural 5 □ Panding	28a. Date of	of Injury th, Dey Ye	28b. Tima Injury	of 28c. Inju	ry at	2	28d. Dascribe hov	w injury occur	rred	
Sio	tendi leeth. tor: A the fu	cati	2 ☐ Accidant invastigation 3 ☐ Suicida 8 ☐ Could not	ha U GC	296			Yas 2 1					
Division	al or At s after o	Certification:	4 Homicida datarmine	d Zoe. Place	of injury - ng, atc. (S	At homa, farm, s	traat, factory, office		1	28f. Location (Str. City or Town,	aat and Numi Stata)	ber or Rura	i Routa Number,
	To the Hospital or Attending within 24 hours after deeth. To the Funeral Director: After completely filled in by the fune	edicai (29a. Cartifiar (Check only one) 1 Certifying P	iminar: On tha ba	best of my asis of axa nar statad.	y knowledga, daa imination and/or ii	th occurred at tha ti nvastigation, in my	ima, data and opinion, daal	d place, a	and dua to tha ca ed at tha tima, da	use(s) and m ta and place,	ennar as s and dua to	tated. o tha cause(s)
	To th To th comp	Me	29b. Signatura and title of certifier		^		29c. Lican	sa number		29	d. Data signe	ed (Month,	Day, Year)
		6		V 1	V()		1940	494	6	(0.6.	960	
		,	30. Name and addrass of person with	ansin	0	MO	, Print)	H . 9	733	Healthwa	ay Dr.	Ber 21811	lin, MD
	Sta Registr		31. Data filed (Month, Day, Year) OCT 0 8 1996	32, Re	egistrar's	Signatura Lor Royall							



State of Maryland / Department of Health and Mental Hygiene Q 6 2 1 2 0 7

						Certificate of	Death	,	Reg. No.	U	01291
	Dhualai		1. Decedent's Neme (First, Middle, La	ist)				2. Date of Dea		Year	3. Time of Death
	Physici /Medi		Jchn Hobbs	Rogers, J	r.			Sept	30 1	291	2020
	Examir		4e. Facility Name (If not institution, giv	100000000000000000000000000000000000000				Location of Death			
			104 Belvedere				Cambr		D		nester
	Funeral Director		220-20-2581	7. Age (i	n <i>yrs. last birt</i>	hdey) If Under 1 Yea Months Day:		8. Date of Birt (Month, Day Apr. 1	8 , 192	9. Birthp	place (State or Foreign
	pus *		Usual Residence of Decedent 10a. State 10b. County	11	Oc. City, Town	or Location				1	Od. Inside City Limits
	/anyla	ō	Maryland Dorch			Cambri	dae				Yas 2 No
	the the north	Director	10e. Street and Number		<u>.</u>	10f. Zip Code		T	10g. Citizen of V	Vhat Cour	ntry?
	3a or	0	104 Belvedere	Avenue		216	13			.S.	
	death with the Maryland ma 23a or 28a-f show mast be notified at	Funeral	11. Marital Status	12. Was Decedent Eve	er in U,S.	13. Was Decedent of If Yes, specify Cu	Hispanic Origin? (5	Specify Yes or No-	14. Rac		can Indian,
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Heath and Mental Hygiene. Important: if item 27 is marked other than "natural; or itema 28a or 28a-4 show may injury or other traumatic event, the Modical Eventiner must be notified as an	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 2 Yes 2 No If Yes, Give Year or Dates: 1 9	46-49	1 ☐ Yes 2 2 No		no Hican, etc.)	Specify	k, White,	etc. nite
5-0	72 ho	Completed	15. Decedent's Ed (Specify only highest gra		16a.	Decedent's Usual Occu	upation	orkino	16b. Kind of Bu	siness/In	dustry
2	ithin a	nple	Elementary/Secondary (0-12)	Coilege (1-4or 5+)		(Give kind of work done life. DO NOT use retir		anny	n a		: a.n
5	Mer th	ပိ	12	06	Ea	ucator/Di				cat:	LOII
Maryiand	Mentai F Mentai F Irked ott	To Be	17. Father's Name (First, Middle, Last, John Hobbs		r.		Hel	me (First, Middle, en Pri		16)	
Jar	2 sho		19a. Informant's Neme/Relationship (Malling Address (Street					,
a)	and lealth m 27		William B. Gail			319 Songh	oira Crt				
Baitimore,	H Me		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐		20b. Place of cemeter	Disposition (Name of y, cremetory or other pi		Date	20c. Location -		
Ħ	t. Pa ffmer flant:		4 Donetion 5 Other (Specif	y)	Cambr	idge Crem	4	10-4	Cambri		
Ba	Depa Depa Impo any is		21. Signatifie of Funeral Service Licer	en Born	well	22. Name and Add Curran-E 308 High					.A. 1613
J			23a Part f. Enter the disease, or com	plications that ceused the	death. Do r						Approximate interval Between
	Physician		Constitution and secondarity of	Δ σ						i	Onset and Death
18	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting In death)	. Asev	D						lukrom
l.		-		Du	e to (or as a o	consequence of):				i	
	nsit	Aedical Examiner		b. ——————						i	
,	rificate be axecuted 19 physician and 18 the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury	Du	e to (or as a c	consequence of):				1	
68760,	te be ysicia	cal	that initiated events	C. Due	e to (or as a c	onsequence of):					
Box 68	law requires that the death certificate be axecuted as been signed by the attending physician and a 2 should be detached for use as the burlal-transit	n/Med	resulting In death) Last	d							
00	death e atte	Physician/	Part II. Other algoliticant conditions of	ontributing to death but n	ot resulting In	the underlying cause of	iven in Part I.	23b. Did t	obacco usa cor	ntribute to	the cause of death?
P.O.	of the	hys						103	,		bably 4 Unknown
	es the	by F						-			
Records,	aw requires that the death cells been signed by the attendir	Completed						24a. Was perfo	an autopsy med?	CO	ere autopsy findings allable prior to impletion of cause death?
æ	The lav	E						100	es 213No		□Yes 2□ No
ta	ician: Th	0	25. Was cese referred to medical				26 Place of De	ath (Check only o			2700 2270
<u> </u>	0 0	To B	examiner? 1 DYes 2 □ No	Hospitel:	2 ER/Out	tpatient 3 DOA	ther: 4 Nursing	,	lence 8 Oth	er (Specif	iv)
Division of Vital	5 5		27. Manner of Death 1 □ Naturai 5 □ Pending 2 □ Accident investigation	28a. Date of Injury (Month, Dey Yo		ime of 28c. Injury		1	ow injury occurr		
Oivisi	f or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be determined		- At home, fai Specify)	rm, street, factory, office		28f. Location (S City or Tow		er or Rura	al Route Number,
	pital ours a eral filled		29a. Certifier 1☐ Cartifying Ph	ysician: To the best of m	w knowledge	death accurred at the	ime date and place	a sad due to the	ouro/s) and ma	22222	tated
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	ledical	(Check only one) 2 Medical Exam	niner: On the basis of ex and manner stated	amination and	Vor investigation, in my	opinion, death occ	urred at the time, o	date and place,	and due to	o the cause(s)
	Neith of the second of the sec	Σ	29b. Signature and title of certifier	700-	. 1 4		nse number		29d. Dete signed	d (Month,	Day, Year)
	.a		WINGO	celle	avo	DA	6385		oct 4	,/	996
1	1		30. Name and address of person who	Freden) Mas	Type, Print) 302 C	Pollins	Her	lock	md_	21643
	Sta Registr	_	31. Date filed (Month, Dey, Year)	32. Registrar's	Signeture	2.11					
	negistr	QI	001 _ 1 13	JUL JULIA	martin, M	ardoul					

DHMH 16 Rev 6/95

(g) V *t* . Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 6 3 | 2 9 8

December 1, March From Links Links						C	ertifica	te of	Death		Reg. No.		1 4 5 6
The Lina Virginia RESH Examiner A Racky three (from Anthony per severe and mode) A Racky three (from Anthony per severe and mode) A Racky three (from Anthony per severe and mode) A Racky three (from Anthony per severe and mode) A Racky three (from Anthony per severe and mode) 219-05-2982 100 2011 2012 17 Ag (yry and believed) 100 Severe and Anthony 100 Copy, Town of Location 100 Severe and Anthony 100 Copy, Town of Location 100 Severe and Anthony 100 Copy, Town of Location 100 Severe and Anthony 100 Copy, Town of Location 100 Severe and Anthony 100 Copy, Town of Location 100 Severe and Anthony 100 Copy, Town of Location 100 Severe and Anthony 100 Copy, Town of Location 100 Severe and Anthony 100 Copy, Town of Location 100 Severe and Anthony 100 Copy, Town of Location 100 Copy,			1. Decedent's Nama (First, Middl	a, Last)						2. Data of De	ath	V	3. Tima of Death
## Sealth Many (Food antibution, pore sized and number) ## Washington Country Nonether Live (Food Nonethern Sealth Many 1 (1995) ## Washington Country Nonethern Sealth Many 1 (1995) ## Washington Country Nonethern Sealth Many 1 (1995) ## Washington Nonethern Sealth Many 1 (1995) ## Washington Country Nonethern Sealth Many 1 (1995) ## Washington Country Nonethern Sealth Many 1 (1995) ## Washington Country Nonethern Sealth Many 1 (1995) ## Washington Many 1 (1995) ## W			Thelma	Virginia Rī	ESH					- 1 1		1991	5:06 PW
Mashington Country Hospital Mashington Country Hospital 10 Loder 19am History 2 1 Mashington Country Hospital 10 Loder 19am History 2 1 Mashington Country Hospital 10 Loder 19am History 2 1 Mashington Country Hospital 10 Loder 19am History 2 1 Mashington Country Hospital 10 Loder 19am History 2 Mashington Country Hospital 10 Loder 19am History 2 Mashington Country Hospital 10 Loder 19am History 2 Mashington Country Hospital 10 Loder 19am History 2 Mashington Country Hospital 10 Loder 19am History 2 Mashington Country Hospital 10 Loder 19am History 2 Mashington Country Hospital 10 Loder 19am History 2 Mashington Country Hospital 10 Loder 19am History 2 Mashington Country Hospital 10 Loder 19am History 2 Mashington Country Hospital History 2									4b. City, Town, or			inty of Death	C.or.
South Search Number of Department of Teacher Number of Department of Teacher Number of Department of Teacher Number of Department of Teacher Number of Department of Teacher Number of Department of Teacher Number of Department of Teacher Number of Department of Department of Teacher Number of Department of Dep			Washingto	n County Ho	nenita	1			Hageret	OWD	Wa	chinat	on
The control of the state of the control of the cont	Funeral								If Undar 24 Hrs	8. Data of Bir			
Usual financian of Discooling Total States			219-05-2982	1□M 2∏F	76	Yrs.	Months	Days	Hours Min				
Donovan L. Resh — Son 218 Clairborne White Lake, Michigan 48383 20a Mando of Disposabon 1 Minural 2 Clamanian 3 Clairance from Salas 20a Location - Gry or Town Sala	D				7.0					may 15	13.40	Mai	yranu
Donovan L. Resh — Son 218 Clairborne White Lake, Michigan 48383 20a Mando of Disposabon 1 Minural 2 Clamanian 3 Clairance from Salas 20a Location - Gry or Town Sala	ylan ylan		10a. Stata 10b. County		10c. City	, Town or	Location					1	Od. inside City Limits
Donovan L. Resh — Son 218 Clairborne White Lake, Michigan 48383 20a Mando of Disposabon 1 Minural 2 Clamanian 3 Clairance from Salas 20a Location - Gry or Town Sala	Me I	ţō	Maryland Wa	shington		T	lacers	town					1X Yas 2 No
Donovan L. Resh — Son 218 Clairborne White Lake, Michigan 48383 20a Mando of Disposabon 1 Minural 2 Clamanian 3 Clairance from Salas 20a Location - Gry or Town Sala	r 284	9		DILLING COLL			-				10g. Citizan	of What Cour	ntry?
Donovan L. Resh — Son 218 Clairborne White Lake, Michigan 48383 20a Mando of Disposabon 1 Minural 2 Clamanian 3 Clairance from Salas 20a Location - Gry or Town Sala	Sa o		7 Mo11or Arron					217/	0		II C	A	NUT DO
Donovan L. Resh — Son 218 Clairborne White Lake, Michigan 48383 20a Mando of Disposabon 1 Minural 2 Clamanian 3 Clairance from Salas 20a Location - Gry or Town Sala	Pa 2	era			nt Evar in U.:	S. 1				Specify Yas or No			can Indian.
Donovan L. Resh — Son 218 Clairborne White Lake, Michigan 48383 202. Place of Disposition (Numary of Communication (Numa	ter de	15		Armed Force	5?		if Yas, spe	cify Cub	an, Maxican, Puar	to Rican, atc.)			
Donovan L. Resh — Son 218 Clairborne White Lake, Michigan 48383 202. Place of Disposition (Jumps of Jumps 2 2			If Yas, Giva			1 ☐ Yas	2 🗓 No	Specify:		Spe	ecity: Wh	ito	
Donovan L. Resh — Son 218 Clairborne White Lake, Michigan 48383 202. Place of Disposition (Jumps of Jumps u				3.	16s Do	andant's He	ual Occur	nation		16h Kind o			
Donovan L. Resh — Son 218 Clairborne White Lake, Michigan 48383 202. Place of Disposition (Jumps of Jumps 72	et	(Specify only higha	st grada complated)		(Gi	iva kind of w	ork dona	during most of wo	orking	TOU. KING U	A DUSINGSS/III	dustry	
Donovan L. Resh — Son 218 Clairborne White Lake, Michigan 48383 202. Place of Disposition (Jumps of Jumps ge 1	E G			or 5+)				-			>//		
Donovan L. Resh — Son 218 Clairborne White Lake, Michigan 48383 202. Place of Disposition (Jumps of Jumps to 10	ပိ				58	iles P	erso		ma (Finnt Adiable			slon	
Donovan L. Resh — Son 218 Clairhorne White Lake, Michigan 48383 20a, Mandot of Disposable 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Clai	d 2 should be filed within 72 hours ef th and Mental Hygiene. 7 is marked other than "naturel", or traumatic event, the Maylical Exant	Be		•								nama)	
Donovan L. Resh — Son 218 Clairhorne White Lake, Michigan 48383 20a, Mandot of Disposable 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Cloramation 3 Clairhorne Situation 1 (Minural 2 Clai	Mer Mer marks	2		*					Iren	e Hanswr	ote		
1 Subtract Subtrac	and and s m		19a. Informant'a Name/Raiations	hlp (Type, Print)		19b. Ma	ailing Addras	is (Straat	and Number or R	ural Routa Numbe	er, City or To	wn, Stata, Zip	Code)
1 State St	end palith 27		Donovan L. Re	sh - Son					ne Whi	te Lake,	Michi	gan 4	8383
Cedar Lawn Memorial Park 10-11-96 Hagerstown, Md. Cedar Lawn Memor	- ± = 5				00	lace of Dis	sposition (Na	ma of	ca)	Data	20c. Location	on - City or To	own, Stata
23a. Part I. Ehlar the disease, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or resipiratory arrest. Agrophic Agrophi	ormit. Peges 1 er Department of Hea mportant: if Item 2 nny injury or other IDCE.				ta		,		·	10-11-9	6 Цаа	orator	m Md
239. Part 1. Either the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or resipiratory arrest. Agrocimation of the disease of complications that caused the death. Do not antar the mode of dying, such as cardiac or resipiratory arrest.	ortan inju				UEI	ual I				10-11-3	U nag	erstow	III, FIG.
23a. Part I. Ehlar the disease, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or resipiratory arrest. Agrophic Agrophi	Dep de A		1 2	m		0	Minni	ch F	uneral H	ome			
Physician (Medical Examiner Medical Examiner) The property of the property of			- Scou	101 lun	neep	9	415 E	. Wi	lson Blv	d. Hage	rstown	, Mary	
Physician (Medical Examiner Medical Examiner) The property of the property of			23a. Part1. Entar the disaasa, or shock, or heart fallura. List	complications that cause only ona cause on aach	sed tha daath ina.	. Do not	antar tha mo	de of dylr	ng, such as cardia	c or respiratory a	rrest,		Approximate Interval Batween
Securities Sec													Onset and Death
Due to (or as a consequence of): Due to (or as a consequence of):			disaasa or condition	(AS)	201H	Tes	521M	21	Alest	1			(dans
Due to for as a consequence off: Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part II. Part II. Other algnificant conditions contribute to the cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause o	Examiner		resulting In death)	a. O. 1 1					Dur				
Due to for as a consequence off: Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part II. Part II. Other algnificant conditions contribute to the cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause o	D #	ner		GAS	TRIC	~	201	(65	S -	•			2 year
Due to for as a consequence off: Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part II. Part II. Other algnificant conditions contribute to the cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause of death Unknown contribution cause o	cute	a a	Sequentially list conditions.	Ь.		as a cons	sequence of	:	,		_		()
Due to (or as a consequence of): Common of the common o	an a		if any, leading to immediate cause. Enter Underlying	Cin.		5 (-	- (5501	2N 8 201	120m		100
25. Was casa referred to medical axaminer? Table 1 Table 2 No	ysicl be bu	cal	that initiated evants	0		as a cons	equanca of)) / 101	0 2 1 0		-	- '- A'
25. Was casa referred to medical axaminer? Table 1 Table 2 No	iffica g ph	Pe	resuring in death) Last	C	•		,			,			
25. Was casa referred to medical axaminer? Table 1 Table 2 No	ndin use			d	NON	104	MO	ne	(201)	15-60	787		
25. Was casa referred to medical axaminer? Table 1 Table 2 No	a atte	cia	Part II Other elanificant condition	una contributing to doot	but not man	Man In the	t under de de e	anuna ah	ron in Cont I	ook Did	labana	namedbuile t	a the same of death!
25. Was casa referred to medical axaminer? Table 1 Table 2 No	the y	ys						causa gn	ven in Part I.		/		
25. Was casa referred to medical axaminer? Table 1 Table 2 No	that ded		CHRO	NIC BRO	Sun	cony	K	ann	(Hum	11chs	Y08 20 N	10 3 LI Pro	Debly 4 ☐ Unknow
25. Was casa referred to medical axaminer? Table 1 Table 2 No	or Attending Physicien: The law requires the after death. Jeffector: After this certificate hes been signed in by the funeral director, page 2 should be							/		24s Was	an autonsy	24b. W	ara autoosy findinos
25. Was casa referred to medical axaminer? Table 1 Table 2 No	per peed should	ete								perfo	rmed?	87	allabla prior to implation of causa
25. Was casa referred to medical axaminer? Table 1 Table 2 No	hes hes	dμ										of	death?
25. Was case a referred to medical axaminer? 1		S								10	Yas 2010	0 1[Yas 2 No
The state of the s	shriffic	Be							26. Pleca of De	ath (Check only o	ona)		
29a. Cartiflar 10 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only and manner as state	dire dire	ျ		Hospital: 1 Inpe	atient 2 1	ER/Outpat	ient 3 D	OA Oth	har: 4□ Nursing I	Homa 5 Rask	dence 8	Othar (Specif	5/)
29a. Cartiflar 10 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only and manner as state	ter th	Ë		28a. Deta of It	njury Day Year)		of	28c. Injui	ry at rk?	28d. Dascribe I	now Injury oc	curred	
29a. Cartiflar 10 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only and medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. Signature and the of cartiflar 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nikne and address of person who completed cause of death (Itam 23a) (Type, Print) An Trefum Street Hagerstown Md 31. Data filed (Month, Day, Year) 32. Registrar's Signature	ath.	atic			,								
29a. Cartiflar 29b. Signature and the of cartiflar 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nidon and address of person who completed cause of death (Itam 23a) (Type, Print) Anticum Street Hagerstown 31. Data filed (Month, Day, Year) 29a. Cartiflar 29a. Cartiflar 29b. Signature 29c. Licansa number 29d. Data signed (Month, Day, Year)		III C		ined 288. Placa of	Injury - At ho	ma, farm,	streat, factor	y, offica				umber or Rure	al Routa Number,
29a. Cariffiar 29b. Signature and the of cariffiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nidon and address of person who completed cause of death (Itam 23a) (Type, Print) Anti-Lum State 31. Data filed (Month, Day, Year) 29a. Cariffiar 29a. Cariffiar 29b. Signature 29c. Licansa number 29d. Data signed (Month, Day, Year) 31. Data filed (Month, Day, Year) 29a. Cariffiar 29a. Cariffiar 29b. Signature 29c. Licansa number 29d. Data signed (Month, Day, Year)	d Partie	Fe	4 Tromoda	building,	atc. (Specify)				City or 100	vri, Stata)		
30. Notice and address of person who completed cause of death (Itam 23a) (Type, Print) Anticlam Street Hagerstown Md State 31. Data filed (Month, Day, Year) 22. Registrar's Signature	apltu noun	ai	29a. Cartifiar 10 Certifyin	g Physician: To the ba	st of my know	vledga, da	ath occurred	at the tir	ma, data and place	e, and dua to tha	causa(s) and	mannar as s	tated.
30. Notice and address of person who completed cause of death (Itam 23a) (Type, Print) Anticlam Street Hagerstown Md State 31. Data filed (Month, Day, Year) 22. Registrar's Signature	Pu Fu	dic	(Check only 2 Medical	Examiner: On the basis	of axaminati	on and/or	invastigation	n, in my o	opinion, daath occ	urred at tha tima,	data and place	ce, and dua to	tha cause(a)
30. Notice and address of person who completed cause of death (Itam 23a) (Type, Print) Anticlam Street Hagerstown Md State 31. Data filed (Month, Day, Year) 22. Registrar's Signature	of the	Me	29b. Signature and the of partition				29	c. Licans	sa number	- T	29d. Data sig	ahed (Month,	Day, Year)
30. Notice and address of person who completed cause of death (Itam 23a) (Type, Print) Antietam Street Hagerstown Md State 31. Data filed (Month, Day, Year) 32. Registrar's Signature	- > - ō		1	PX	V			n	11012		101	1810	1
State 31. Data filed (Month, Day, Year) Pegistrar's Signature			1/11/2	-/)			U o	AULO		/ /	0//	1
State 31. Data filed (Month, Day, Year) Pegistrar's Signature				who completed cause o	death (Itam	23a) (Typ	e, Print)	C 1.		000-1		1	0
State				117 8			um .	JTF	set M	uytrst	own	Me	XX
Positive ACT 1 0 1006 (h/A/Musiconfine)					strar's Signat	ure							

BALTIMORE, MARYLAND 21215-0020

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760

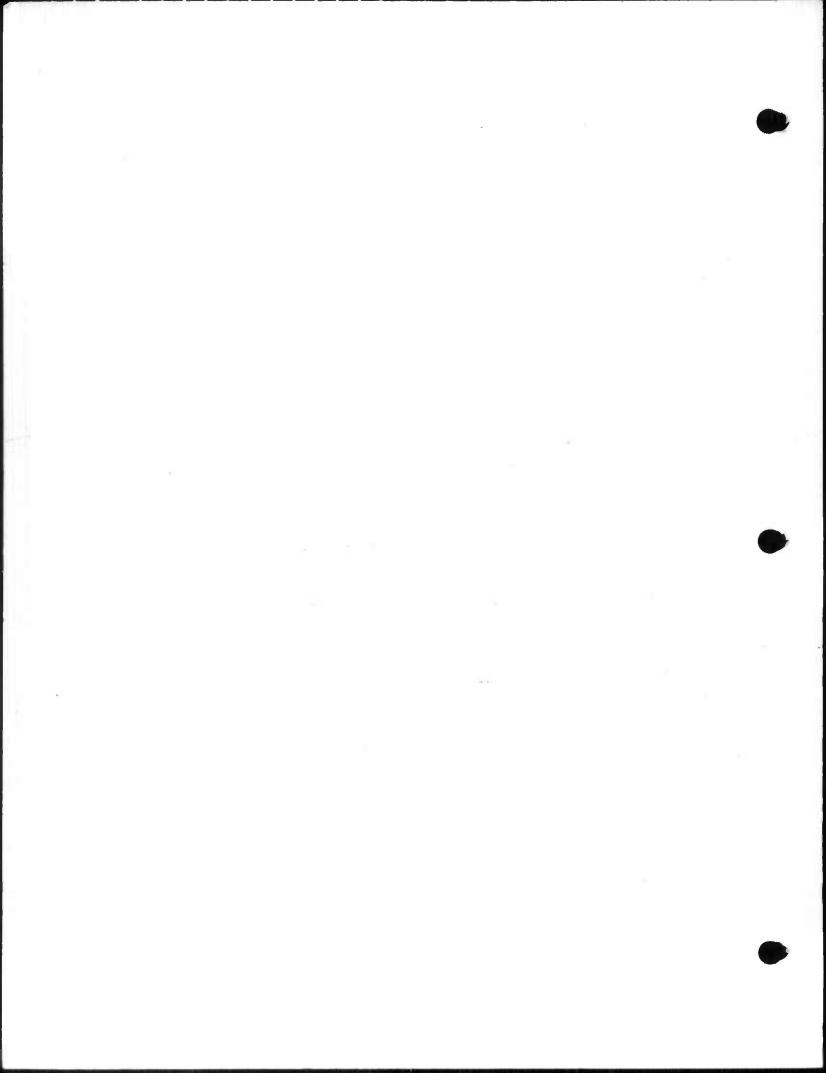
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing X hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AI CERTIFICATE OF DEATH	ND MENTAL HYGIENE REG. NO.	96	J
EVA LOUISE	Rowe	2. DATE OF OEATH MONTH DAY	YEAR QQL	3. TIM

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEAT MONTH DAY YEAR 9,55 &												
	EVA LOWS	996											
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last bir		UNDER 1 YEAR	IF UNDER 24 HT	RS. 7. C	CTO/SEK	F BIRTH 8. BIRTNPLACE (State or Formice				
	578-90-2964	1 M 2 XF	79	YRS.	THE DAYS	HOURS ME		Month, Day, Y		Cour	nesboro,PA		
	9a. FACILITY NAME (If not institution, give	street and number)		96	CITY, TOWN	OR LOCATION O		Ct 10.		COUNTY OF			
DIRECTOR	Brook Grove Rehabilation Ctr Olney Montgome												
Ĕ	10a. STATE 10b. COUN			Oc. CITY, TO	WN OR LOCA	TION					10d. INSIDE CITY		
5	MD Mont	gomery		Beth	esda						LIMITS?		
	A. ATTEST AND AUMORE										TIZEN OF WHAT COUNTRY?		
	6439 Brookes Lar	ne .				208	816			USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	/ER IN U.S. ARMED	ADMED 12 WAS DECEMBERT OF MEDIANIC ORIGINS (S							CE — American Indian.		
4	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR	OR DATES		If yes, s	pecify Cuben, Me	xican, Pu	xican, Puerto Rican, etc.) Black, White, etc.					
B	3 Widowed 4 Divorced					S ZX NO S	Decity.			Spe	o™y: White		
COMPLETED	15. OECEDENT'S EC (Specify only highest gre	DUCATION de completed)	16a. DECED	DENT'S USU	AL OCCUPATI	ON of working		16b. KINO C	F BUSINESS	/INDUSTRY			
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use ret	ired.)	ost or working							
를	12		Homen	naker				Own I	Home				
<u></u>	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (F	First, Middle, M	falden Surnan	ne)			
BE	Herman O. Hess					Iva V	. Ki	pe					
0	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING AD	DRESS (Street	and Number or Ru	ural Route	Number, City	or Town, State	, Zip Code)			
-	Donald R. Rowe		64	+39 B:	rookes	LN I	Beth	esda	MD	20816			
	20a. METHOD OF DISPOSITION 1 N Buriel 2 □ Cremation 3 N Re	movel from State	20b. PLACE AND					DATE 20	c. LOCATION	— City or T	lown, State		
Į	4 Donallon 5 Other (Specify)		Ringgol	metery, crematory or other place) Inggold Cemetery				11 Ringgold M			ID		
	21. SIGNATIFIE OF FUNERAL SERVICE	Bowlerson			22. NAME A	ND ADDRESS OF	F FACILITY	Υ	50 Sou	South BRoad ST			
		versox			Grove	Funera	al H						
	23. PART i. Entar the diseases, or	complications that ca	used the death.	. Do not e	onter the me	ode of dying,	such as	cardiac or	Vaynes	arrest.	PA 17268		
	shock, or heart failure IMMEDIATE CAUSE (Final	. List only one cause (on each iine.							17-11	Interval Between		
	disease or condition	ASPIDA	TIDAL	TON PREUMOUIA ! WEEK									
l	reaulting in death)		AS A CONSEQUENCE OF:										
			as the first transfer of										
_		. DYSPHA	4GIA										
NOL	Sequentially list conditions,	b. DYSPHA DUE TO (OR	AS A CONSEQUE	NCE OF):									
CATION	if any, leading to immediate cause. Enter UNDERLYING	DYSPHA DUE TO (OR E TNTRAC	AS A CONSEQUE	,	HEI	MORRH	AGE				3 MONTHS		
IFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUE	AL	HE	MORRH	AGE				3 MONTHS		
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	EREBR	AL	HEI	MORRH	AGE	=			3 MONTHS		
- 11	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. TNT PAC DUE TO (OR	AS A CONSEQUE	AL NCE OF):									
- 11	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. TNTPAC DUE TO (OR d.	AS A CONSEQUE	AL NCE OF):				i. 24a, W	AS AN AUTOP	\$Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
EDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. TNT PAC DUE TO (OR	AS A CONSEQUE	AL NCE OF):				i, 24a, W			b. WERE AUTOPSY FINDINGS		
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR C. INTRAC DUE TO (OR d. Date to deal MELLITUS	AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT AITH but not reau	NCE OF):	e underlyin	g cause given	in Part	i. 24a. W	RFORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition of the condition of the condition of the condition of the cause	DUE TO (OR C. INTRAC DUE TO (OR d. Date to deal MELLITUS	AS A CONSEQUENT AS A CONSEQUENT ATT DUT NOT FORUMENT TO THE PROPERTY OF THE PR	NCE OF):	e underlyin	g cause given	in Part	i. 24a. W	RFORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition in the condition of the condition of the condition in the condition of the condition of the cause of t	DUE TO (OR C. TNTPAC DUE TO (OR d. Ona contributing to dea TRIBUTE TO CAUS HOSPITAL:	AS A CONSEQUENT AS A CONSEQUEN	YES	NO No lineck only one)	g cause given	AIN	i. 24a. W	ERFORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR C. TNTPAC DUE TO (OR d	AS A CONSEQUENT AS A CONSEQUEN	YES F DEATH (CODODA 4)	NO be theck only one) WER:	g cause given UNCERT	AIN [i. 24a. Wi pe 1 U Y	ERFORMED? ES 2 NO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	DUE TO (OR C. TNTPAC DUE TO (OR d. Ona contributing to dea TRIBUTE TO CAUS HOSPITAL:	AS A CONSEQUER AS A CONSEQUER	YES	NO No No No No No No No No No No No No No	g cause given UNCERT	AIN [i. 24a. W	ERFORMED? ES 2 NO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	DUE TO (OR C. TNTPAC DUE TO (OR d. DOI: TO (OR DUE TO (OR DU	AS A CONSEQUENT AS A CONSEQUEN	YES F DEATH (CDOA 4 DOA 1 INJURY	NO Prince underlying NO Prince only one; HER: Nursing Horn 28c. IN. WY	g cause given UNCERT TO S Residen SURY AT SPEC 2 NO	AIN [i. 24a, William PE 1 Y	ERFORMED? ES 2 NO	OCCURED	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural S Pending	DUE TO (OR C. TNTPAC DUE TO (OR d. DOI: TO (OR DUE TO (OR DU	AS A CONSEQUENT AS A CONSEQUEN	YES F DEATH (CDOA 4 DOA 1 INJURY	NO Prince underlying NO Prince only one; HER: Nursing Horn 28c. IN. WY	g cause given UNCERT TO S Residen SURY AT SPEC 2 NO	AIN [i. 24a, William PE 1 Y	ES 2 NO	OCCURED	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
IED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be delarmined	DUE TO (OR C. TNTPAC DUE TO (OR d	AS A CONSEQUENT AS A CONSEQUEN	YES TO DOA 4 DOA 1 Sh. TIME OF INJURY	NO behavior only the ck only one) 28c. IN. W. W. W. W. W. W. W. W. W. W. W. W. W.	g cause given UNCERT Be S Resident UNIV AT SHK? YES 2 NO	AIN [28d. 26f.	i. 24a, Wings of the period of	ES 2 NO NO NO NO NO NO NO NO NO NO	OCCURED	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR C. TNTPAC DUE TO (OR d	AS A CONSEQUENT AS A CONSEQUEN	YES F DEATN (O) DOA 4 Sh. TIME OF INJURY farm, street	NO heck only one) THER: Nursing Hon 28c. IN. WW 1 the time, date	G Cause given UNCERT. THE S Resident SHK? SHK? YES 2 NO	AIN [28d. 26f. due to the	i. 24a. Wing PE 1 Y	RFORMED? ES 2 NO //) HOW INJURY State) d manner as	OCCURED	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,		
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR C. TNTPAC DUE TO (OR d	AS A CONSEQUENT AS A CONSEQUEN	YES F DEATN (O) DOA 4 Sh. TIME OF INJURY farm, street	NO heck only one) THER: Nursing Hon 28c. IN. WW 1 the time, date	G Cause given UNCERT. THE S Resident SHK? SHK? YES 2 NO	AIN [28d. 26f. due to the	i. 24a. Wing PE 1 Y	RFORMED? ES 2 NO //) HOW INJURY State) d manner as	OCCURED	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,		
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR C. TNTPAC DUE TO (OR d	AS A CONSEQUENT AS A CONSEQUEN	YES F DEATN (O) DOA 4 Sh. TIME OF INJURY farm, street	NO heck only one) THER: Nursing Hon 28c. IN. WW 1 the time, date	G Cause given UNCERT. THE S Resident SHK? SHK? YES 2 NO	AIN 28d. 28d. 26f.	i. 24a. Wing PE 1 Y	RFORMED? ES 2 NO // // // // // // // // //	OCCURED orber or Rural atered. o the cause(b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR C. TNTPAC DUE TO (OR d. DUE TO (OR d. DIE TO (OR DUE TO (OR	AS A CONSEQUER AS A CONSEQUER	YES THE OF INJURY farm, street stigstion, in	NO Process of the state of the	G Cause given UNCERT THE 5 GRANIDARY TYPES 2 NO THE 1 NO THE	AIN 28d. 28d. 26f.	i. 24a. Wing PE 1 Y	RFORMED? ES 2 NO // // // // // // // // //	OCCURED niber or Rural stated. o the cause(b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural S Pending Investigation (Check only one) 29a. CERTIFIER (Check only one) 29b. LIGHATURE OF TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON W	DUE TO (OR C. TNTPAC DUE TO (OR d. DUE TO (OR d. DIE TO (OR DUE TO (OR	AS A CONSEQUENT AS A CONSEQUEN	YES F DEATN (C) DOA 4 Sb. Time Of injury farm, street attgetion, in	NO pheck only one; there: Nursing Hon 28c. IN. W 1 1 1, factory, office the time, data my opinion, o	G Cause given UNCERT THE 5 GRANIDARY TYPES 2 NO THE 1 NO THE	AIN 28d. 28d. 26f.	i. 24a. Wing PE 1 Y	RFORMED? ES 2 NO // // // // // // // // //	OCCURED niber or Rural stated. o the cause(b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) and menner as stated. D (Month, Day, Year)		
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR C. INTRAC DUE TO (OR d. DUE TO (OR d. TRIBUTE TO CAUSI TRIBUTE TO CAUSI I Inpatient 2 ERI 28a. DATE OF INJU (Month, Day, No. DUE TO (OR	AS A CONSEQUENT AS A CONSEQUEN	YES F DEATN (C) DOA 4 Sb. Time Of injury farm, street attgetion, in	NO pheck only one; there: Nursing Hon 28c. IN. W 1 1 1, factory, office the time, data my opinion, o	G Cause given UNCERT THE 5 GRANIDARY TYPES 2 NO THE 1 NO THE	AIN 28d. 28d. 26f.	i. 24a. Wing PE 1 Y	RFORMED? ES 2 NO // // // // // // // // //	OCCURED niber or Rural stated. o the cause(b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) and menner as stated. D (Month, Day, Year)		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural S Pending Investigation (Check only one) 29a. CERTIFIER (Check only one) 29b. LIGHATURE OF TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON W	DUE TO (OR C. TNTPAC DUE TO (OR d. DUE TO (OR d. DUE TO (OR	AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER BY CONSEQUER AS A CONSEQUER	YES I F DEATN (C DOA 4 I Sb. TIME OF INJURY farm, street occurred at stigation, in	NO pheck only one; there: Nursing Hon 28c. IN. W 1 1 1, factory, office the time, data my opinion, o	G Cause given UNCERT THE 5 GRANIDARY TYPES 2 NO THE 1 NO THE	AIN 28d. 28d. 26f.	i. 24a. Wing PE 1 Y	RFORMED? ES 2 NO // // // // // // // // //	OCCURED niber or Rural stated. o the cause(b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) and menner as stated. D (Month, Day, Year)		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien (Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death Month taula 12:20 M A. Kogers 1996 October 4e. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Johns Hopkins Geriatric ener 1 Year saltimore Baltimore Hours Min. 8. Date of Birth Dec. 29 7. Age (In yrs. last birthday) 30 Yrs. Birthplace (State or Foreign Country) 5. Social Security Number 217-82-5175 1 M 2 B/F Days Salisbury, Md. Usual Residence of Decedent 10a. State Md. 10c. City, Town or Location Pittsville 10b. County Wicomico 10d. inside City Limits 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 34449 Tingle Rd. 21850 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 1 Never Married 2XX/arried 1 ☐ Yes 2 ☐ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Accountant Insurance 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Jack Shockley Sadie Harmon 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Alfred James Rogers (husband) 34449 Tingle Rd., Pittsville, Md. 21850 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 10-Pate 96 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State Frankford, Delaware 4 ☐ Donetion 5 ☐ Other (Specify) Cape Henlopen Crematory 22. Neme end Address of Facility The Burbage Funeral Home 108 Williams St., Berlin, Maryland 21811 ications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, y one cause on each line. Approximete interval Betw Onset and Death intermittent Porphyria Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of): Due to (or es e consequença of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? ITI, anemia, gastroparesis 1 Yes 2 No 3 Probably 4 Unknown 24a. Wes an autopsy performed? 24b. Were autopsy findings svalleble prior to completion of cause of death? kidney chronic respirator 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 physical 2 ER/Outpatient 3 DOA 1 ☐ Yes 2 No 27. Menner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending investigation Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State)

Physician /Medical Examiner

Examiner

Physician/Medical

by

Completed

Be

2

Medical

4 ☐ Homicide

29a. Certifier

Physician

Examiner

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinal must be notified at

permit. Pagas 1 and 2 should be filed within 7: Department of Health and Mental Hygiena. important: If itsm 27 is marked other than *na any injury or other traumatic event, file Media 2006.

with the Maryland

death

Baltimore, Maryland 21215-0020

/Medical

Director

Funeral

þ

physician and the burial-transit Division of Vital Records, P.O. Box 68760, signed by tha aid be detached for After this

i or Attending P safter death. I Director: After t To the Hospital o within 24 hours af To the Funeral Di complataly

> State Registrar

9

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as atated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner stated. 29c. License number

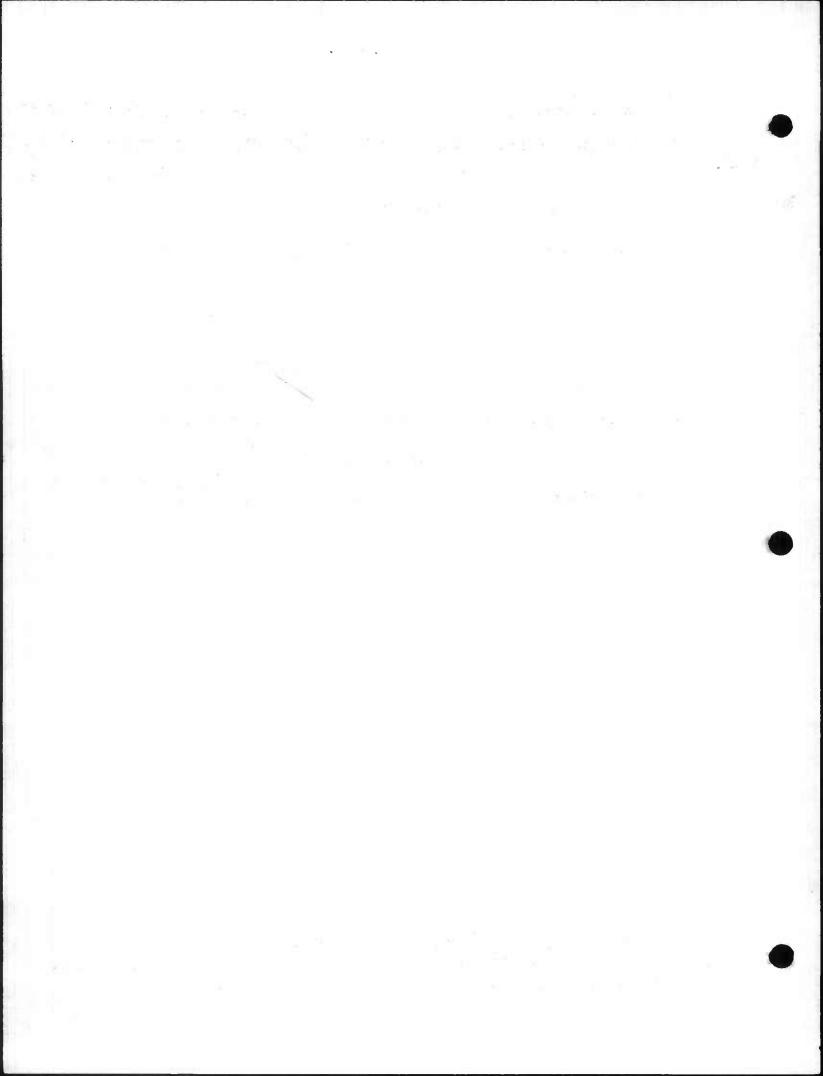
29b. Signature and title of cartifier

29d. Dete signed (Month, Day, Year)

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 3 H CC .6 TIL RaIT 31. Date filed (Month, Dey, Year)

Registrar's Signetur OCT 04 1996 all davder

DHMH 16 Rsv 6/95



State of Maryland / Department of Health and Mental Hygiene 96 31301

							Certi	ficate of	Death		Re	ig. No.	0 0	1001
Dhua		Decedant's Nama (First,	Middla, Les	st)							2. Data of Deat	1	Vene	3. Time of Death
Phys /Me	ıcıan dical	FRANK	ALL	.EN	RY	NEX				(OCTOBER	Day 11, 19	996	8:40 PM
Exam		4a. Facility Name (If not ins	titution, give	straat and numb	er)				4b. City, Town,	or Loc	ation of Death	4c. County	of Death	
100 0		7721 Printe						411-4	GAITHE				ITGOME	
Funer Directe	-	5. Social Security Number 550-28-0595 Usual Residence of Decede		ex 7.	Aga (In yrs. 92			f Under 1 Year fonths Days		Mrs. Vlin.	B. Date of Birth (Month, Day, FEB. 21	^{Year)} 1904	9. Birthple Countr WASH	INGTON, D.
Manyland a-f ehow	ctor	MARYLAND M	ounty IONTGO	MERY		ty, Town SHIN		ion I GROVE	4				10	d. Insida City Limits 1. ■Yas 2 □ No
th with the 23a or 28	al Director	10e. Street and Number	NUT A	VENUE	I 10f. Zip Coda ENUE 20880				10g. Citizan of Wha					
21215-0020 d within 72 hours after death with the Manyland giene. If then "natural", or ferme 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	3⊠Widowed 4□Div		12. Was Decede Armed Force 1 2 Yas 2 If Yas, Giva Yaar or Date	is? □ No	I.S.		S Decedent of as, specify Cul Yas 22 No	Hispanic Origin oan, Maxicen, P Specify:	? (Spec uerto R	ify Yes or No- ican, atc.)		ea - Amarica ck, Whita, a V: WH I	tc.
5-0 72 hc	Completed	15. Dec (Specify only)	edant's Ed	ucetion da com <i>plated</i>)				t's Usual Occu	pation during most of	working	,	6b. Kind of B	usiness/Indu	ustry
vithin he.	mpi	Elamantery/Sacondary (0			or 5+)	5+) //ifa.		a. DO NOT usa ratired)					OVEDN	MENT
D D		12 17. Fathar's Name (First, Middla, La:		0		ELECTRICIAN			10 Mathada Nama (First Middle			U.S. (IMENI
E Saby	Be o					GERTR					me (First, Middla, Maiden Surneme) RUDE MAY ROBINSON			
Tarylo	T _o	19e. Informant's Neme/Rais				19b.	Meilina A	Addrass (Strae	t end Numbar o					Code)
timore, t. Pages 1 enriment of Healington or other sijury or other	900	SYLVIA RYNEX 20a. Mathod of Disposition 1	ation 3 □I	Ramoval from Sta	20b. F	Placa of C camatary,	OLIT	on (Name of ory or other pla AN CRE		10,	Date 2	Oc. Location -	City or Tow	20877 m, Stata VIRGINIA
4024		23a. Part1. Entar tha diseas	y	14.19	an	ner	P.	0. BOX	5038,	LAY	TONSVIL	LE, MAF	RYLAND	20882
Physicia /Medica Examine	ıl	Immadiate Causa (Finel diseasa or condition rasulting in death)		a. Met	Due to (d	or as a co	nsequer	nce of):	canc	2				Approximate interval Between Onsat and Death Onsat and Death
OX OS/OU, certificete be executed nding physician and use as the bunel-transit	Medical	Sequantially list conditions, if any, laading to Immediate cause. Entar Undartying Cause (Diseesa or Injury thet initiated avents resulting in daath) Last	{	c	Dua to (o									
thet the death coned by the ettend	Physician	Part II. Other significant cor	nditions co	ntributing to death	but not ras	ulting in t	ha unda	rtying ceuse gi	ven In Part i.		23b. Did tol	acco uss co	ntributs to t	the cause of death?
7 5 5 5	by Phy	1									1 🗆 Ys	s 2□ No	3 Probe	ably 4 Unknown
VII.d. Necords, P. Islan. The law requires that certificate has been signed by rector, page 2 should be determined.	Completed b										24a. Was an perform		com	e autopsy findings labla prior to plation of cause eath?
The The page	Con										1 ☐ Ya	2. No	10	Yas 2□ No
ysician: The s certificate director, pag	Be	25. Was cesa rafarred to ma axaminar?	_	14. 4.1						Death (Check only one)		
- 5 0 D	10	1 Yas 2 No		Hospitai: 1 ☐ Inpe		ER/Outp	7-1-1	3LI DOA		_	5 🗷 Rasidar			
After	Certification:	27. Mannar of Death Natural 5 Pe 2 Accident In 3 Sulcide 6 C	28a. Deta of in (Month, I			ry at rk?] Yas 2 ☐ No		d. Dascribe how			Pouto Alumbos			
Ital or Ital or at Director		4 Homicide	itarmined	building,	etc. (Specif	/)	, эпии,	lactory, office		-	City or Town,		er or ridrar r	rodia rambor,
To the Hospital or Attend within 24 hours effer deat To the Funeral Director: completely filled in by the	edicai	29a. Certifier 1 Cert (Check only one) 1 Mad	tifying Phy IIcal Exami	sician: To the bes ner: On the basis and manner	of axamina	wiedge, d tion and/d	deeth oo or invest	curred at the ti	me, date and plopinion, daath o	ace, an	d dua to the car at the time, de	usa(s) and me te end place, s	nner as stat and due to t	ted. ha causa(s)
To the comp	ž	29b. Signatura and title of ce	rtifier					29c. Lican:	sa number		29	d. Data signed	Month, Da	ay, Year)
/		1 Town	XL	a. 52	TUR	~		DY	3083	3	0	CTOBER	14,19	996
4		30. Name and address of per	rson who co	omplated ceusa of	death (Item	23a) (T)	rpe, Prin	2. Cent.	D1#3	800				
	tate	31. Data filed (Month, Dey, Y	(ear) R 1	32. Ra	strar's Signa	ture	0,1	ıt						
Regis	trar	001	70	DOG AND	M WILL	MEDN V	MACH	-4						

Street the page at the

BALTIMORE, MARYLAND 21215-0020

burial-transit permit, Pages 1, 2, 3 should

29 BE 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760

er death, Page 6 may be retained by the hospital or attending	the funeral director, page 5 should be detached for use as the rai.	i examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the field within 72 hours after clean with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

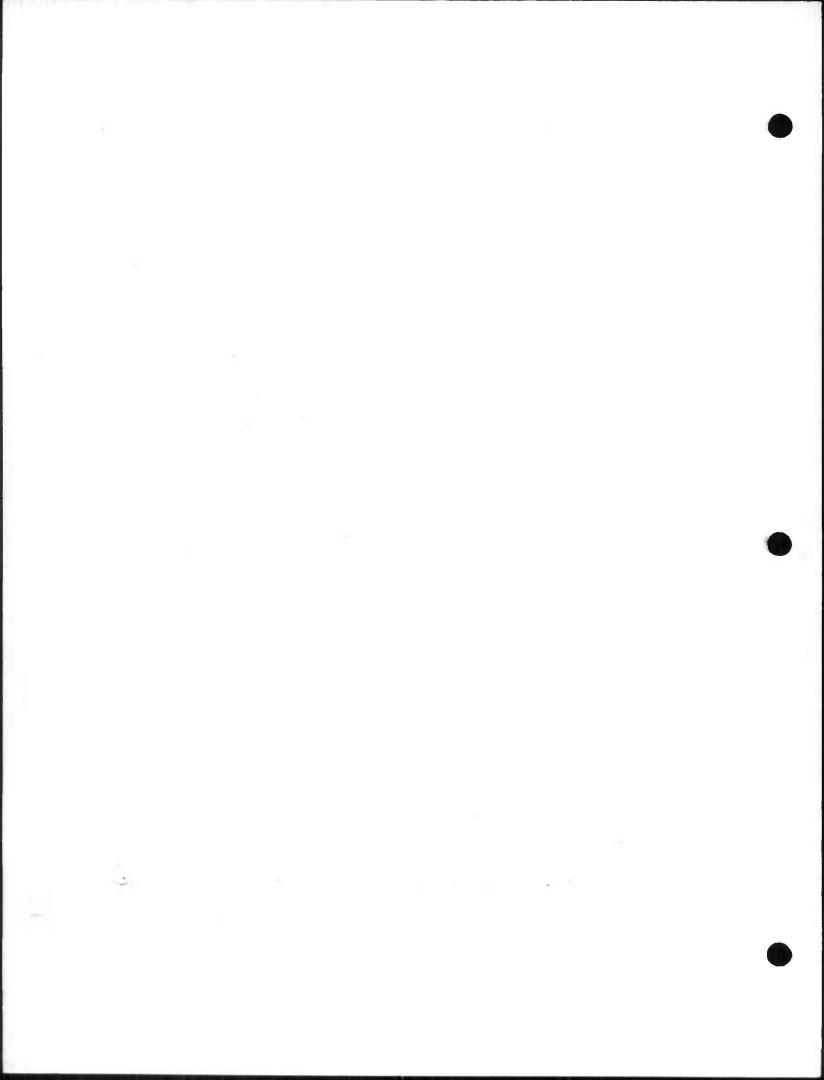
96 31302 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 4 mm Sept. 25, 1996 LI 10:50 TH 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. lest birthde 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 215-56-8499 DAYS 1 📈 M 2 🗌 F 83 Kansas 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1590 Posey Row Road Grantsville Garrett DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Garrett Grantsville 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1590 Posey Row Road 21536 USA 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Block, White, atc. 1 Never Married 2 Married Spec#y: white 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 7 th College (1-4 or 5+) Farmer Farming 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jacob S. Summy Amanda Yoder BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1590 Posey Row Road, Grantsville, MD 21536 Harvey Summy, son 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Burlal 2 Cremation 3 Re
Donation 5 Other (Specify) Niverton Cemetery, Sept 28, 96 Salisbury, PA SIGNATURE OF FUNERAL BERVICE LICENSEE Newman Funeral Homes, P.A., P.O. Box 275 179 Miller St., Grantsville, MD 21536 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, short, or fleat failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE IFINAL Myocardial Infarction
Due to (OR AS A CONSEQUENCE OF): disease or condition___ Minutes resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AWAII ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO LA UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one OTHER:
4 | Nursing Home | 5 | Gesidence | 8 | Other (Specify) HOSPITAL : YES 2 NO ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Watural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide

29a. CERTIFIER
(Check only one)

The physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(a) and manner as stated.

SIGNATURE AND TITLE OF CERTIFIER	Duce	200
NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)

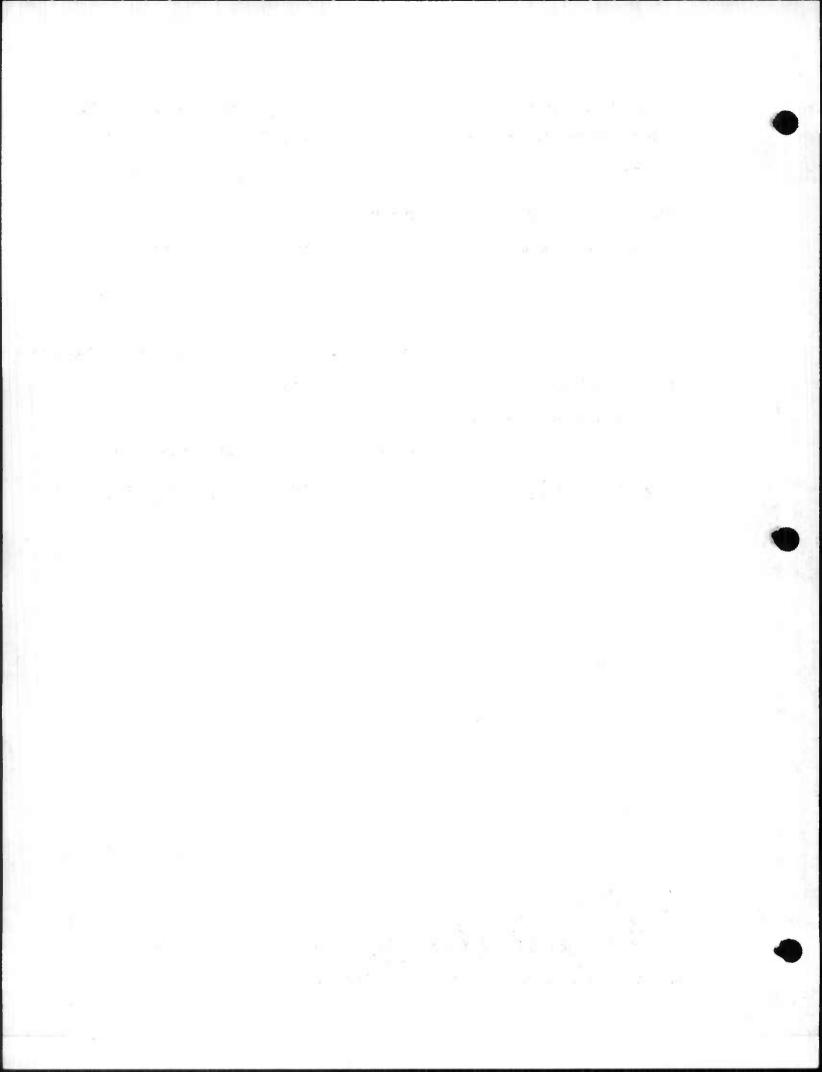
29d.	DATE	PIGNES	Manth	Day	Meyer
•	91	26	9-	9	6
-	-"	-	-	-	4



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Des Margaret A. Schaub Oct. 4, 1996 5:00 P. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Cuppett-Weeks Nursing Home Oakland Garrett 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) **Funeral** 8. Date of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) Deys Hours 1 □ M 2 1 F Director Yrs. 188-22-3993 70 Apr 21, 1926 Pennsylvania Usuel Residence of Decadent death with the Maryland 10a. Stete 10h County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Cambria Funeral Director Ebensburg 1 WYes 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 103 Maplebrook Drive 15931 USA items: 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify 3 ☐ Widowed 4 ☐ Divorced white Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 12 Clerk Cambria Co. Courthouse event 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be is marked of Harry M. Schaub 2 Laura M. Hoffman traumetic 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) (Jack) John H. Schaub, brother 9436 North 25th Street; Phoenix, Arizona item 27 is other 85028 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Department of H Important: If its any Injury or of once. 1 XBuriel 2 Cremetion 3 Removel from Stete Woodlawn Cemetery, Oct 8, 1996 Wilkinsburg, PA 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Newman Funeral Homes, P.A., P.O. Box 275 23a Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete Interval Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel 3 WEEKS disease or condition resulting in deeth) INTERCEREBRAL HEMORRHAGE Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be executed the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest and Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, ed by the attending physician detached for use as the burial Physician/Medical Due to (or es e consequença of) for usa as Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributs to the causs of death? 2 No 3 Probably 4 ☐ Unknown HYPERTENSION, INTERMITTENT ATRIAL FIBRILLATION ð 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes an eutopsy performed? cartificate has 1 Tes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case referred to medical exeminer? Be 28. Piece of Deeth (Check only one) Hospitel: 200 No Certification: To 1 Yes 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Aftar this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred Neturel 2 Accident 5 Pending Investigation after death. Director: Af 1 🗌 Yes 6 Could not be determined 3 Suicide Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide To the Hospital or A within 24 hours after To the Funeral Dire complately filled in b Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the cause(s) end manner as steted.

Medical Exeminar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, and due to the cause(s) and menner steted. 29e. Certifier Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) D26650 10/4/96 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) MARGARET A. KAISER, M.D. PO BOX 486 OAKLAND, MD 21550 32. Begistrar's Signeture 31. Dete filed (Month, Day, Year) State 1996 OCT Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** October 1996 Geraldine Jeanette Seidler 0602 AM /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Washington County Hospital Hagerstown Washington | If Under 1 Yeer | If Under 24 Hrs. 8. Dete of Birth | 9. | Months | Deys | Hours | Min. | April 13, 1925 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 210 F Yrs. Director 220-18-3365 Usuel Residence of Decedent the Maryland 10e. Stete 10h. County 10c. City, Town or Location 10d. Inside City Limits mast be notified at Md. Director Washington 1 Tyes 2 DENo Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10807 21742 Crystal Falls Dr. U.S.A. Funeral filed within 72 hours after death Herra: 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 27전 No If Yes, Give Year or Detes: Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 7 is marked other than "natural", or iten traumatic event, the Medical Examiner 1 ☐ Never Merried 2 🖾 Merried 21215-0020 1 ☐ Yes 20 No Specify: Completed by White 3 ☐ Widowed 4 ☐ Divorced Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry I Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Assembly Aircraft Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) . Pages 1 and 2 should be fil ment of Heelth and Mental H lant: if itsm 27 is marked oth jury or other traumetic sven Be Lester M. Conner Caroline B. Martin 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Owen T. Seidler(husband) nd) 10807 Crystal Falls Dr. 20b. Plece of Disposition (Name of commetery, gremetory or other plece) Oct. 10, Date Smithsburg Cemetery 1996 Hagerstown, Md. 21742 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State Department of Important: If any Injury or once. Smithsburg, Md. 4 Donation 5 ☐ Other (Specify) 21 Signature of Funeral Service Licenses 22. Name end Address of Fecility 12525 Bradbury Ave. Davis Funeral Home Smithsburg, Md. 21783 Janne 23a. Párt1. Enter the diseese, or confiplications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Intervai Betwe Onset and Death **Physician** /Medical Immediate Cause (Finel ATHERDSCLEROTIC CARDIOVASCULAR diseese or condition resulting in deeth) approx Loyry Examiner ADULT OWET DIABETES

Due to (or es a consequence of): 54eour The law requires that the death certificate be executed the buriel-trans Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest DivIsion of Vital Records, P.O. Box 68760, BRONCIAL ASTHMA 104p. Physician/Medical HYPERTENSION 10480 Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 Unknown þ 24b. Wera autopsy findings available prior to completion of cause of death? Completed none 24a. Was an autopsy performed? 1 Yes 20 No 1 Yes 30 No certificate Attending Physician: Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) al or Afternary and after death.

Areal Director: After this ce
Ay filled in by the funeral dir Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 2 Accident 5 Pending investigation Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 8 Could not be 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours of To the Funeral Discompletely filled is The Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(e) end menner stated. Medical 29e. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 10/9/96 30, Neme end address of person who completed cause of eeth (Item 23a) (Type, Print) M D 21940 Manzar Shafi M.D. HAGELS TOWN MILL STREET 31. Date filed (Month, Day, Year) 32. Registrer's Signeture State Di Mucher Raylell Registrar

Amed # 20 Wash Co. J.B Ottober 9 1996 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 3 | 3 0 5

						Certific	ate of	Death		Reg. No.		
Physicia	n	1. Decedent's Neme (First, Midd Dollie Elain							2. Dete of De Month	eth Dev	Yeer	3. Time of Death
/Medica	_	4e. Fecility Name (If not institution	n aire etreet e	nd number				4b. City, Town, or I		r 5, 19		10:00 a.m
Examine	er	Fahrney Keedy Memorial Home					Boonsbor		Death 4c. County of Death Washington			
Funeral	-	5. Sociel Security Number	6. Sax		n yrs. lest b	irthday) If Un	der 1 Year		0			
Funeral Director		220-61-1241 Usuel Residence of Decedent	1□ M 2[X F	71	Yrs. Month			8. Deta of Birt (Month, De July 2		Mary	lece (Stete or Foreign try) land
8 =	1	10a. Stete 10b. County	,	10	C. City, Tov	vn or Location					1	0d. Inside City Limits
r 28a-f ahow notified at	ō	Maryland Wash	nington		Boo	onsboro						1 ☐ Yes 2/☐ No
28a	Director	10e. Street end Number	111160011				7in Code		T	10g. Citizen of	What Cour	
03	<u> </u>		_ 1	10f. Zip Code 217			1.2			S.A.	nuy r	
ra 23a	Funeral	67 Hillcrest Ro							nasihi Van ar Na		e - Americ	na Indian
Harma Inser III	5	1 Naver Married 2 Mar	Arm	ad Forces? Yas 2 X No	1 11 0,3.	If Yas, s	pecify Cub	Hispenic Origin? (Sp an, Mexican, Puart	Rican, etc.)	Ble	ck, Whita,	
0 1	ò	3 □XWidowed 4 □ Divorced	II Y	es, Give		1 ☐ Yes	2 🔯 No	Specify:		Specif	y: _*	71
				i oi Detas.	104	16e. Decedent's Usuel Occu				WI		Vhite
	e	(Specify only highe	 Decedent's Education cify only highest grede completed 			(Give kind of	work done	during most of world)	king	16b. Kind of B	usiness/inc	dustry
than the	Completed	Elementery/Secondary (0-12)	Coll	ege (1-4or 5+)			stres			Const		
other than	ပို့	17. Fether's Neme (First, Middle,	(ast)	1		Seam	stres	18. Mother's Nam	e (First Middle	Sewin	~	tory
fem 27 is marked othe other traumatic avent,	ď										10)	
Is marked av	0	Melvin George					101		na Funk			
ran		19e. Informent's Neme/Reletions Linda V. Bart		•					rel Route Number, City or Town, Steta, Zip Code)			
item 27 I	-	20e. Method of Disposition	.ies -	-		18028 S of Disposition (edge Driv	1			
		1 X Buriel 2 ☐ Cremetion	3 □Ramovel		cem <i>ete</i>	ery, cremetory o	r other ple	ce)	Deta	20c. Locetion	City or To	wn, Stete
カギト		4 ☐ Donetion 5 ☐ Other (S			Padd1	etown (Cemet	ery_ 10/8	/96	Paddlet	own.	Pa.
Important: any injury once.		21. Signeture of Funeral Service	Licensee	1		22. Neme	end Addre	ess of Fecility				
0 E # 8		500	211	Min	1116			uneral Ho			M.1	217/0
	1	23e. Pert1. Enter the disease, or	complications	that caused that	daath. Do			.lson Blvc		rstown,	Md.	21740
siclan		shock, or heart feilure. List	only one cous	on eech line.				J,	piiotory at			Approximate Interval Between Onset end Deeth
sician edical		Immediete Ceuse (Finel		4	-				-	/		1 11= -
aminer		disease or condition resulting in death)	θ	ALU	1E /	nyoca	RDIA	L IFAX	CIION			6 #125
	ě			Due	to (or es e	consequence	of):					100
nsit			b			ENSIDA					- 1	10 YRS
physician and sthe burial-transit	Cxaminer	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		Due to (or es e consequence ol):								
buria	2	cause. Enter Underlying Cause (Diseesa or Injury	C	C								
the the	edical	thet initieted events resulting in deeth) Last		Due to (or es a consequence of):								
	E										1	
or us			- U.								!	
the a	200	Pert II. Other significant condition	ons contributing	to death but no	ot resulting	n the underlyin	g cause giv	en in Pert I.	23b. Did t	obacco use co	ntribute to	the cause of death?
ed by the atte	riiysician								101	108 2 NO	3 Prob	sably 4 Unknow
9 9	2	47,010	,	mHocy	110	CEUK	11/1	7				
en si ould									24e. Wes	en autopsy		ere eutopsy lindings lileble prior to
2 shoul	2								penoi	med?	cor	npletion of cause
age 2	Completed								10 9	es 2 No		
9		25. Wes case relerred to medice						40.01			1	Yes 2 No
irecto	ן פ	examiner?	Hospitel:	40.	•	–	Ott	28. Place of Dee	/			
5 8		1 Yes 2 No 27. Menne of Deeth		1 Inpatiant Dete of Injury	2 ER/O	utpetient 3 Time of	DOA	4 pu Nursing Ho			er (Specify	")
el Director: After the ed in by the funeral	5	+ Neturel 5 ☐ Pendin	9	(Month, Day Ye		Injury	28c. Injui Wor		28d. Describe h	low injury occur	Det	
by the	2	2 Accident Investig	not be	Dia	***	М		Yes 2 □ No	and the second			
in by		4 Homicide determ	ined 286.	Place of Injury - building, etc. (S	At home, le	erm, street, lect	ory, office		28I. Location (S City or Tow	itreet and Numb n, Stete)	er or Rura	Route Number,
completely filled in		1										
pletely fil	8	29a. Certifier 1 Certifyin	g Physician: T	o the best of my	y knowledge	e, deeth occurre	d et the tir	ne, dete end plece,	end due to the	euse(s) end me	nner as st	eted.
plete	3	one)	end	menner steted.	THE HOLDEN	wor investigati	on, in my o	pinlon, deeth occur	red et the time, (pata and piece,	and due lo	tne cause(s)
within 24 hours after death To the Funeral Director: completely filled in by the		29b. Signature end litla of certifie	1			2	9c. Licans	a number	1	29d. Date signa	d (Month, L	Day, Year)
		Do well	V/	MD		-	D/4/4 0	196		Octob	or 5	1006

Registrar

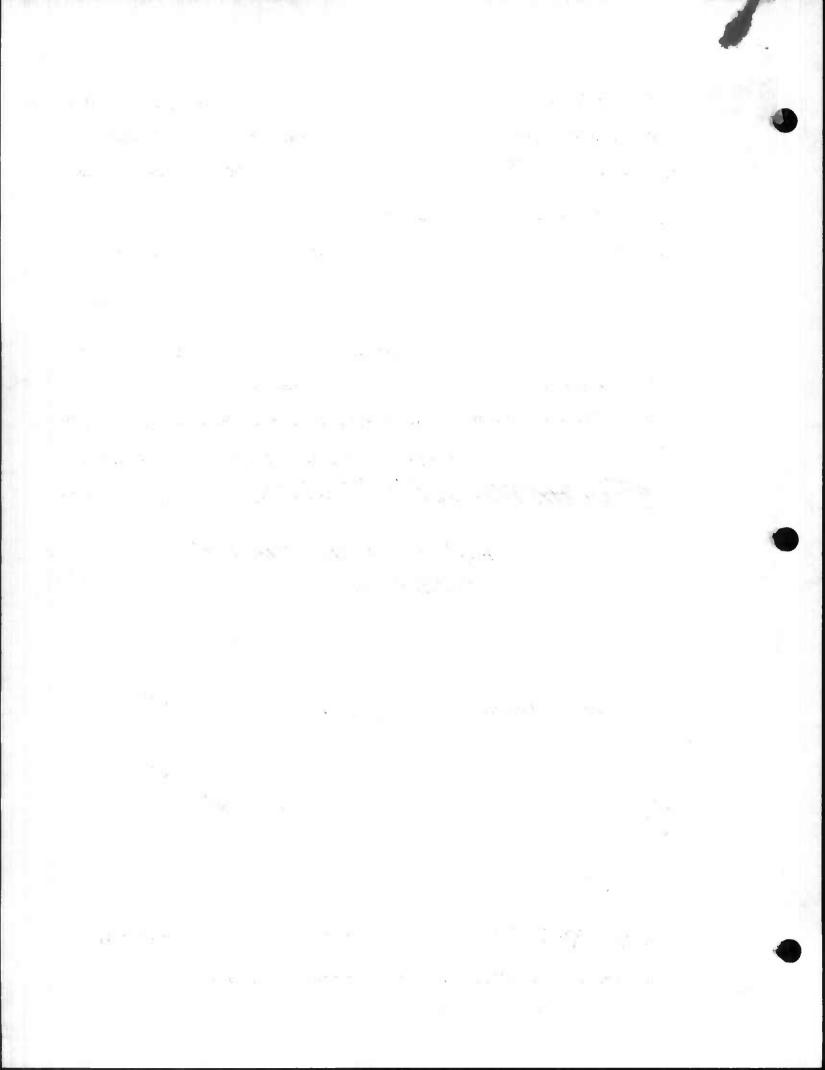
State

OCT 0 9 1996

31. Dete liled (Month, Dey, Year)

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Zafar Malik, M.D., 20311 Lappans Rd., Boonsboro, Md. 21713 32. Begistrer's Signeture John Savdson Radall



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant'a Name (First, Middle, Last) 2. Data of Death Data Month 7, 3. Time of Death **Physician** Donald Shepherd Oct 1996 James 7:15 P.M. /Medical 4a. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Upper Marlboro Prince George's 6203 Columbine Court Houre Min. 8. Date of Birth (Month, Day, Year)
April 8, 19 5. Social Sacurity Number 7. Age (In yrs. last birthday) If Undar 1 Yeer Birthplace (State or Foreign Country) **Funeral** Deys 1₩ 2□ F Months 51 Yrs. Director 577-58-7135 Usual Rasidence of Dacedan 1945 Washington DC with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Maryland Prince George's Director Upper Marlboro 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6203 Columbine Court 20772 United States Funeral death 12. Wes Decedant Evar in U,S. Armed Forcas? 13. Wes Decedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, 11 Marital Status Black, White, atc. ☐ Yas XX No f Yas, Giva filed within 72 hours after 1 Never Merried 20 Married Baltimore, Maryland 21215-0020 1 ☐ Yas XX No Specify: Specify: White 2 3 Widowed 4 Divorced Completed 16a. Decedent'a Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Collega (1-4or 5+) National Archives & Occupational Fire & Safety Peges 1 and 2 should be filed vinent of Health and Mental Hygidint: If item 27 Is marked other 1 12th Records Administration 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Mary G. Evans James W. Shepherd 19a. Informant'a Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Peges 1 and 2 i Department of Health ar Important: If item 27 is any injury or other trau Anne Shepherd 6203 Columbine Court, Upper Marlboro, Maryland 20a. Mathod of Disposition 20b. Piace of Disposition (Nama of cematary, cramatory or other place) Oct 10, 1996 20c. Location - Cify or Town, Stata Burial 2 Cramation 3 Ramoval from State Clinton, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Resurrection Cemetery
22. Neme end Address of Facility ee Funeral Home, Inc 6633 Old 21. Signature of Funerel Sarylca Licensaa Alexandria Ferry Road, Clinton, Maryland 20735 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. intarvai Between Onset and Death **Physician** immediata Causa (Final disease or condition rasulting in death) /Medical **Examiner** Examiner The lew requires that the death certificets be executed burial-transit Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disease or Injury that initiated avants resulting in deeth) Last pue Dua to (or as a consequ P.O. Box 68760, physiclan Physician/Medicai eu Dua to (or as a consequence of) for use as Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 3 1 Yee 2 No 3 Probably 4 Unknown signed b Records, þ been sig 24b. Wera eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 s 1 Yes 2 No certificate 1 Yes 2 No Division of Vital Hospital or Attending Physician:
24 hours after death.
Funeral Director: After this certifica
italy filled in by the funeral director, p Be 25. Was case referred to medical 28. Place of Deeth (Check only ona) Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yas 2 No 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Time of 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 1 Natural 5 Panding 1 ☐ Yes 2 ☐ No invastigation 2 Accidant 3 Sulcida 6 Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital or within 24 hours aft To the Funeral DI completaly filled in 13 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signetura end titia of certifier 29c. License number 29d. Date signed (Month, Day, Year)

Rakesh C. Sahni, MD 7715 Bell Point Drive, Greenbelt, Maryland 20770

32. Ragistyde's Signature

6

State Registrar

31. Data filed (Month, Day, Year)

OCT 0

30. Nama and addrass of person who complated causa of death (itam 23a) (Type, Print)

9 1996

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	--

	1 - FOR STATE OF MARYLAND	/ DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	YEAR 3. TIME OF DEATH
	Mary (Yoder) Tice 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs.	fast hirthday) I minen	A MEAN OF LANGE OF LANGE	Sept 27	1996 7:3014 M
	218-68-4813 1 D M 2 💥 F 90	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) D6 Pennsylvania
_	9e. FACILITY NAME (If not institution, give street end number)	9b. CITY,	TOWN OR LOCATION OF D	EATH 9c	c. COUNTY OF DEATH
DIRECTOR	11582 National Pike	G	cantsville		Garrett
1 11	10e. STATE 10b. COUNTY	10c. CITY, TOWN O			10d. INSIDE CITY LIMITS?
	Maryland Garrett	Grants	ville		1 TES 2 NO
FUNERAL	100. STREET AND NUMBER 11582 National Pike		10f. ZIP COOE		g. CITIZEN OF WHAT COUNTRY?
Ä			2153		USA
	1 Never Merried 2 Merried FORCES? 1 YES 2	NO I	yes, specify Cuben, Mexico		No— 14. RACE — American Indian, Black, White, etc.
B	3 ☐ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES	` 1	YES 2 NO Specif	y:	Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S USUAL OC (Give kind of work done of	CUPATION	16b. KIND OF BUSINES	SS/INDUSTRY
19	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.)	uring most of working		
₹ P		Homemaker		Own Hom	me
	17. FATHER'S NAME (First, Middle, Last)		The state of the s	ME (First, Middle, Melden Surn.	name)
BE	Lewis Yoder 190. INFORMANT'S NAME (Type/Print)			eth Beachy	
2	The state of the s			Route Number, City or Town, St.	
	Lena A. Beachy, Daughter	1/84 L'OSTE		DATE 20c LOCATIO	
1	1 K Burial 2 Cremation 3 Ramoval from State cametery.	crematory or other place)			ION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	view Cemer	AME AND ADDRESS OF FA	0,1996 Salis	bury, PA
	> Duna Dunan				, P. O. Box 275
	23. PART I. Enter the diseases, or complications that caused the	deeth Po not enter	Miller St.	, Grantsvill	Le, MD 21536
	anock, or neart failure. List only one cause on each is	ine.	the mode of dying, auc	n as cardiec or respirato	interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e Han	nt FAI	14.00	Onset and Death
1	resulting in death) DUSTO (OR AS A CON:		<u>' [[]</u>	JOINE	1 Week
Z	Sequentially the condition of b.				
Ĕ	Sequentielly list conditions, If any, leading to immediate	SEOUENCE OF):			
2	CAUSE (Disease or injury the initiated exercises	PEOLIENCE OD			
CERTIFICATION	that initiated events reaulting in death) LAST	SECOENCE OF):			
S	d				
Ä	PART II. Other algnificant conditions contributing to death but no	t reaulting in the und	derlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED	
MEDIC	Hypertension			1 TES 2 1	COMPLETION OF CAUSE
	Coronary Hrtcy	Disiase			1 YES 2 NO
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DE			V 🔲	
PHYSICIAN:	EXAMINER? HOSPITAL:	ACE OF DEATH (Check o			
H	1 YES 2 MO 1 Inpetient 2 ER/Outpetient 2. MANNER OF DEATH 280. OATE OF INJURY		ng Home 5 M Heeldence 28c, INJURY AT	6 Other (Specify) 25d. OESCRIBE HOW INJUR	THE COOLINE
	1 Netural 5 Pending (Month, Day, Year)	INJURY M	WORK?	200. DESCRIBE HOW INJUR	NY OCCURED
D BY	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At building, stc. (Specific)	home, ferm, atreet, fecto		28f. LOCATION (Street and N	Number or Rural Floute Number,
COMPLETED	4 Homicide determined building, stc. (Specify)			City or Town, State)	
P	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge,	death occurred at the tin	ne, date end piece, end due	to the cause(e) end menner a	as stated.
OM	one) 2 MEGICAL EXAMINER: On the beels of examination end/	or investigation, in my op	Inion, death occured at the	time, date end place, end due	e to the ceuse(s) end menner ee stated,
EC	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	ABER 29d	d. DATE SIGNED (Month, Day, Year)
0	d- 8 15 X		1) 34	1079	Sept 27.198
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH I		1		
	Udames E Beitul	mo (-)	mants uille	18 du	536
	31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE 34. 1		11		
Ш	OCT - 1 1996 Jaki Shuiteark	inchil-			

3. TIME OF DEATH

7:50 P

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Anstine

21550

Approximata

Interval Between

Onset and Death

Minutes

Minutes

Minutes

24b. WERE AUTOPSY FINDINGS

MAIL ARLE PRIOR TO

1 YES 2 NO

Rear seat

10/6/96

COMPLETION OF CAUSE OF GEATH?

White

1 X YES 2 NO

8. BIRTHPLACE (State or Foreign

Pennsylvania

USA

Specify:

REG NO

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

BOX 6876(DIVISION OF VITAL RECORDS, P.O.

Oct. 5, 1996 Kevin William Thomas 4. SOCIAL SECURITY NUMBER 202-60-8608 5 SEX 7. DATE OF BIRTH (Month, Day, Year, 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 21 1 💹 M 2 🗌 F YRS. 202-60-8606 Nov. 5, 1974 9a. FACILITY NAME (If not inatitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 Garrett County Memorial Hospital 0akland Garrett RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION York York permit. FUNERAL 10. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2725 Northvue Lane burial-transit 17404 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 X Never Married 2 Married 1 TES 2 NO Specify: ВY 3 Widowed 4 Divorced as the ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY USe (Spe Elementary/Secondary (0-12) College (1-4 or 5+) detached for COMPL 3+ Student College once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 8 notified at Chester Thomas, III Kathy BE page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Chester Thomas, III 2725 Northvue Lane, York, PA 17404 pe 20a, METHOD OF DISPOSITION
1 N Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c LOCATION - City or Town State DATE must funeral director, Prospect Hill Cemetery 4 Donation 5 Other (Specify) York, PA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home filled in by the foundaries. 32 S. Second St., Oakland, MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final the disease or condition resulting in death) Pneumothorax event. DUE TO (OR AS A CONSEQUENCE OF): M03 burial, Chest Trauma traumatic CERTIFICATION pur Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING 2 prior Abdominal Trauma OR ATTENDING PHYSICIAN. The law requires that the death certificate CAUSE (Disease or Injury other Hygiene OUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atten Injury, PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL and a PERFORMED? any signed t 1 YES 2 X NO Shows been . DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I UNCERTAIN Dept. PHYSICIAN: 26. PLACE OF OEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL this certificate his with the State Cirked, or Item HOSPITAL OTHER:
4 Nursing Noma 5 Residence 6 Other (Specify) 1 X YES 2 NO ☐ Inpatiant 2 XER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28b, TIME OF INJURY 28c, INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 28a. DATE OF INJURY Is marked, 1 Natural 5 Pending 10/5/96 6:45PM 1 TES 2 NO passenger, motor Veh. accident. DIRECTOR: After the hours after death v BY 2 X Accident 28e. PLACE OF INJURY — At home, farm, streat, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Suicide 6 Could not be COMPLETED 4 Homicide 28 Garrett Highway @ Wagner Truck. Highway ltem. 29a. CERTIFIER
(Check only one)

2 M MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE FUNERAL D
TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: If It HOSPITAL 2 💢 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE nucl H26154 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. P. Daniel Miller, DO 2008 Maryland Highway, Oakland, Maryland 32. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year) OCT - 7 1996

G-742 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

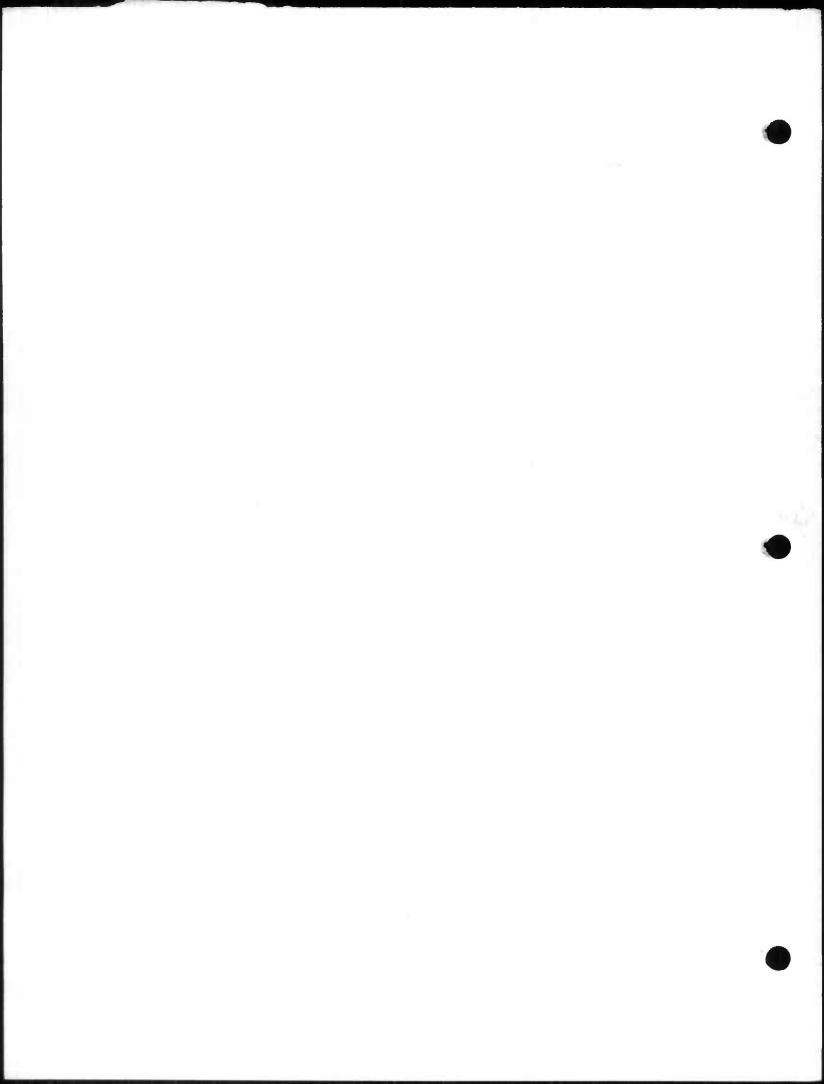
CERTIFICATE OF DEATH

STATE REGISTRAR ITEM: 4, per F.H. 12/2/96

1. DECEDENT'S NAME (First, Middle, Last)

1 -

DHMH-16 Rev 1/89

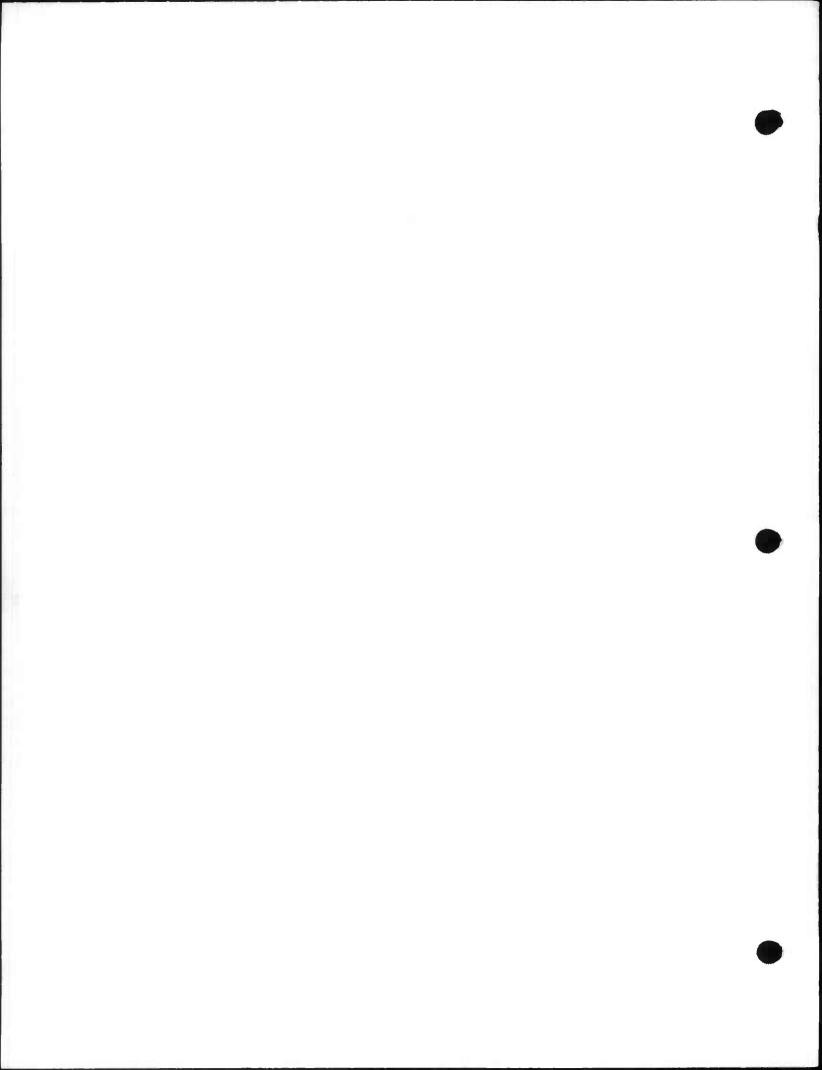


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within K hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermin Pages 1.2 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	IEALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH
1 "	LULU EDNA 7					MONTH 0/107	96 YEAR	06:15 a _m
	4. SOCIAL SECURITY NUMBER	_ 37	In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	
	235-11-3752 90. FACILITY NAME (If not institution, give s	100	YRS.	AL AUTH TANK		03/26/18		. V.
<u>د</u>	Ortiz Persona			Oakla	PR LOCATION OF DE	EATH	9c. COUNTY OF Garr	
DIRECTOR	RESIDENCE OF DECEDENT		10	Vania	IIIO		Gall	
뿐	W.V. Pres		10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? V
	W.V. Pres	30011			Alta			1 TES 2 NO
FUNERAL	Rt. 2, Box	47		101	26764		10g. CITIZEN OF	WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	I U.S. ARMED	13. WAS DEC	ENCENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No — 14. RAI	CE — American Indian
BY F	1 Never Married 2 Married 3 Never Married 2 Neverled	FORCES? 1 TYES		If yes, spi		n, Puerto Ricen, etc.)	Bla	CE — American Indian, ck, White, atc. city:
	15. DECEDENT'S EDU	CATION						White
COMPLETED	(Specify only highest grade	completed) College (1-4 or 5 +)	(Give kind of life. Do NOT us	USUAL OCCUPATION work done during moderation of the contract.)	on st of working '	16b, KIND OF BUS	SINESS/INDUSTRY	
PL	08	O (1-4 or 5 +)	Home	maker		Domes	stic	
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
BE (Abraham L. Ha	iyes				Meyers		
0	19a. INFORMANT'S NAME (Type/Print)					Toute Number, City or Town		26764
	Willard P. To					erra Alta		
1	1 ABurial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata 20b.	PLACE AND DATE	OF DISPOSITION (Na	me of	DATE 20c. LO	CATION — City or 1	Alta, WV.
	21. SIGNATURE OF FUMERAL SERVICE LIC		Jake 10		D AODRESS OF FAC		rerra	Alta, MV.
	· 4//an b	1 No	211	Arthu	ır H. Wi	right Fur	neral H	ome, Inc.
\vdash	23. PART I. Enter the diseases, or c	complications that caused	the death. Do r	105 E	de of dylan	d Ave., 7	lerra A	
	shock, or heart failure.	List only one couse on ea	ich line.		oo or cynig, coor	res carolac or reapi	ratory arreat,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A	Mou	11.6				Ollege and Death
		DUE TO (OR AS A	CONSEQUENCE OF	F): 4				
No	Sequentially list conditions,	OUE TO (OD AC A	CONSEQUENCE OF	_				
FA	If any, leading to immediate cause. Enter UNDERLYING	ODE TO LOR AS A	CONSEQUENCE OF	-):				
트	CAUSE (Disease or injury that initisted events	DUE TO (OR AS A	CONSEQUENCE OF	F):				
CERTIFICATION	resulting in death) LAST	1						
AL C	PART II. Other aignificant condition	a contributing to death be	It not resulting	In the underlying	cause given in	Part i. 24a. WAS AN	ALITOPSY 24	b. WERE AUTOPSY FINDINGS
	Mali	NH110N			occoo given iii	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
밀	Age	2				1 TYES 2	KNO	OF DEATH?
N N	DID TOBACCO USE CONTI		F DEATH YE	S NO D	UNCERTAIN	<u></u>		1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF OEAT	TH (Check only one)				
YSI	1 □ YES 2 NO	1 Inpatient 2 ER/Outpu	stlent 3 🗆 DOA	OTHER:	5 🗆 Residence	Other (Specify)	ersonel (are Howe
	27. MANNER OF OEATH Netural 5 Pending	(Month, Day, Year)	28b. TIM INJ	URY WO	RK?	28d. OEŞCRIBE HOW II	JURY OCCURED	
BY	2 Accident Investigation	28s. PLACE OF INJURY	— At home farm a		ES 2 NO	and I ocation (o		
밀	4 Homicide detarmined	building, etc. (Speci	(y)	arrest, factory, office		281, LOCATION (Street a City or Town, State)	nd Number or Hural	Houte Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	adde death occurs	ed at the time date	and alone and duri			
Š	(Check only one) 2 MEDICAL EXAMINE	R: Op the basis of axamination	and/or investigatio	n, in my opinion, de	eath occured at the	time, data and place, and	ner as stated. I due to the causel	s) and manner as stated.
	196. SIGNATURE AND TITLE OF CENTIFIER				29c, LICENSE NUM			3 (North, Day, Year)
BE (/ XEV/				AG-9651		D /0//4	196
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	, , , , , ,	. /	111	
	Robert Goralski			h Street	, Oaklan	d, MD 215	550	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	OCT 1 5 1996	Jaka Blowsking	Backett					



96-5749-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Marvla

nd /	Department	of Health an	nd Mental Hygi	ene
	Certificate	of Death		- M-

Physician /Medicai Examiner

3. Time of Deeth 5:57P.M.

10d. inside City Limits

1 Yes 2 No

Director

Completed

 Birthplece (State or Foreign Country) A

Funerai Director

must be notified at items 23a "natural", or

traumatic event, the Medical Examiner permit. Pages 1 end 2 should be filed within 7; Department of Heelth and Mentel Hyglene. Important: if Item 27 is marked other than "na any Injury or other traumatic event, fin Mode.

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Records,

Division of Vital

Physician /Medical Examiner

Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the humananes. Physician/Medicai page 2 should be del þ Completed Certification: To

1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month OCTOBER 7, 1996 **EDWARD** THOMAS 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth SHOCK TRAUMA CENTER BALTIMORE Baltimore 5. Sociei Security Number 7. Age (In yrs. last birthdey) if Under 1 Year if Under 24 Hrs. Deys Hours 12M 20F 54 183-34-9547 Vrs Usuei Residence of Decedent 10e Stete 10h Counts 10c. City, Town or Location Watertall 10e. Street and Number 10g. Citizen of What Country? P.O. Bx 14489 U.S. Funerai A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus Rece - American indien, Bieck, White, etc. 1 Never Merried 2 Married 1 □ Yes 2 □ No Specify: by 3 ☐ Widowed 4 ☐ Divorced Specify: White 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuai Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Equipment Operator PA. Turnpike 10 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Edward B 1 Som AS Anderson 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) MARY Thomas P.O. Bx. Waterfall 5 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, Stete Dete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name end Address of Facility Kelso- Cornelius mc Connells surg Second 51, 322 W. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heer failure. List only one cause on each line. immediate Ceuse (Finel disease or condition resulting in death) Due to (or es e consequenca of) Due to (or es e consequence of):

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest

Due to (or es e consequença of)

Pert if. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i.

20 No 1 Yes

23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown

Pa. 17235

Approximate Interval Between Onset and Deeth

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Yes 2□ No

Hospitel: 1 Npatient 2 □ ER/Outpetient 3 □ DOA

26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury

1 Ves 2□ No 27. Menner of Deeth

4 Homicide

25. Wes case referred to medical examiner?

1 Neturel 5 Pending Accident investigation 6 Could not be determined

28e. Dete of injury (Month, Day Year) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

28b. Time of UNIC 28c. Injury et Work? X Yes 2 No

Sheet 1000 Location (Street end Number or Rural Route Number, City or Town, State)

29e. Certifier

1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the cause(s) end menner stated. 29c. License number

29b. Sign kure and title of certifier

O.C.M.E.

29d. Date signed (Month, Day, Yeer) OCTOBER 8,1996

30. Name and address of person who completed cause of death (item 23e) (Type, Print)

Locke I. LAKEN 31. Dete filed (Month, Dey, Year)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medicai



State of Maryland / Department of Health and Mental Hygiene

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Certificate of Death 2. Date of Deeth Month October

Physician /Medic Examir

leon

1. Decedent's Name (First, Middle, Lest)

JERRY

Day Year 1994 1715

29d. Date signed (Month, Dey, Year) October 08, 1996

lane, # 409, Rockville, MD 20852

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland Depertment of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, me Medical Examples not lifed at once.

Baltimore, Maryland 21215-0020

Physician Examiner

To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

er	4a. Facility Name (If not institution	, give street and	number)			4b. C	ity, Town,	or Location of Daati		ty of Death	1150
	SHADY GROVE	E ADVEN	TIST H	OSPITA	AL	F	ROCK	VILLE	MO	NTGOM	IERY
	5. Social Security Number 217-72-0613	6. Sax 1 M 2 ☐ I		. last birthday) Yrs.	Months [Under 24 H ours M	lin. 8. Date of Bir (Month, De Nov. 13	th Yeer) 1956	Coun	laca (Steta or Foreign try) ' land
	Usual Residence of Decedent 10a. State 10b. County		100.0	ity Tours or L	postion						
ctor		ington		agers						1	0d. Inside City Limits 1 ☐ Yes 2 ☑ No
lre	10e. Street and Number				10f, Zip Co	ode			10g. Citizen o	What Coun	try?
a	10036 Melody	Lane			21	1740			U.	S.A.	
Completed by Funeral Director	11. Marital Status Navar Married 2 Marri 3 Widowed 4 Divorced	ed 1 Tes,	ecedent Ever in I I Forcas? es 2 XNo Give or Dates:		Was Deceden If Yas, specify 1 ☐ Yes 2 Ŋ	Cuban, M	nic Origin? exican, Pu pecify:	(Specify Yes or No lerto Rican, atc.)	Ві	ace - Americ ack, White, ify: Whi	etc.
etec	15. Decedent (Specify only highes	's Education	ed)	16a. Dece	dent's Usual C	Occupation	a most of s	workina	16b. Kind of	Businass/Ind	dustry
ompl	Elementary/Secondary (0-12)	Ť	e (1-4or 5+)	life.	lesmar	retired)	y 111001 07 1		Offi	ce Su	pplies
BeC	17. Father's Neme (First, Middle, I	.est)				18.	Mother's N	Name (First, Middla,	Malden Sume	ma)	
TOE	Stacy Lou:	is Th	nompson	Jr.			Peg	av Lee	e Re	ed	
-	19a. Informant's Neme/Relationsh			19b. Maili	ng Address (S	Street end I	-	Rurel Route Number			Code)
	Vaughn E. Va							agerstown			
	20a. Method of Disposition Dunation Donation Donation		m State	Place of Dispo cemetery, crea	osition (Neme metory or othe Cemete	of ar piece)	10-10	Date	20c. Location	- City or To	
	21. Signature of Funeral Service L		1 0.			,			Big Po		irytailu
	R. hade	Bre	dy	7	indrew 1	K. Co ntiet	offman am S	n Funeral treet, Ha	Home, gerstov	Inc. n, Md	. 21740
	23a. Part 1. Enter the disease, or a shock, or heert failure. List of	complications the only one cause o	at dused the dea on each line.	th. Do not en	ter the mode o	of dying, su	ich as card	diac or respiratory a	rrast,		Approximate Interval Between Onset and Death
	Immediate Cause (Finel diseasa or condition resulting in death)	θ	Cardi	ores P	PRAT	ory		Arrest			10 minute
Jer			Due to (or as a consec	quence of):	V	<u> </u>	1 0 0		1	2 4
Ē	Commente No. Hot and distance	b	Mepa	toce	lhyla	Y	tas	luse			3 mouns
Physician/Medical Examiner	Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying) of ellica	or as a consec	quence or):						
ca	Ceuse (Disease or Injury that Initiated events	с	Due to /							-	
g	rasulting in death) Last		Due to (or as a consac	quenca or):						
2		d									
clai											
ysi	Part II. Other significant condition	18 contributing to	death but not re	suiting In the u	nderlying caus	se given In	Part I.		1		the cause of death?
_	- Adult 9	minun	odefin	inay	Sy	ndr	ome	10	Yes 2 No	3 Prot	ably 4 Unknown
Completed by	End stag	e wi	ith	WAS	hing	Sy.	ndro		en eutopsy rmed?	ave cor	ore autopsy findings allable prior to appletion of cause death?
0	Thomas	water to	en - 201					101	Yes 20 No	1	Yes 2□ No
Be	25. Was case referred to medical	CY TO P	nuc			26.	Plece of D	Death (Check only o	one)		
0	axaminer? 1 ☐ Yes 2 ☑ No	Hospital:	Unpatient 2	ER/Outpatler	nt 3 DOA	Other		Homa 5□ Resid		har (Specifi	d
	27. Menner of Death	28e. Da	te of Injury	28b. Time of		Injury at Work?	- Harainily	28d. Describe			,
catio	1 Matural 5 Pending 2 Accident investigat 3 Suicide 6 Could no	ation of he	onth, Dey Year)	Injury	М	1 Tes	2 🗆 No				
ertit	4 Homicide determine	ned 286. Pla	ace of Injury - At h ilding, etc. (Speci	ome, farm, str fy)	reet, factory, of	ffica		28f. Location (: City or Tox		ber or Rure.	Route Number,
edical Certification:	29a. Certifier 1 € Certifying (Check only one) 1 € Certifying	xaminar: On the	he best of my kno basis of examine anner stated.	owledge, deeth etion and/or Inv	n occurred et ti vestigation, in	he time, de my opinior	ete end pla n, death oc	ace, end due to the ccurred at the time,	cause(s) end n dete end placa	nenner as st , and due to	eted. the cause(s)

29c. License number

MD 46398

Registrar

29b. Signeture and title of certifier

6. Gupta, mp 31. Date filed (Month, Day, Yeer)

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene 96

31312

						Certific	cate of	Death		Reg. No.	0 31312
П	Physic	ian	Decedent's Name (First, Middla, L.	*					2. Date of De Month		3. Time of Death
d	/Medi		Frances	Ansal		Walk	er		Octobe		
	Exami	ner	4a. Facility Name (If not Institution, gi Calvert Memori					4b. City, Town, or Prince	Frederi	ck Cal	vert
	_c Funerai Director		The state of the s	Sax 7. Ag 1 M 2 M 2 7	a (In yrs. last bii 1	Yrs. If U	ndar 1 Yee ths Days	The second second second	8. Data of Bir (Month, Da OCTODE	th y, Year) er 17, 19	9. Birthplace (State or Foraign Country) 924 Maryland
	land w		10a. Stata 10b. County		10c. City, Tow	n or Location					10d. insida City Limits
	se Man	Director	Maryland Calvert		Lusby						1 ☐ Yas 2 No
	th with the 23a or 2		1266 White Sands	Drive		101	Zip Coda 20	657		10g. Citizan of W United	
020	72 hours after death with the Maryland "natural", or items 23a or 28a-f show solical Examinational political at	by Funeral	11. Meritei Stetus 1 □ Nevar Marriad 2 □ Married 3 □ Widowed 4 □ Divorced	12. Was Decedant Armed Forces? 1 ☐ Yas 2 ☒ If Yes, Giva Year or Datas:	11.04		ecedant of specify Cul as 2 No	Hispanic Origin? (S ben, Mexican, Puar Specify:	Spacify Yes or No to Rican, etc.)		- Amaricen Indien, c, White, etc. white
5-0		etec	15. Decedant's E (Specify only highast gr	ducation ade complatad)	16a.	Decedent's	Usual Occu	upation a during most of wo	rkina	16b. Kind of Bus	inass/Industry
121		Completed	Eiementery/Secondary (0-12)	Coliaga (1-4or 5				•		I	e Grool
d 2	TI CO. In .		17, Father's Nama (First, Middla, Last	2	5	SUDSTI	tute	teacher	ma /First Middle	Meidan Surname	
lan	be de de	To Be	William Ansalvis						s Griffi		,
Maryland 21215-0020	d 2 sh th and 7 is m traum		19a. informant's Neme/Ralationship G. Russell Walker		12	266 Wh:	ite Sa	ands Dr.			
Baltimore,	M 0		20a. Mathod of Disposition 12 Burlai 2 Cramation 3 C 4 Donation 5 Other (Spaci	Removal from State	20b. Piaca of comata	Disposition ry, cramatory	(Neme of or other plants	oct 8 1 1 Gardens	Dete 996		City or Town, Stete Calvert Maryla
Balti	permit. Page Depertment of Important: If I any Injury or once.		21. Signature of Fullyeral Sarvice Lice			22. Nem	e end Addr	ess of Fecility	Rausch	Funeral	Home P.A.
	100		23a. Part1. Entar tha disaasa, or com shock, or haart failure. List only	plications that ceused	the daath. Do r						Maryland 206
'n	Physician		SHOOK, OF HEART FAILURE. LIST OTHY	one cause on agon in	10.						Interval Between Onset end Death
	/Medical Examiner		immadiata Cause (Final diseesa or condition	Cardi	o resput	alon	ar	rest			5 minutes
	LAdminer	_	rasulting in daath)	e. Cardi	Dua to (or as a	consequanca	of):				5 minutes
	ted usit	nine		b. Tuetas	talic	letres	t can	cer			mostles
Ć,	execu in and fal-tra	Examiner	Sequantially list conditions, if eny, laading to immediata ceusa. Entar Undarlying Causa (Disaasa or injury		Dua to (or es e	consaquance	of):				
68760,	rificate be executed ng physician and as the burial-transit	Medical	Causa (Disaasa or injury that initiated avants rasulting in daath) Lest	C	Due to (or es a c	onsequence	of):				
Box 68	\$ 0 a		yassaning in sauliny Less	d							
	death cer se ettendir ed for use	Physician/	Part II. Other significant conditions of	ontributing to death bu	it not resulting in	tha underlyi	ng ceusa g	iven in Pert I.	23b. Did t	obacco use cont	ribute to the cause of death?
, P.O.	es thet the death cer igned by the ettendir be detached for use								10		3 ☐ Probably 4 ☐ Unknown
Vital Records,	aw requir	Completed by							24a. Was perfor	an autopsy rmed?	24b. Ware autopsy findings availabla prior to completion of ceusa of death?
<u> </u>		S							1 🗆 Y	as 20 No	1 ☐ Yas 2 ☐ No
<u> </u>	certificate rector, pag	Be	25. Was cese rafarred to madical axaminar?	Maarital					ath (Check only o	na)	
0	Physician: The I this certificate hard	7	1 Yas 2 No	Hospitel: 1 Inpatia		-	DOA			lance 8 Othar	
DIVISION	or Attanding I after death. Director: After I in by the funer	Certification:	27. Manner of Deeth 1 Neturat 5 Panding 2 Accidant Invastigation 3 Suicida 6 Could not b			ima of njury M	28c. Inju Wo	ry at ork?] Yas 2 □ No		low injury occurred	
2	at or At s after of al Direct ed in by	Certifi	4 Homicida dataminad	28a. Place of Injubuilding, ato	iry - At homa, fai . (Spacify)	rm, straat, fac	ctory, office		28f. Location (S City or Tow	Straat and Number m, State)	r or Rural Routa Number,
)	To the Hospital or Attanding within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical	29a. Certifiar (Check only one)	ysician: To the best of ninar: On the basis of and manner sta	axamination and	death occur Vor Invastiga	red at tha ti tion, In my	ma, data and piace opinion, daeth occu	, and dua to tha c rred at the tima, c	causa(s) and mendata and piace, an	nar as stated. nd dua to tha ceusa(s)
	To to com	Σ	29b. Signatura and titla of cartifier		10		29c. Licen	se number		1 4	(Month, Day, Year)
}			Jan 1900	_	two		Dx	1831		10/6/9	6
			30. Nema and address of person who					1 2 2 22	180 10000	Diace	
	Sta	e	JAMES I · DAMACE 31. Dete filed (Month, Dey, Year)	32. Registra	r's Signature	U HALLS	DEACH	RD PRI	we pred	wice, wis	>0678
	Registr	re	OCT 08	32. Registra	hi Davide	x-Rarda	Ш				

State of Maryland / Department of Health and Mental Hygiene Q 6 21212

, 1996

							Ce	rtificate	of	Death	7		Re	ng. No.		0101	J
	lhlai		1. Decedant's Nan	na (First, Middla, L	ast)							2. Dete	of Deat	h Day	Yaar	3. Time of De	ath
	hysici /Medic		ORA	ELIZABET	гн	WILAND							OBER		996	09:40	A
	xamir		4a. Facility Nama	(If not Institution, g	ive street and n					4b. City, To	own, or l			4c. Count		0,71,10	
			Sacred H	Heart Hos	pital					Cumbe	erla	nd		Alle	egany		
Fu	ıneral		5. Sociei Sacurity I		Sex	7. Aga (In yrs	. last birthday)			if Unda	24 Hrs.	8. Date	of Birth			placa (State or F	oreign
	ector		219-14-5	5579	1 □ M 2 💢 F	72	Yrs.	Months D	Deys	Hours	Min.	Dec.	14,		Mary	Iand	
D			Usual Rasidance														
ylan	E Pow		10a. Stata	10b. County			ity, Town or Lo								1	Od. insida City I	imits
Ma.	푘	to	MD	Garret	t	Lo	naconi	ng								1 Yas 2	No D
72 hours after death with the Maryland	al', or items 23s or 28s-f show Examiner must be notified at	Funeral Director	10e. Street end Nu 120 Kamp	oside Roa	d			10f. Zip Co	ode	215	39	_	10	0g. Citizan of	What Cour USA	ntry?	
Jeath	2 2	era	11. Marifel Stetus		12. Wes De	cedant Evar In I	U,S. 13.	Was Decedan	nt of F	lispanic Or	rigin? (Sı	pecify Yes	or No-	14. Rec	e - Americ	an Indian,	
ther :		F	1 Never Man	ried 2 Married	Armed F	orces? 2 ANo		If Yes, specify	Cub	an, Maxica	n, Puarti	Rican, e	tc.)	Bla	ck, Whita,	etc.	
ES 2	0,1	by	3 Widowed		If Yas, G	iva		1 □ Yas 2 12	No	Specify	:			Specif	y: W	hite	
2 70	natural,	8		15. Dacedent's f	Education		16a, Dece	dent's Usuai C	Decur	patton				16b. Kind of B	usiness/în	dustry	
e 1		Set		cify only highast g	rada completed		(Giva	kind of work of DO NOT usa	done	during mos	st of wor	king		, , , , , , , , , , , , , , , , , , , ,	20111002111	oudiny	
Within ene.	1	Completed	Elementery/Sec	ondery (0-12)	College	(1-4or 5+)		emaker		-/				Orm	Home		
Hygiene	ž ž		7 th 17. Father's Neme	(First, Middle, Les	it)		HOIN	emaker		18 Moth	er's Nam	a /First i	Widdle N	Meidan Surnar			
Mental	marked other than imatic event, the M	Be			.,										110)		
and Men	Tag T	ို	John Gar		7 210		120 1200					eth E			12.000		
- =				lame/Ralationship		ala te a ca		ng Addrass (S								_	
eatt	m 27		-	Broadwat	er, dat			2 Natio		al Pi	ke,		-		2153		
ent of F	Important: If item 27 is marked other than any injury or other traumatic event, the M SDGs.			sposition Cremetion 3 5 Other (Spec		Stata	Place of Dispo cematary, crain Ann's	matory or otha	or ar ple		5,	Data 1996		20c. Location Avilton		ARCHEST	
mit.	interest		21. Signatura of Fi	unaral Sarvice Lice	nsee		22	2. Nama and A	Addre	ss of Fecil	ity						
Ded .	any ir) ()	4 7	Deven		N	ewman 1	Fur	neral	Hom	es, l	P.A.	, P.O.	Box	275	
		_	100	eren o	fun	ac	1	79 Mil	lei	st.	, Gr	ants	ville	e, MD	2153	6	
			23a. Part1, Ent	tha di aasa, or cor art fa ura. List only	no ications that y ona causa on	caused tha dea each lina.	ith. Do not ant	ar tha moda o	of dylr	ng, such as	cardiac	or raspire	atory arra	ıst,	1	Approximate Interval Between	an
•	ician		7.03												1	Onsat end Dea	th
	dical niner		immedieta Causa disaase or condition	on	ad.	ult 5	Zeal:	valor	~	al	:81	1287	80	1 Dun	N/	h alan	1
al	miller		rasulting in death)		a.	Dua to	or as a consec	quance of):	9	,	1	14		9		,	1-7-
	#	ne			.00	Dua to	ha no-	(1) (111	201-			1	6 day	1-
	rans	Examiner	Sequentially list co	onditions.	D	Dua to (or as e consec	quance of):		· _ ·		4 6)		1	- Wa	V
	an a rriaH		Sequentially list co if any, leading to in causa. Entar Undo Cause (Disease or	mmadieta arlying											1		
	e pr	edical	that inflated evant	5	C	Due to /	or as a conseq	mence of).									
1	g pnysician and as the burial-transit	8	rasulting In death)			Dua to (o. ao a conseq	Juanioa UI).							i		
	5 a	N.		-	d												
	for	Physician/															
1	detached	ysi	Part II. Other eignl	ficant conditions	contributing to d	death but not re	sulting in the u	ndarlying caus	sa giv	en in Part	1.	231	b. Dld tol	bacco use co	ntribute to	the cause of d	eath?
	detac		150	bassi	~	I) X	DENIM	1 2	المد	"Vim	TE		1 1	s 2□ No	3 Pro	bably 4 Un	know
	5.8	þ					200	4				8			1		
	should	Completed										248	 Was an perform 	n autopsy ned?	av.	are eutopsy find ailable prior to	
- 4	N	Die												,		mplation of caus death?	ia
4	2	E											1 □ Ya	s 24 No	1 [Yes 2□ No	
4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	rector, pag	0	25. Was casa rafe	rred to medical	T					on Die	I D	45 /Ob = 4			1	2100 20140	
900		a	examinar?		Hospitel:	/mail:	IED/O	4 0F 55:	Oth	or:		th (Check					
	5 70	2	27. Manney-of Deal		100	·	28b. Tima of			4UN	ursing H			nca 8 □Oth		y)	
1. 4	by the funer	Certification:	1 Netural	5 Pending Investigation		of Injury oth, Day Year)	Injury	M 280.	. Injur Wor	rk? Yas 2□	No	ZOU. Did!	NII OUIN	myary Occul	iou		
death	in by the	Ca	2 Accident 3 Suicida	6 Could not I	De Dies	n of Inlant	nama forma			.00 2		not Lan	ation /Cu	road a mel Ali	har ar D.	I Doute Munt	
efter o	2.5	ŧ	4 Homicida	determined	20a. Plac	e of Injury - At I ling, etc. (Speci	ioma, tarm, str ify)	aat, ractory, of	TICE				or Town		or Hure	il Routa Number	
urs efter	pe iii																
Hospital	etely fillex	dical	29a. Certifier (Check only	1 ☐ Certifying Pl 2 ☐ Medical Exa	hysician: To the	a best of my knows	owledge, death	occurred at t	the tir	ma, data ar	nd place,	end due	to the ca	usa(s) end m	ennar es s	teted.	
24 H	i i	2	one)	La medicai caa	end mer	nar stated.	anon and/or th	- ostigetion, in	illy 0	piritori, utt	ati occidi	ाउप चर सी	curre, de	no eno piece,	OHO OUR (C	ula Cadse(s)	

State Registrar complated causa of deeth (Item 23a) (Type, Print)

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month 03 Gail Solomon Warnick 10 96 10:38 PM /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** Dennett Road Manor, Inc. Oak Land Garrett 5. Social Security Number If Under 1 Yeer | If Under 24 Hrs. 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Deys Hours 1 → M 2 □ F 81 Yrs Director June 7, 1915 West Virginia 216-09-8718 death with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-1 show treumstic event, the Medical Examiner must be notified at NO Yes 2 No Director Maryland Garrett Swanton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2891 Swanton Road Funeral 21561

13. Was Decedent of Hispanic Origin? (Specify Yes or NoIf Yes, specify Cuban, Mexican, Puerto Rican, etc.) S. A. 14. Hace - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after deat Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural". A service envy injury or other treumatic event. 12. Was Decedent Ever in U,S. Armed Forces? 1 √Yes 2 No If Yes, Give WW Year or Detes: WW 1 ☐ Never Merried 2 ☐ Married 1 Yes 2 No Specify: Specify: White ģ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) 9 Foreman Westvaco Paper 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Calvin J. Warnick Rosa E. Paugh 19a. Informent'a Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) John Warnick (son) 8 Millrace Lane, Keedysville, Md. 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Garrett County Mem. Gard 10/7/96 Oakland, Md. 21. Signature of Funeral Service License 22. Name and Address of Fecility Durst Funeral Home, P.O. Box 243, Oakland, MD. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, auch as cardlac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) one year Examiner Due to (or as e consequence of) Examiner ed by the attanding physician and detached for use as the bunal-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequença of): P.O. Box 68760. Physician/Medical Due to (or es a consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Dtd tobacco use contribute to the cause of death? signed by 1 Yee 2 No 3 Probably 4 Unknown Records, á cata has been sig 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Was an eutopsy performed? certificata 1 Yes 2 12 No 1 ☐ Yee 2 ☐ No Division of Vital Attending Physician: 25. Was case referred to medical Be 28. Piace of Deeth (Check only one) examiner? Other: A Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this the funeral 28a. Dete of tnjury (Month, Dey Year) 28c. Injury et Work? 27. Manyler of Death Certification: 28b. Time of 28d. Describe how injury occurred After 1 Naturel 5 Pending to the stigetion death. 1 ☐ Yes 2 ☐ No 24 hours after death.
Funerel Director: A 2 Accident 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital within 24 hours a To the Funerel Complately filled Tell Certifying Phyeictan: To the best of my knowledge, death occurred at the time, dete end piece, end due to the ceuse(s) and manner as stated.

2 Medical Examtner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29e. Certifier Medical 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

4th ST OAKLAND, MD

TIVA

State Registrar 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

311

32. Registrer's Signeture

SCHWAL

E.

31. Dete filed (Month, Day, Year)

con H

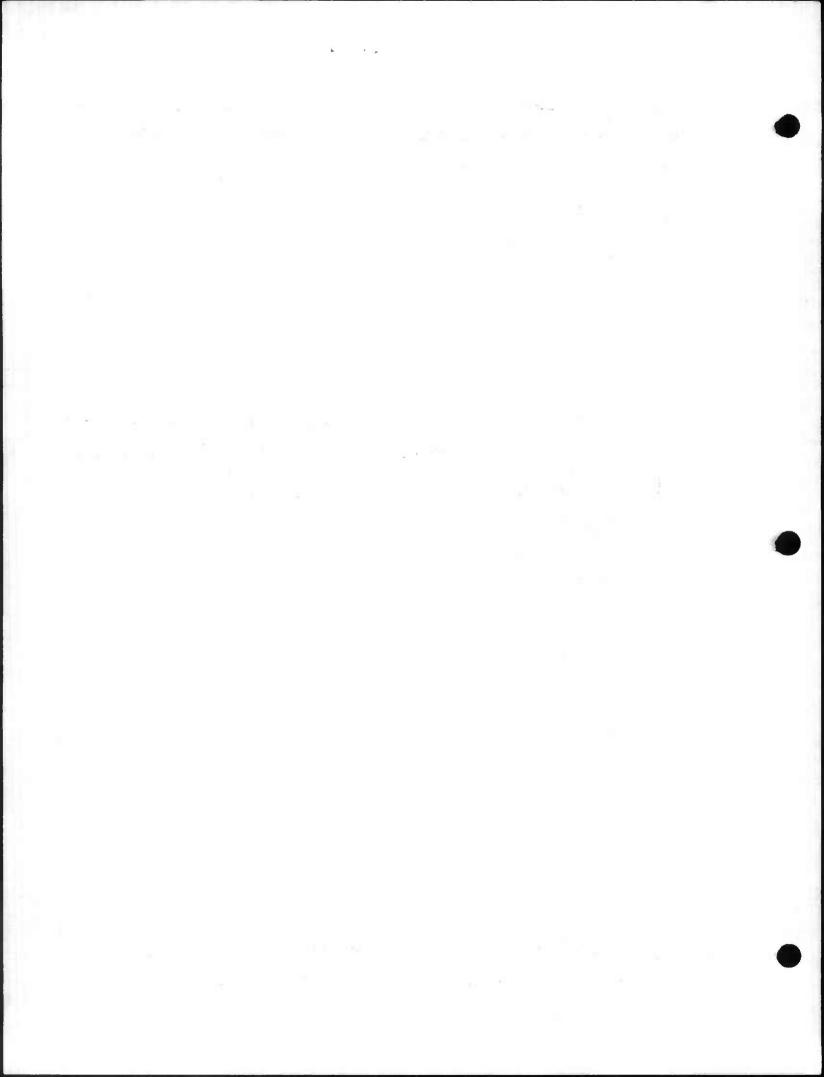
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 3 | 3 | 5

				,	(Certifica	ite of	Death	Re	g. No.	01010
	Dharalai		1. Decedent's Name (First, Middle, Last)						2. Date of Death Month		3. Time of Death
U	Physici /Medic		CARL WILLIAM W	HISNER					OCTOBER		11:35 P
	Examir		4e. Fecility Neme (If not institution, give str	reet and number)				4b. City, Town, or L		4c. County of Death	
	15		Sacred Heart Hosp	ital				Cumberlar		Allegan	У
	Funeral Director		212-12-8241	7. Age (in	yrs. last birth	Month	er 1 Yeer s Days	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day, Oct 24	Year) 1919 West	place (Stete or Foreign Virginia
	ylend Now		Usual Residence of Decedent 10a. State 10b. County	100	c. City, Town	or Location					10d. Inside City Limits
	Mer	tor	Maryland Garrett	l I	31oomir	ngton					1 X Yes 2 No
	h the	Director	10e. Street and Number	1			ip Code		10	g. Citizen of What Cou	ntry?
	h wit	aiD	P.O. Box 94				2152	23	U	Inited Stat	es
	dead	Funeral		. Wes Decedent Ever Armed Forces?	In U,S.	13. Wes Dec	edent of I	Hispanic Origin? (Spen, Mexican, Puerto	ecify Yes or No-	14. Race - Ameri	
21215-0020	d within 72 hours effer death with the Meryland plane. r than "natural", or items 23s or 28s-f show the Merilcal Examiner must be notified at	by	1 Never Merried 2 Married 3 Widowed 4 Divorced	1 X Yes 2 No If Yes, Give Year or Dates:			X□ No	Specify:	Hican, etc.)	Specify: White	ite
2-0	72 ho	Completed	15. Decedent's Educa	tion	16a. D	ecedent'a Us	uel Occu	pation	1	6b. Kind of Business/Ir	
2	G	nple	(Specify only highest grade of Elementery/Secondary (0-12)	Coilege (1-4or 5+)				during most of work d)			
7	filed with Hyglene. rther ther	Con	Unknown		West	tvaco-	Macl	nine Coat:	ing Dept.	Paper Ma	nufacture
pu	be filed tal Hygle d other svent, to	Be	17. Father's Name (First, Middle, Last)						e (First, Middle, M		
yla	should be nd Mental marked o	To	Howard Whisner					Martha	a Elizabe	th Smiley	
Maryland	2 sh end le m		19e. Informant's Name/Relationship (Type			_				City or Town, State, Zi	
	s 1 and of Health item 27 i		Judy Hamilton - Da					eld St.,		, WV. 26750	
0	Pages 1 nent of H int: If ite		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Rer			cremetory of	other ple	,		Oc. Location - City or T	
Ë	Pag ment lant: h		4 ☐ Donation 5 ☐ Other (Specify)		Philos	s Ceme	tery	10-15	5-96 · W	lesternport	, Md.
Baltimore,	permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important: If item 27 is marked other any injury or other traumatic svent, ODGs.		21. Signature of Funeral Service Licensee	Boul				ess of Facility	eternnor	et, Md. 215	62
	P. 18		23a. Part1. Enter the diseese, or complica shock, or heart failure. List only one	tions that caused the	deeth. Do no	t enter the mo	ode of dy	ng, such as cerdiac	or respiratory arre	st,	Approximate Interval Between
Я	Physician		Shook, or Healt failule. List only one	cause on each line.							Onset and Deeth
И	/Medical		Immediate Cause (Final disease or condition	ACU	6	6/2	SF	Vinaf	777	Pailer	14 Son
п	Examiner		resulting in death) a.	Due	to (or as a co	nsequence o	n):		2	menn	1700().
	D is	Examiner	a b	Kiels	Ma	Via9	1 au	6 296	uscon	aud:	urknow n
	end Fran	хап	Sequentially list conditions,	Due	to (or as a cor	nsequence of):	1			
60,	be ey Iclan buria		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		ne	'ar	wo	wa			
68760,	cete be executed physician end s the burial-transit	edical	that initiated events resulting in death) Last	Due	o (or as e cor				10 11	1.1	
	certificanding plans as t	-	d	(a o	Q 1	Sao	2.19	Je w	Sh M	e Pastasin	24 hough
Box.	Jeath e etter d for u	Physician/N	Part II. Other eignificant conditions contri	huting to death hut not	0			una la Dant I	noth Did set		to the cause of death?
P.O.	the ache	hys	Part II. Other eigninicant conditions contin	outing to death but not	resulting in th	ne underrying	cause gr	ven in ran i.	230. Did tot	Δ.	bably 4 Unknown
	ned a	by P								s squo our	vocation 4 de l'introduction
Records,	The law requires that the death certificate be executed at a has been signed by the ettending physician end page 2 should be detached for use as the burial-transit	Completed t							24a. Wes an perform	ed?	Vere autopsy findings vailable prior to completion of cause death?
	he law age 2	omo							1 ☐ Yes	24	□ Yes 2□ No
<u>a</u>	an: tifical for, p	BeC	25. Was cese referred to medical					26. Place of Deal	th (Check only one		2100 2210
>	Attending Physician: or death. setor: After this certific by the funeral director,	To	examiner? 1 ☐ Yes 2 ☑ No	spitel:	2 ER/Outp	atient 3 🗆 [DOA Ot	nor.		nce 6 Other (Speci	(fv)
0	g Physical distribution			28a. Dete of Injury (Month, Dey Yea	28b. Tim		28c. Inju Wo		28d. Describe how		
<u>Ö</u>	death. ctor: Af y the fu	atic	1 A Naturai 5 ☐ Pending 2 ☐ Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	M		Yes 2 □ No			
Division of Vital	or Atta	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injury - A building, etc. (Sp	At home, farm pecify)	, street, facto	ory, office		28f. Location (Str. City or Town,	eet and Number or Rui Stete)	al Route Number,
	To the Hospital or Attending Physician: The is within 24 burns effect death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page	edical (29a. Certifier (Check only one) 29a Certifying Physici 21 Medical Examiner	lan: To the best of my : On the basis of examend menner stated.	knowledge, d ninetion end/o	leath occurre or investigation	d at the ti	me, date and place, opinion, death occur	and due to the car red at the time, da	use(s) and manner as te and place, and due	atated. to the cause(s)
	of the	Me	29b. Signature and title of certifier			2	9c. Licen:	se number	29	d. Dete signed (Month)	Day, Year)
	->-0		Dally Ma	Viana	N. W.	7	1-	1752	6		- H 1000
			30. Name and address of person who come	plotod ones of rigath	(Item 23a) /Tu	(na Print)	1	1 1 -		OCTOBER / 5	(1976
			John Mehanna M.	D 909-B	Soton	Drive	1/1	mberla.	1 MD	21502	
	Sta	te	31. Date filed (Month, Day, Yeer)	32. Registrar's S	Igneture	- CEC	المال	The Car			
	Registr	-	OCT 1 6 10	OR NOT !	d internal	E					

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 1. Decedent's Name (First, Middle, Last) 3. Time of Death Month **Physician** 1408 **JEAN** WAIGHT FRANCES /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth WICOMICO Examiner SALISBURY PENINSULA REGIONAL MEDICAL CENTER 5. Social Security Number 217-42-5141 If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign Country)
VIRGINIA **Funeral** 1□M 2ØF Yrs. Director Usual Residence of Decedent the Maryland 10b. County WORCESTER 10e Stete 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examinar must be notified at POCOMOKE CITY MD 1X Yes 2 □ No Director 10f. Zlp Code 21851 10e. Street and Number 10g. Citizen of Whet Country? Peges 1 and 2 should be filed within 72 hours efter death with innert of Health and Mentai Hygiene. Int: If flem 27 is marked other than "natural", or flems 23a or : U.S.A. Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 XNo If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: WHITE þ 3 □XWidowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry RESTAURANT College (1-4or 5+)
NONE Elementery/Secondery (0-12) WAITRESS 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be PAUL DURHAM **GENEVA** 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2: Department of Health ar Important: If Item 27 is eny Injury or other traugings. MELISSA Mc GEE LANKFORD HWY, OAK HALL, VA 10-7-96 20c. Location - City or Town, State 20b. Plece of Disposition (Neme of 20e. Method of Disposition DOWNING CEMETERY 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete OAK HALL, VA 4 ☐ Donetlon 5 ☐ Other (Specify) PO BOX 278 21. Signature of Funerei Service Licensee 22. Neme end Address of Fecility TEMPERANCEVILLE 23442 ames M VA FOX FUNERAL HOME 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician /Medical Immediate Cause (Final SUBMACHNOID 20 HM1 HEMUNAMURE disease or condition resulting in death) Examiner Due to (or es e consequence of): the Hospital or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to Completed 24a. Wes an eutopsy performed? completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: 1 ☑Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 this 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Medical Certification: After 5 Pending Investigation 1 Netural death. 1 Yes 2 No eral Director: A 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours e To the Funeral C completely filled 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, deeth occurred et the time, dete end piace, and due to the cause(s) end menner stated. 29a. Certifier 29b. Signeture and title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) = H. Bellis 10/4/86 D28587 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) EDWINH. BELLIS M.D. 560 RUSHSLOE DN. SALLIBURY, MD 21801 31. Dete filed (Month, Day, Year) OCT 0 8 1996 37 Registrer's Signature State

Registrar



AMENDED #5, 10/8/96, B.P., WORCESTER CO. Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 31317

						Cer	tificate	of	Death			Reg. No.	20	0	1011
	Physici /Medi		Decedent's Name (First, Middla, La	NNETH	R.	WIL	DE				2. Date of D Month CTOB	eeth Day	1996		ima of Death
	Examir		4a. Facility Name (If not institution, give						4b. City, Tov	n, or Loc		th 4c. Cou	nty of Deatl		
	Funeral Director		039-07 0 7537			last birthday) Yrs.	If Under 1		BERL I If Under 2 Hours		B. Deta of Bi	rth	9. Birth		Steta or Foreig
	Maryland -f show	tor	Usual Residence of Decedent 10a. Stata MD. 10b. County WORCES	TER	10c. Cit	y, Town or Lo CEAN	Cation CITY								aida City Limits Yas 2 □ No
	th with the 23a or 28a unt be not	ai Director	10e. Street and Number 1915 MARLIN D	RIVE			10f. Zip Co 218	42				10g. Citizan	of What Cor	untry?	
020	72 hours after death with the Maryland natural, or items 23s or 28s-f show dies Examiner must be notified at	by Funeral	11. Merital Status 1 Never Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forces? 1 X Yas 2 1 If Yes, Give Year or Datea:	Ever in U.	S. 13. W	Vas Decedent I Yas, specify I □ Yea 2		lispanic Orig an, Mexican, Specify:	in? (Spec Puarto R	ify Yas or N icen, etc.)	0- 14. F B	lace - Amer Black, White cify:		
21215-0020	C . 9	Completed	15. Decedent's E (Specify only highest gra Elementary/Secondary (0-12)	ducation ada completed) College (1-4or 5	5+)	(Giva	lent's Usual C kind of work of DO NOT use	done retire	during most d)	of working	7	16b. Kind of		ndustry	
Maryland	and Mental Hygiene. s marked other than surratic event, tre.	To Be C	17. Fathar's Name (First, Middle, Last, FRANCIS A. WI	LDE					18. Mother ETHEL	. Ro	BINSC	, Meiden Sum	eme)		
	and and n 27		BETTY M. WILD			1915	MARL	IN	DRIV	or Rural	OCEAN	OP, City or Tov	on, State, Z	ip Code)	21842
Baitimore,	200		20a. Mathod ot Disposition 1 Burial 2 Aremation 3 4 Donation 5 Other (Specific	Removal trom State	C	tace of Disponementary, crem	netory or othe	r pled		18	Date	20c. Locatio	SBUR		
Bait	permit. Pag Department Important: I any Injury o		21. Signature of Funerar Service Lice				Name and		•		Номе	BER	LIN,	Mp	
	Physician		23a. Perfu Enter the disease, or com shock, or heart failura. List only	plications that caused one cause on each lin	the deeth	Do not ente	er the mode o	dyln	g, such as o	ardiac or	respiratory i			Appro	eximate al Between t and Death
	/Medical Examiner	Jer	Immediate Cause (Final disease or condition rasulting in death)	· jemo	Due to (or	r es a conseq	uence ot):	4	Aul	my	rang	plise	ase	_10)
60,	certificate be executed ding physician and ise as the burial-transit	al Examiner	Sequentially list conditions, if any, leading to Immediate cause. Entar Underlying Cause (Dissess or Injury that Initiated events	b	Due to (or	r ea a conseq	uence ot):								
Box 68760,	2 0 8	n/Medical	that initiated events resulting in death) Last	d	Due to (or	as a consequ	uence of):						1		
P.O.	that the died by the detached	by Physician	Part II. Other significant conditions of	ontributing to death bu	ut not resu	alting In the un	nderlying caus	se giv	an in Part I.			tobacco use			ause of death
Records,	s law requiras has been sign je 2 should be	Completed b										s an autopsy ormed?	a	valiabla	on of cause
Vitai	iclan: The liceriticate he rector, page	ပ္ပိ	25. Was cese reterred to medical							1=000		Yaa 2 No	1	☐ Yes	2 No
5	ysician: is certific director,	0	examiner?	Hospital:	nt 2III	E#/Outpatient	3□ DOA	Oth	o.r.		Check only		When (Cons	26.4	
sion of	ding Ph h. After th funeral	-	27. Manner of Death 1 Death 5 Pending 2 Accident invastigation	28a. Date of Injur (Month, Day		28b. Time of Injury		Injun	4 LI NUE	28		how injury occ		ay)	
Division	aftar d Direct Jin by	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc	ury - At ho c. (Specify	ma, farm, stre	et, factory, o	ffice		28		(Street end Nu wn, Stete)	mber or Ru	ral Route	Number,
	Hospital 24 hours a Funeral I etaly filled	dicai	29a. Certifier (Check only one) 1 □ Certifying Ph	yalclan: To the best onliner: On the basis of and manner sta	examinati	vledge, deeth ion and/or Inv	occurred at t astigation, in	he tin	ne, dete and pinion, death	plece, en	d dua to the at the time,	cause(s) and data and plac	manner as e, and due	stated. to the ca	iuse(s)

State Registrar 31. Date tiled (Month, Dey, Year)
OCT 0 8 1996

29b. Signature and title of certifier

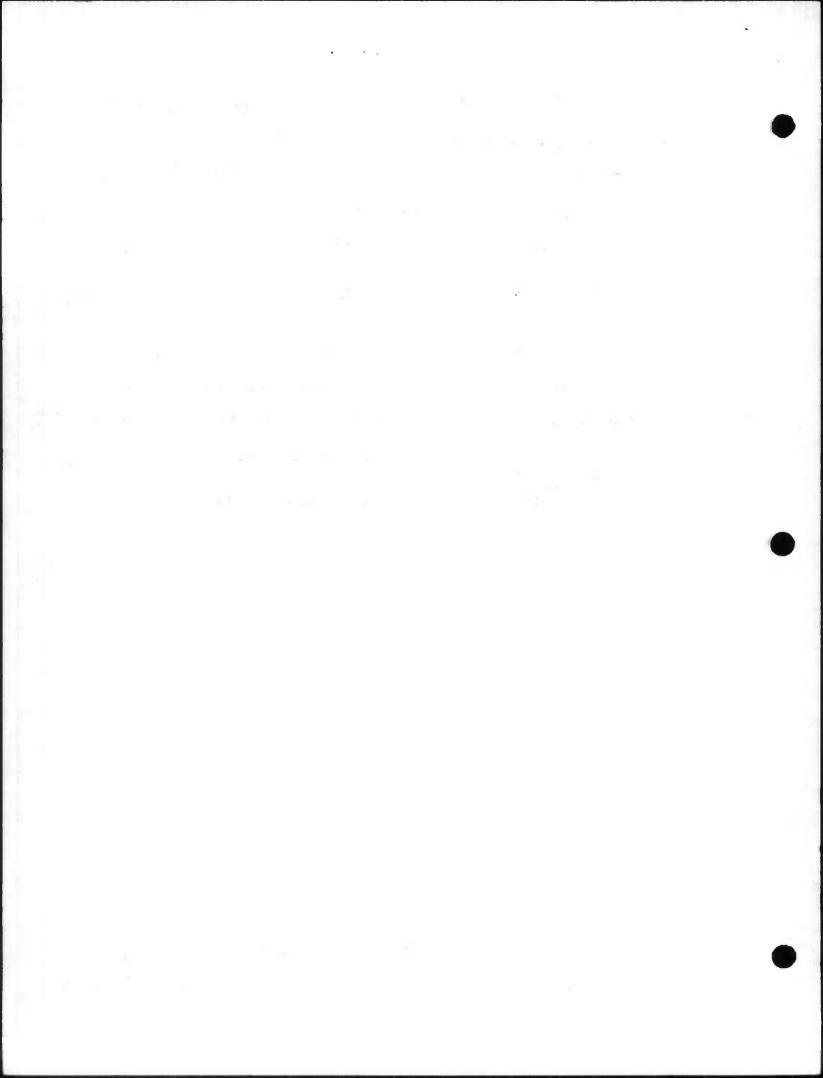
RUDNEY

WENKICH 100 POWERST SALISBURY MA

29c. License number

15384

29d. Data signed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death Alice Ε. Physician Brown Month Day4 5:45pm /Medicai 4b. City, Town, or Location of Death 4a. Facility Nema (If not institution, giva straat and number) **Examiner** 4c. County of Death Crownsville Anne Arundel Fairfield Nursing Home If Undar 1 Year If Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Yaar) **Funeral** Birthplace (Stata or Foraign Country) Days 1 □ M 2 1 F Months 77 Yrs. 215-24-4269 Director 06-09-19 MD. Usual Rasidanca of Dacedent the Marylend 10e. Stata 10h County 10c. City, Town or Location 10d. Insida City Limits ms 23a or 28a-f show Md. NA Glen Burnie Director 1 Yas 2 No 10e. Straat and Number 10f. Zip Coda 10g. Citizen of What Country? death with 8088 Montaque Court 21061 USA Funeral "natural", or items 12. Wes Dacedant Evar in U,S. Armed Forcas? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - American Indian, Black, White, atc. filed within 72 hours efter 1 Navar Married 2 Marriad 1 ☐ Yas **2**☐No if Yas, Giva Yaar or Dates: 21215-0020 þ 3€Widowad 4 Divorced Specify: Black Completed traumatic event, the Medical 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 9th Grade Domestic Worker Various Trade other Baltimore, Maryland 17. Fathar's Name (First, Middla, Last) . Pages 1 end 2 should be filt ment of Health and Mental Hy lant: If tem 27 is marked oth jury or other traumatic even 18. Mothar's Name (First, Middla, Malden Surnama) Be Roy Conway Eugenia Whitaker 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Kennedy 8088 Montaque Court Glen Burnie, MD. 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stete 1 → Burial 2 □ Cremation 3 □ Ramoval from Stata permit. Page Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Othar (Spacify) 10-19-96 King Mem. PK. Cem. Randallstown, MD 22. Nama and Address of Fecility Baltimore, Maryland 21202 21. Signature of Funeral Sarvice Licenses Kano WM.C.March F.H. 1101 E. North Avenue 234 Pirt1. Entar the disaasa, or complications that caused tha death. Do not entar tha mode of dying, such es cardiac or raspiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata Intarvel Between Onset end Death **Physician** Immediata Causa (Final diseasa or condition resulting in deeth) /Medicai Myscardial Examiner Dua tolder es e consequance of) Examiner The law requires that the deeth certificate be executed Sequantially list conditions, if any, laading to immadiata ceuse. Enter Underlying Cause (Disaasa or injury that initiated evants resulting in daath) Last buriel-tran Dua to (or as e consequence of): Box 68760, physician Physician/Medical the Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Division of Vital Records, P.O. the 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably ∮ Unknown þ 8 24b. Were autopsy findings available prior to page 2 should Completed 24a. Was en autopsy Deen performed? completion of ceusa of death? certificate has 1□ Yas THE No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was case refarred to medical axaminer? Be 26. Placa of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No Certification: To this val or Atts.

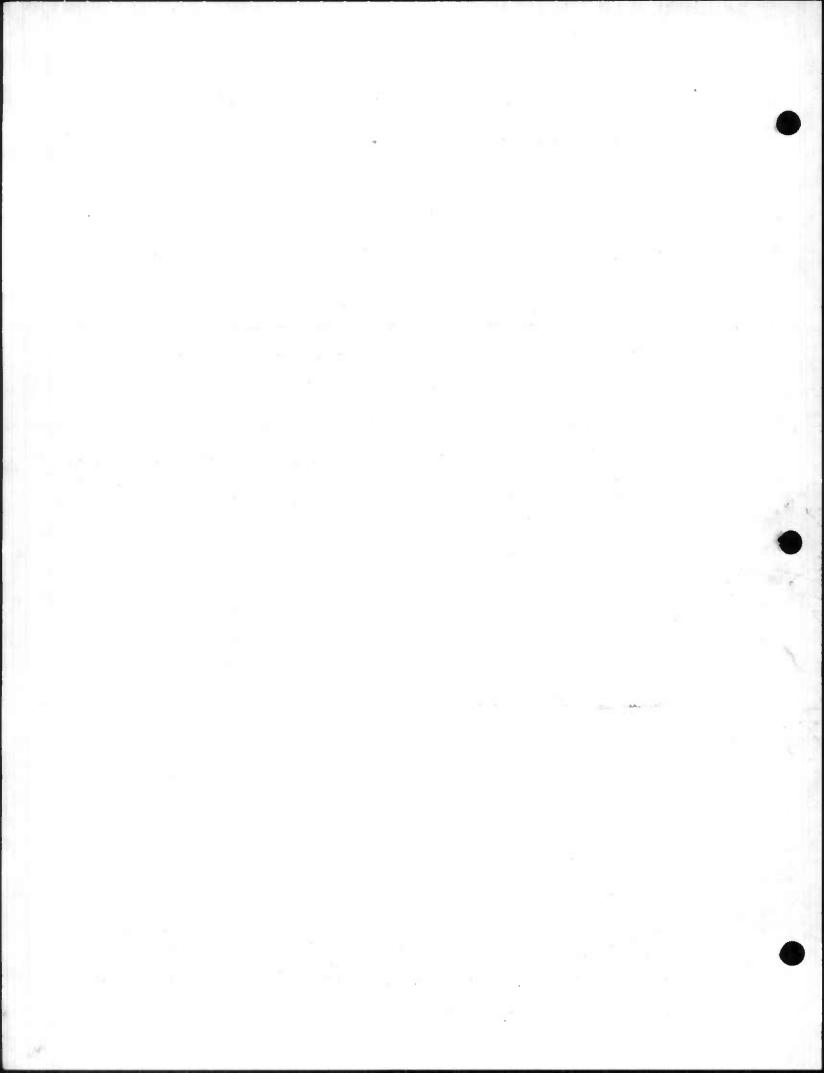
Just after death.

**I Director: After thi

**I by the funer. 28a. Data of Injury (Month, Dey Year) funeral 27. Manner of Deeth 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Natural 5 Panding 2 Accident investigation 1 Yas 2 No 6 Could not be detarmined 3 ☐ Suicida 28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida Phours (Fumeral 1 Certifying Physician: To tha best of my knowledga, daath occurred et tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On tha basis of axamination end/or invastigation, in my opinion, daath occurred at tha tima, data and place, end dua to tha causa(s) and mannar statad. Medical 29a. Cartifiar (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Deta signed (Month, Day, Year) MD 30. Name and addrass of person who complated ceusa of death (Item 23a) (Type, Print) a feet Siny & Siller, 1413 4 nnapolis 1413 Annapolu 32. Registrats Signatura State Registrar

DHMH 16 Rev 6/95



96-5751-039

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, PER NEO State of

Maryland / Department of H	ealth and Menta	al Hygiene
----------------------------	-----------------	------------

Days

Physiclan
/Medical
Examiner
Examiner

1. Decedent's Name (First, Middle, Last) ALBERT

Certificate of Death

Reg. No 2. Date of Death

FILM G-740 11/1/96 t.t

4a. Facility Name (if not institution, give street end number)

DIX 4b. City, Town, or Location of Death

Month OCTOBER

7,1996 3:07P.M. 4c. County of Death SOMERSET

10g. Citizen of What Country?

Year

Funeral Director

Usual Residence of Decedent 10a Stete 28a-f ahow Director ò 1 Jomeis Funeral

þ

Completed

the Maryland traumatic event, the Medical Examiner must be notified at Нагля 23а death v 72 hours after 6 "natural".

filed within 7 Hygiene. pernit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiene (Important: If frem 27 is marked other than any Injury or other traumatic avant

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificate be axecuted

cartificate

this

After

death.

To the

Box 68760

P.O.

Records,

Division of Vital Hospital or Attanding Physician:

Examiner end physicien Physician/Medical the signed by t d be detach þ Completed pege 2 Be 2 funeral Certification: within 24 hours after death To the Funeral Director: completely filled in by the

SOMERS COVE 5. Social Security Number 326-52-013

12 M 2□ F

7. Age (In yrs. lest birthday) Months 50 Yrs.

CRISFIELD If Under 1 Year If Under 24 Hrs.

8. Date of Birth Month, Day,

Birthplace (State or Foreign Country)

3. Time of Death

10d. Inside City Limits

1 Yes 2 No

MD 10e. Street and Number

100 SID WOX

10c. City, Town or Location 2/0 10f. Zip Code

2181

Specify:

Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

14. Race - American Indian, Black, White, etc. Specify:

15. Decedent's Education (Specify only highest grade completed) Secondery (0-12) 12

1 Never Married 2 ☐ Married

3 ☐ Widowed 4 ☐ Divorced

College (1-4or 5+)

Was Decedent Ever in U,S. Armed Forces?
1 Yes 2 No If Yes, Give Year or Dates:

16e. Decedent's Usual Occupation
(Give kind of work done during most of working life. DO NOT use setired)

1□ Yes 2 No

-aborer

MargareT

16b. Kind of Business/Industry

17. Father's Name (First, Middle, Lest)

Albert 19a. Informant's Name/Relationship (Type, Print) Monica

237 Someis 20b. Place of Disposition (Neme of cemetery, exemptory or other p

Date

MD Location - City or Town, Stete

5 ☐ Other (Specify) 4 Donation 21. Signature of Juneral Service Licensee

23e. Part 1. Entur the mode of dying, such as cerdiac or respiratory errest, shock, or heart taken. List only one cause on each line.

1 Burial 2 □ Cremetion 3 □ Removal from State

10WA

Cemotely Address of Eacility S. W Wal

4.Co

9

Approximate Intervel Between

Immediate Ceuse (Final disease or condition resulting in deeth)

20a. Method of Disposition

DILATED CARDIOMYOPATHY

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Due to (or es a consequence of):

Due to (or as a consequence of)

Due to (or es e consequence of):

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

26. Place of Death (Check only one)

23b. Did tobacco use contribute to the cause of death?

24e. Was an autopsy performed?

1 XYes 2 □ No

1 Yss 2 No

24b. Were autopsy findings available prior to completion of ceuse of death?

1 Yes 2 No

3 Probably 4 2 Unknown

25. Was case referred to medical 1 Yes 2 No

5 Pending investigation

6 Could not be determined

28a. Dete of Injury (Month, Dey Year)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 28b. Time of

28c. Injury at Work? 1 Tyes 2 No

Other: 4☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29e. Certifier (Check only one)

edicai

State

Registrar

27. Manner of Death

1 X Netural

2 Accident

3 Suicide

4 Homicide

t Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, and due to the cause(s) and manner as stated.

2X Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number

29d. Dete signed (Month, Dey, Year)

O.C.M.E.

OCTOBER 8, 1996

30. Name end address of person who completed cause of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 Radentz

Hospital:

5, Styphen 31. Date filed (Month, Dey, Year)

OCT1 91996

M.O 32. Registrar's Signeture

DHMH 16 Rev 6/95

aliv , i, Etain "ga se A" Shearande xa 4 man and the common section of AC OF THE The of problems on the second tally the an extra process and the

State of Maryland / Department of Health and Mental Hygiene 96 31320

						C	ertificate	of L	Death		,	Reg. No.	20	U	020
			1. Decedent's Neme (First, Middle,	Last)							2. Dete of Dec	eth	Wile.	3. Tin	ne of Death
	Physici /Medi		Betty June D'A	ngelo						(Month October	Day 16, 19	Yeer 996	4.	:55 PM
	Examir		4e. Fecility Neme (If not institution,	give street and numbe	r)			4	b. City, To		cation of Death	T	y of Death		
ď	EAUIIII		Villa St. Mich	ael Nursing	a & Re	hab.	Center		Ralt	imore	e City		N/A		
	Funeral				Age (In yrs.		y) if Under 1		If Under		8. Date of Birth (Month, Day	n .	9. Birth	place (St	ate or Foreign
	Director		214-24-1361 Usuel Residence of Decedent	1□M 2☑F	68	Yrs.	Months	Deys	Hours		June 20		Coui	rylai	
	ges 1 and 2 should be filed within 72 hours efter deeth with the Manyland to f Haalth and Mental Hyglene. If Item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examines must be notified at	or	10a. Stete 10b. County	1	10c. Cit	y, Town or			÷ F				1		de City Limits Yes 2⊠No
	138 the	Director	Maryland Ba. 10e. Street end Number	ltimore		P11	cesville					10g. Citizen of	What Cou	ntrv?	
	with a or		226 Brightside	A					2			care		,	
	eeth	Funeral	11. Maritel Stetus	12. Was Deceder	t Ever in II	S 1:	3. Wes Deceder	1208		nin? (Sne	cify Ves or No-	U.S.A	A. ce - Americ	can India	n
	iten d	5	1 Never Married 2 Marrie	Armed Forces	\$?	,0.	If Yes, specify	Cube	n, Mexican	, Puerto F	Rican, etc.)		eck, White,		234
20	5 -7	by	3 ☐ Widowed 4 ☒ Divorced	if Yes, Give Yeer or Detes			1 ☐ Yes 2 ₺	No	Specify:			Specia	b: Wh	ite	
Maryland 21215-0020	tura		15. Decedent's			16a De	cedent's Usuel (Occupe	etion			16b. Kind of E			
5	in 72	Completed	(Specify only highest	grade completed)		(Gi	ve kind of work	done d	turina most	of working	ng	TOO. THIS OF E	72311033/111	oustry	
12	with ene. than	Ĕ	Elementery/Secondary (0-12) 9th Grade	College (1-4o	r 5+)				•	-1-6		D			
0	Hygi ther if,		17. Father's Neme (First, Middle, L.	ast)		Adi	ninistra	1611			(First, Middle,	Bancı Maiden Suma		Home	S
an	ad be od o	Be C	Alfred Wieneke	,								Trial de l'Odiff de			
2	d Me d Me Track	P	19e. informant's Name/Reletionshi	n (Time Brint)	-	40h 84	iling Address (5	24			Debus	- 01 7-	01-1- 71	. 0 . 1 - 1	
Z	d 2 s h an r ls r		Mrs. Lynn Logar												
	Haalth Haalth em 27 ther tr		20e. Method of Disposition	1	20h B		Sherwood		enue	PIR	Date	e, MD 20c. Location	21208		
altimore,	Pages nent of P int: If ite iry or of		1 Dt Burial 2 Cremation	Removel from Stat	e c	emetery, c	rematory or other	er plac	-	1					
	ment tant: I		4 □ Donetion /5 □ Other (Spe	**	Dr	uid R	idge Ce	mte	ry	10,	/18/96	Pikesv	ille,	Mar	yland
Bal	pemit. Pag Department Important: i any injury o		21. Signature of Paneral Service	censee			22. Neme end			,					
	20529		+ And				Loring 8728 Li	Bye	ers Fu	unera	al Dire	ctors,	Inc.	211	2.2
B	285		234. Patri. Enter the diffeese, or o	omplications thet caus	ed the deet	h. Do not e	enter the mode	of dylng	g, such es	cerdiec or	r respiratory ar	rest,	FID	211 Approx	rimate
	Physiclan		23a. Part Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate Interval Between Onset and Deeth												
Į.	/Medical		Immediate Cause (Finei diseese or condition		PANIC	PEL	TIC	CA	RILI	10 111	A			2 m	conth
В	Examiner		resulting in death)	θ			sequence of):	C/1	1	VIVI					.0.0100
	1.12-10	ē			200 10 10	4 43 6 6611	oquerios orj.						1		
	cete be executed physician and the burial-transit	Examiner	Conventiolly list and divers	b	Due to (o	r 96 9 0006	equence of):						1		
Ď,	exec n an ial-tr	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		D 40 10 (0	1 03 4 00113	equerice oi).								
9/	sicia bur	cai	thet initiated events	C.	Due to /e		aguanaa afti								
Due to (or es a consequence of): Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of):															
ŏ	eath certific attanding p if for use as i	n/M		d											
m	death e attan	cia	Dod II Other desidence and date			101 - 10 - 10					001 0144				4.1-4.0
o	ras that the designed by the a	on: To Be Completed by Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.								23b. Did tobacco use contribute to the cause of death?				
<u> </u>	that dete									101	1 Yes 2 No 3 Probably 4 Tonknown				
ecords,	requires that the een signed by th hould be detache		20							24e Wes	Wes an autopsy 24b. Were autopsy findings				
Ö	v require been si should t											med?	av cc	ellable pompletion	rior to
Ř	2 5 5												of	death?	
-	defan: The la certificete ha rector, page										1 U Y	es 2 No	1[Yes	2 No
	ysician: s certific director,		25. Wes cese referred to medicel exeminer?	Magaital				0.1		of Death	(Check only o	ne)			
	this c		1 ☐ Yes 2 ☑ No	Hospital: 1 🗆 Inpa		ER/Outpet		Othe	4 E IVU		ne 5 🗆 Resid			fy)	
	fter t		27. Menner of Death 1 □ Neturel 5 □ Pending	28a. Dete of In (Month, D	jury Jay Year)	28b. Time Injury	of 280	. Injury Work	et c?	2	28d. Describe how injury occurred				
0	endli path. or: A	atl	2 Accident Investiga				М	1 🗆 \	Yes 2□1	No					
DIVISION	or Attendir effer death. Director: Af d in by the fu	Ħ	3 Suicide 6 Could no determin	me, ferm,	street, factory, c	ffice		2	28f. Location (Street and Number or Rural Route Number, City or Town, State)				Number,		
	s effe	Certification:	4 Homicide building, etc. (Specify)												
	hour hour inering	edical	29a. Certifler 1 Certifying	Physician: To the bes	t of my know	wledge, de	ath occurred et	the tim	e, dete en	d place, e	nd due to the	euse(s) and m	nannar as s	stated.	
	To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: Affer this certifical complately filled in by the funeral director.		one)	caminar: On the basis and menner:	or exeminal steted.	ion and/or	investigation, In	my op	inion, deel	n occurre	o at the time, o	ate end plece	, and due t	o the cau	150(S)
	With To the	×	29b. Signeture and title of certifier	1)		29c. l.	icense	number			29d. Dete sign	ed (Month,	Day, Ye	ar)
			illboral 1	Vrene DA	once	,	$\int \int dx$	45	93	/	(x-to he	er 1	7,	1996
	1)		30. Name and address of person w	no completed ceuse of	deeth (Item	(23a) (Tvn	e, Print)	1_	,			Ktobe	-		
	~		Debrach	TO	(+	1,00		70	20	You.	k Hair	W.	A.	0.	ODX.
	Sta	te	31. Dete filed (Month, Day, Year)	32. Regis	trer's Signe			10		4 1 794	in insil	7.10	- NR	E-	,200
	Registr		00T1 0400	G Sulink	inda	Buta	2								
DI	AN 46 Day 650		00 T 2 32	O June Kill	~ I day	Markey									

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 31321

111 Penn Street, Baltimore, Maryland 21201

Discount I
Physician
/Medicai
Examiner

Funeral ، Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 la marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic avant, the Medical Examinal must be notified at once.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

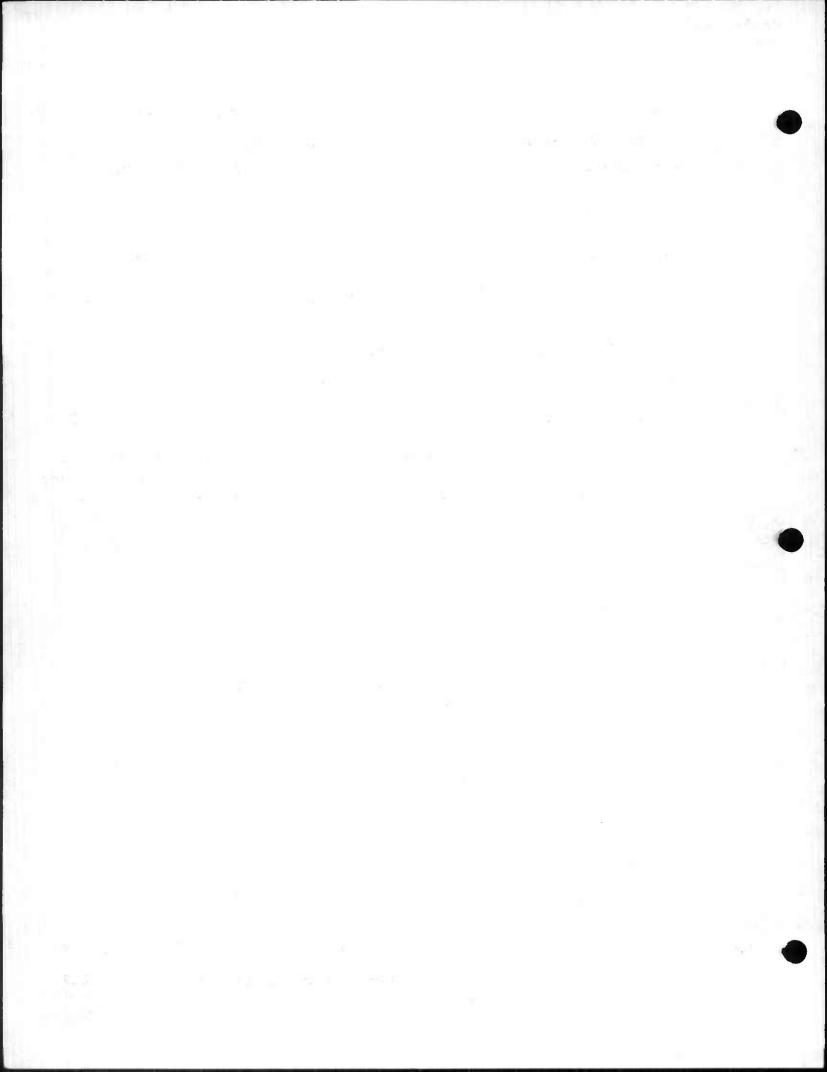
To the Hospital or Attanding Physicien: The law requires thet the death certificate be axecuted within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attanding physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760, Medical Certification: To Be Completed by Physician/Medical

TONY 46. Facility Name (if not institution, pire street and number) An FACR OF 2555 HARFORD ROAD 5. Social Southy Number 216—92-0116 5. Social Southy Number 216—92-0116 6. Size 1 7. Fage (in yix lear bethready) 10. County MD. 10. Street and Number 10. Street and Number 10. Street and Number 2137 Federal Street 10. City, Town or Location MD. 10. Street and Number 2137 Federal Street 10. Street and Number 2137 Federal Street 10. Street and Number 2137 Federal Street 10. Street and Number 2137 Federal Street 10. Street and Number 2137 Federal Street 10. Street and Number 2137 Federal Street 10. Street and Number 2137 Federal Street 10. Street and Number 2137 Federal Street 10. Street and Number 2137 Federal Street 10. Street and Number 2137 Federal Street 10. Street and Number 2138 Federal Street 10. Street and Number 2137 Federal Street 10. Street and Number 2138 Federal Street 10. Street and Number 2139 West December of Hispanic Conjunt (Specify Yes or No. No. No. No. No. No. No. No. No. No.	0 2 1												
48. Facility Name (I not Institution), give street and number) 40. Chy, Town or Location of Deam 10. Chy Town or Location	of Death												
4. Colly, Town of Location of Death IN REAR OF 2555 HARFORD ROAD IN REAR OF 2555 HARFORD ROAD Social Sacurity Number 216-92-0116	5 AM												
Security Number Control Contro	J AL												
Secal Security Number 216-92-0116													
100. Inside Cally Town or Location 100. City Town or Location 101. Zip Code 102. City Town or Location 102. For the Call of the Cally Town or Location 102. For the Call of th	a or Foreig												
MD. NA Baltimore 10. Zip Code 2137 Federal Street 10. Zip Code 21213 USA Indental State 112 Was Decedant Ever in U.S. Armed Forces? 112 Was Decedant Ever in U.S. Armed Forces? 112 Was Concedent Ever in U.S. Armed Forces? 112 Was Concedent Ever in U.S. Armed Forces? 112 Was Concedent Ever in U.S. Armed Forces? 112 Was Concedent Ever in U.S. Armed Forces? 112 Was Concedent Ever in U.S. Armed Forces? 112 Was Concedent Ever in U.S. Armed Forces? 113 Was Decedent Ever in U.S. Armed Forces? 114 Yes 22 No Page Specify Cubran. Medican, Puerio Rican, etc.) 115 Decedent Ever in U.S. Armed Forces? 115 Decedent Ever in U.S. Armed Forces? 116 Decedent Ever in U.S. Armed Forces? 117 Yes 22 No Page Specify Cubran. Medican, Fuerio Rican, etc.) 118 Decedent Ever in U.S. Armed Forces? 119 Decedent Ever in U.S. Armed Forces? 119 Decedent Ever in U.S. Armed Forces? 110 Decedent Ever in U.S. Armed Forces? 110 Decedent Ever in U.S. Armed Forces? 110 Decedent Ever in U.S. Armed Forces? 110 Decedent Ever in U.S. Armed Forces forces and Number of Armed Forces f	Ole - I lively												
2137 Federal Street 21213 1. Marital Sistus 1. M	es 2 No												
212.13 Federal Street 1. Mariati Status 1. Mariat													
1. Martinal Stelus 1.													
College (1-do 5+) Coll													
Commendate Com													
Student Stud													
18. Mother's Name (First, Middle, Last) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
Robert Davis Sr. Evelina Midgett													
20a. Method of Disposition 20a. Method of Disposition 20b. Place of Disposition													
Da. Method of Disposition 1 Method of Disposition 2 Method of Disposition (Name of Cerniform 2 Method of Disposition (Name of Cerniform 2 Method of Disposition (Name of Cerniform 2 Method of Disposition (Name of Deterning of Cerniform of Disposition (Name of Disposition (Name of Cerniform Place 2 No Disposition (Name of Deterning of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Disposition (Name of Cerniform Place 2 No Di													
1 May surial 2 Carmation 3 Removal from State 4 Donation 5 Other (Specify) Arbutus Mem. PK. Cem. 10-21-96 Arbutus, MD Arbutus Mem. PK. Cem. 10-21-96 Arbutus, MD 22. Nama and Address of Facility Baltimore, Maryland 21 WM. C. March FH 1101 E. North Avenus WM. C. March FH 1101 E. North Avenus Approximate Shock, or heart failure. List only one ceuse on each line. Approximate Shock, or heart failure. List only one ceuse on each line. MULTIPLE GUN SHOT AND SHOTGUN WOUNDS a. MULTIPLE GUN SHOT AND SHOTGUN WOUNDS Beguentially list conditions, any, leading to immediate ausse. Enter Underlying Lists (Disease or injury) Bue to (or as a consequence of): AND BLUNT FORCE INJURIES Due to (or as a consequence of): d. Due to (or as a consequence of): 4. Was an autopsy partomet? 24b. Was an autopsy available prior completion of of death? 24c. Was an autopsy available prior completion of of death? 25c. Place of Deeth (Check only one) 11 Yes 2 No. 11 Yes	213												
22. Nama and Address of Facility Baltimore, Maryland 21. 23. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 23. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approxime interval Be Onset and Such as a consequence of the Check on the Check of the	a. Method of Disposition 1 Method of Disposition 20b. Place of Disposition (Name of cematery, crematory or other place) Date 20c. Location - City or Town, State												
Due to (or as a consequence of): AND BLUNT FORCE INJURIES Due to (or es a consequence of): any, leeding to immediate all selections are provided by the conditions and the conditions are consequence of the conditions are consequence of the conditions are like the conditions are contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributes to the cause of the conditions are contributed to the cause of the conditions are contributed by the conditions are contributed to the cause of the conditions are contributed to the cause of the conditions are contributed to the cause of the cause of the conditions are contributed to the cause of the conditions are contributed to the cause of the conditions of the cause of the conditions of the cause of the conditions of the cause of the conditions of the cause of the conditions of the cause of the conditions of the cause of the conditions of the cause of the conditions of the cause of the conditions of the cause of the conditions of the cause of the conditions of the cause of the conditions of the cause of the conditions	ete etween d Death												
Due to (or es a consequenca ot): Due to (or es a consequenca ot): Due to (or es a consequenca ot):													
Due to (or as a consequence of): d.													
Due to (or as a consequence of): d													
1 Yes 2 No 3 Probably 4 24a. Was an autopsy performed? 24b. Wara autopsy available prior completion of confident? 1 Yes 2 No 1 Yes 2 5. Was case reterred to medical examiner? 1	This to for an a consequence of the												
1 Yes 2 XNo 3 Probably 4 24a. Was an autopsy performed? 24b. Wara autopsy available prior completion of confident? 1 Xes 2 No 1 Xes 2 No 1 Xes 2 5. Was case reterred to medical exeminer? 1 Xes 2 No 1 Xes 2 No 1 Xes 2 1 Xes 2 No 1 Xes 2 No 1 Xes 2 1 Xes 2 No 1 Xes 2 No 1 Xes 2 1 Xes 2 No 1 Xes 2 No 1 Xes 2 1 Xes 2 No 1 Xes 2 No 1 Xes 2 28. Place of Deeth (Check only one) 1 Xes 2 No 1 Xes 2 No 1 Xes 2 1 Xes 2 No 1 Xes 2 No 1 Xes 2 29 No 1 Xes 2 No 1 Xes 2 10 Xes 2 No 1 Xes 2 No 1 Xes 2 10 Xes 2 No 1 Xes													
savailable prior completion of completion of completion of completion of completion of completion of completion of completion of completion of completion of completion of completion of completion of completion of completion of completion of completion of clearly? 5. Was case reterred to medical eveminer? 1. Description of the completion of completi													
5. Was case reterred to medical exeminer? 1	rto												
5. Was case reterred to medical exeminer? 1 \(\tilde{\text{Light}} \) Yes 2 \(\text{No} \) No 1 \(\text{Inpatient} \) 1 \(\text{Inpatient} \) 2 \(\text{ER/Outpatlent} \) 3 \(\text{DOA} \) Other: 28. Place of Deeth (Check only one) 4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) Residence 6 \(\text{QQther (Specify)} \) SCE. 7. Menner of Death 28a. Date of Injury. 28b. Time of 28c. Injury et 28d. Describe how injury occurred	□No												
Hospital: 1 Inpatient 2 ER/Outpatlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Ocher (Specify) SCE Menner of Death 28a. Date of Injury. 28b. Time of 28c. Injury et 28d. Describe how injury occurred													
Menner of Death 28a. Date of Injury 28b. Time of 28c. Injury et 28d. Describe how injury occurred	ENE												
1 Natural 5 Pending (Month, Dely Year) Injury Work?													
2□ Accident investigation 10-14-96 08:51 M 1□ Yes 2√2NO SUBJECT SHOT AND RAM	SUBJECT SHOT AND RAN OF												
3 Suicide 4 Homicide 6 Could not be determined 28e. Place of Injury: At home, farm, street, factory, office building, etc. (Specify) SCHOOL ROAD 28e. Place of Injury: At home, farm, street, factory, office building, etc. (Specify) SCHOOL ROAD 28b. Vicallati 13he and Number or Rural Route Number or Rural Route Number or Rural Route Number or Road	m <i>ber</i> ,												
De. Cartifier (Check only one) Cartifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) end menner as stelled. Cartifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) end menner as stelled.	ı(s)												
9b. Signature and title of certifiar 29c. License number 29d. Data signed (Month, Day, Year)													
OCME OCTOBER 15, 199													
D. Name and address of person who completed cause of death (Item 23e) (Type, Print)	96												

Purler

31. Dete tiled (Month, Dey, Year)
OCT1 9 1996

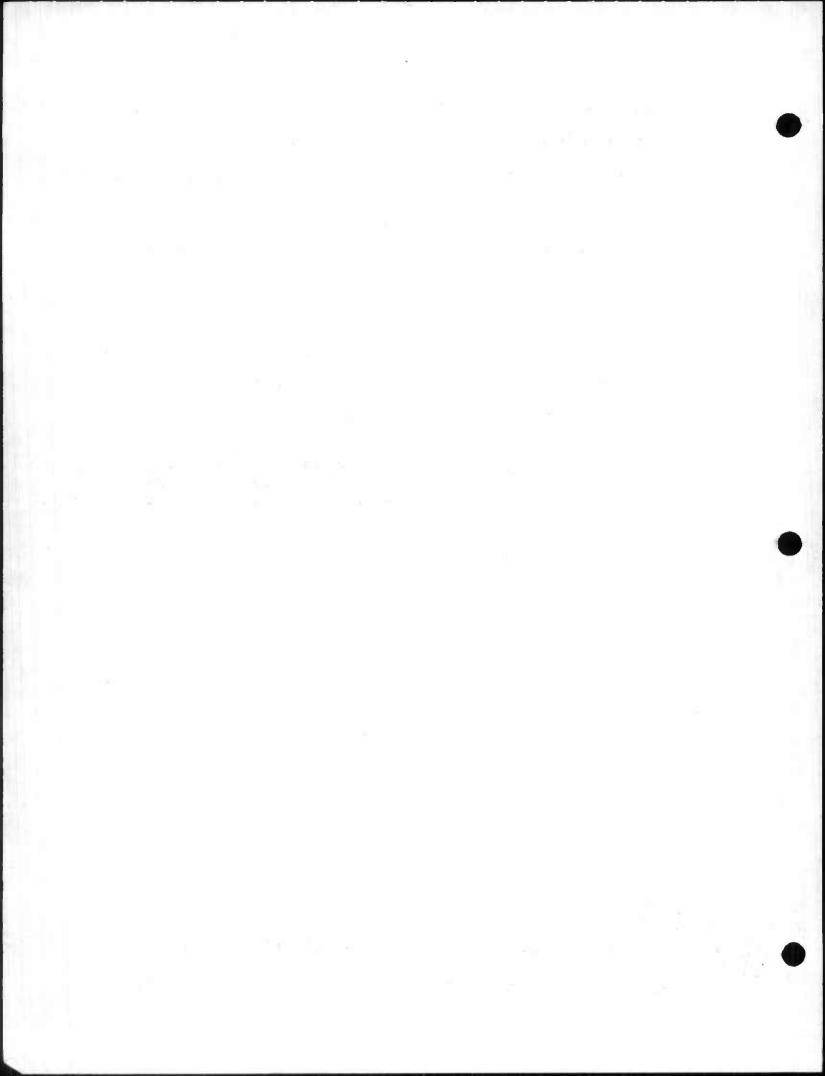


State of Maryland / Department of Health and Mental Hygiene Film G740 item 1 per DR 10-23-96 rja Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Rosalee Elmore Month Day Yaar **Physician** 96 Elmore 10 16 11:15am Rosalie Lee Jones /Medical 4e. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Mercy Medical Center Baltimore Hours Min. 8. Deta of Birth (Month, Day, Year) 0 C T . 3 , 1 9 3 9 if Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Country) MARYLAND **Funeral** Months Days 1 M 2 KF 212-36-6294 Yrs. Director 57 Usual Rasidence of Decedant deeth with the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits "natural", or items 23a or 28a-f show MD Director n/a 1 √ Yas 2 No BALTIMORE 10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 925 BEVAN STREET 21230 UNITED STATES Completed by Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐No If Yas, Give Yaar or Datas: 14. Raca - Amaricen Indian, Black, Whita, atc. 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) filed within 72 hours after 1 Nevar Marriad 2 Married 21215-0020 1 ☐ Yas X No Specify Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Pages 1 and 2 should be filed within 72 ho nent of Health end Mental Hygiene. shit: If Item 27 Is marked other than "natur ury or other traumatic event, the May call. 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Dacedant's Education ify only highest grade completed) 18b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) FILE CLERK ADMINISTRATIVE Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be FORREST MELTON BESSIF PRYOR 19a. Informant's Name/Ratationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) VERNON ELMORE 925 BEVAN STREET, BALTIMORE, MD 20b. Ptece of Disposition (Neme of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata XIX Burial 2 Cramation 3 Ramovai from Stata Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) VOSHELL MEMORIAL GARDENS 10-22 DUNDALK, MD 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Baltimore, Maryland WM.C. March FH 1101 E. North Avenue 21202 Mason 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdled or respiratory errest, shock, or heart feiture. List only the ceuse on each line. Approximete Intarval Batween Onsat and Death **Physician** /Medical immadiata Causa (Final LOCONAS disaasa or condition rasulting in death) Examiner rtension Sequentially list conditions, if any, laading to immediata ceuse. Enter Underlying Cause (Disaasa or Injury that Initiated events rasulting in deeth) Last Dua to (or as a consequence of) requires that the death certificate be exp P.O. Box 68760. Oberita physician Physician/Medical 報 Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributa to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? completion of causa of death? The law certificate has 1 Yas 2 No 1 ☐ Yas 2 ☐ No To Be 25. Was casa rafarred to medical 26. Piaca of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 2 No this. 27. Manner of Deeth 1 ☑ Neturel Certification: 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred Affar Attending 5 Panding Investigation 1 Yas 2 No e Hospital or Attendi 124 hours after death e Funeral Director; A 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Numbar, City or Town, Steta) 4 Homicide Tertifying Physician: To the best of my knowledga, deeth occurred at the tima, data and place, and dua to the causa(s) and menner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the causa(s) and manner stated. Medical å Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 96 MO 30. Name and address of person who completed ceuse of death (Itam 23a) (Type, Print) MESHU AM 5 HANOVER 21230 1147 BAUT

A2. Bagistrar's Signatura

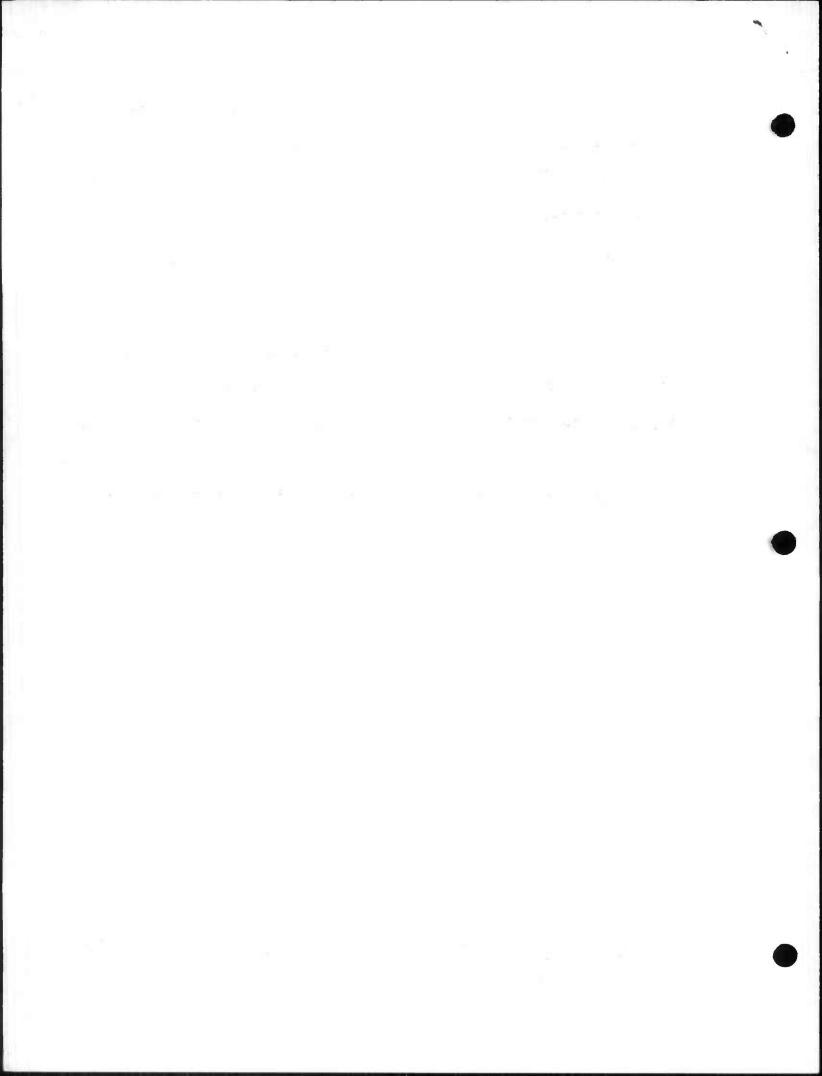
State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate (of I	Death			Reg. No.			
	JII C. P.		1. Decedant's Nama (First, Middle, L	ast)							2. Data of D		VIII.	3. Tima of Death	
	Physic		John Hamilton Frazier								Month Octobe	Day er 17.	Yeer 1996	1:25 AM	
h	/Medi Examiı		4a. Facility Nama (If not institution, ga	ive street and n	um <i>ber)</i>			4	b. City, To	own, or L	ocation of Dea	-	nty of Death		
	EAGITIII.		106 Woodlawn Av	renue					Cat	onsv	1110	1	Baltim	.0.20	
Н	Funeral			Sex	7. Aga (In yi	s. lest birthday	If Under 1 Y		If Under	24 Hrs.	8. Data of B		_		
	Director		212-20-8202	1⊠M 2□F		71 Yrs.	Months D	ays	Hours	Min.				plece (State or Foreign ntry)	
			Usual Rasidence of Dacedant		1	1					Septem	ber 1,192	3 We	st Virgini	
	land		10a. Stata 10b. County		10c.	City, Town or L	ocation							10d. Inside City Limits	
	Vany	6	Maryland Baltim	ore	C	atonsvi	11e							1 ☐ Yas 2 ☐ No	
	the 28s	Director	10e. Street and Number				10f. Zip Co	do				10g. Citizen of What Country?			
	72 hours after death with the Maryland "naturel", or frems 23s or 28s-f show potest Examiner must be notified at												term of the second second		
	ath 23	Funeral	106 Woodlawn Ay				212						U.S.A. 14. Rece - Amarican Indien.		
	ar de	S	11. Maritel Status	Armed F		U,S. 13.	Was Decedant If Yas, specify (of H	ispanic Or n, Maxica	igin? (Sp n, Puarto	ecify Yas or N Rican, etc.)	lo- 14. H	lack, Whita,		
20	aft a		1 Nevar Marriad 2 Married	If Yas, G		IIV	1□ Yas 2页	No	Specify			oity: Wh	ite		
8	Jonus Jonus		3 Widowed 4 Divorced Yeer or Datas:									100			
N.		Completed	15. Decedant's Education 16a. Decedant's Usual Occ (Giva kind of work don							st of work	rina	16b. Kind of Businass/Industry			
2	filed within Hygiene. ther than	dr.	Elementery/Secondery (0-12) Collaga (1-4or 5+) lifa. DO NOT usa retired)										McKeson Corporation		
7		S	Unknown			Wareh	ouse Op	er				MIIOTES		rug Co.	
n	al Hoth	To Be	17. Fathar's Nama (First, Middla, Las	•					18. Moth	ar's Nam	e (First, Middl	a, Meidan Sum	ama)		
/la	should be nd Mental marked o		Luther W. Frazie	r					Rei	na V	. Morga	in			
Maryland 21215-0020	AS DE L		19e. Informent's Name/Ratationship	(Type, Pnint)		19b. Meili	ing Address (St	reet	and Numb	er or Rur	al Route Num	ber, City or Tou	m, Stata, Zij	Code)	
Σ	alth a 27 is r tre		Ms. Alice Marye	Heffro	n	106	Woodlaw	m .	Aveni	1e (Catonsv	ille, M	m 21	228	
re,	F Har		20a. Mathod of Disposition		20b		osition (Nama o				Data	20c. Localio			
JO L	age ant o ft: If		1 Buriel 2 □ Cramation 3 I 4 □ Donetion 5 □ Othar (Spac		State		idge Ce			i		Ellend d	aa M	a west a m J	
altimore,	it. P		21. Signatura of Funaral Sarvica Lice				2. Nama end A				ct 21,	EIKLIG	ge, m	aryland	
Ba	permit. Pages 1 and 2 Department of Health s important: If frem 27 is any injury or other tra- once.		07	200	11 .	1					ral Dir	ectors,	Inc		
_		_	Stephen	m yo	MSen	2	8728 Li	be	rty I	Road	Randa	11stown	MD.	21133	
Ш			23a. Part1. Entar tha disaasa, or cor shock, or heert fellura. List only	nplicetions that y one ceusa on	caused tha de aach lina.	ath. Do not en	ter tha moda of	dyin	g, such as	cardiac	or respiretory	arrast,		Approximete Interval Batwaan	
	Physician	edicai Examiner												Onset and Death	
	/Medical Examiner		Immediata Cause (Finel disease or condition rasulting in death) a. Metastatic Cancer to Bone (of Due to (or es e consequence of): Unknown Primary)												
в	LAGIIIIICI		rasulting in daath)		Due to	(or es e conse	quanca of):	-	Un	kno	un P	rimary)		
	D #		Unknown IIImaiy)												
	certificata be executed ding physician end sa as the burial-transit		Sequentially list conditions,	D	Due to	(or as a conse	quanca of):								
o o	an e														
68760,	ita be iysici		Causa (Disaasa or Injury that initiated avants resulting in daath) Last												
	ig ph as th	P P	resoning in datin) cast												
OX	- 53	2	d												
0	es that the daath or igned by the effect of the datached for u	Physician	Part II Other elapiticant conditions	iven in Pert i. 23b. Dld tobecco use con					o the cause of death?						
0	the y the	hys	Part II. Other eignificant conditions contributing to death but not resulting in the underlying cau												
9	requires that the seen signed by th hould be detach										1 Yee 2 No 3 Probably 4 U				
ds	sign d be	d by									24a Wa	s an autopsy	24b. W	ara autopsy findings	
ö	v require been si should l	Be Completed									per	formed?	av	vallable prior to emplation of causa	
of Vita	2 50		_										of	deeth?	
											1□	Yas 2 No	1 [☐ Yes 2☐ No	
	ician: The certificata rector, pag		25. Was casa raferred to medical axaminar?						26. Plac	a of Deat	h (Check only	ona)			
	Physician: this certific	Lo	1 Yas 2 No	Hospital: 1	Inpatiant 2	☐ ER/Outpatie	nt 3 DOA	Oth	ar: 4□ N	ursing Ho	me 5 ARes	sidance 6 🗆 C	thar (Specia	fy)	
	ar th		27. Mennar of Death	28a. Deta	of Injury nth, Day Year)	28b. Tima o	f 28c.	Injury at Work? 28d. Dascribe how injury occurred							
	To the Hospital or Attending Physician: In 24 hours after death as the full of the Funeral Director. After this certific complately filled in by the funaral director,	Certification:	1 Natural 5 ☐ Pending 2 ☐ Accidant invastigation			Yas 2	No								
718	Attending ir daath. ector: Attai by the funa		3 Sulcida 6 Could not be datarmined 28e. Placa of Injury - At homa, farm, streat, factory, of									Location (Streat and Number or Rural Routa Number,			
2	afta Dir	ent	4 ☐ Homicide building, atc. (Specify) City or Town, Stata)												
	To the Hospital or Attenwithin 24 hours aftar deal To the Funeral Director: complataly filled in by the		29a. Certifiar 1 Certifying P	hvelclan: To th	e best of my ki	nowledge deat	h occurred at th	na tim	e date er	nd niece	and dua to the	e cause(s) and	manner as f	tated	
	Hos 24 h Fun ataly	edical	(Check only 2 Medical Exa	miner: On that											
	thin the	Me	29b. Signetura end titla of certifiar	211011121	illar stated.		29c. Lic	cense	number			29d Data sign	ned (Month	Day Year)	
	F 3 F 8		29c.							17	-	29d. Data signed (Month, Day, Year)			
	~/		Share	4.	u co	was.	I VIII)	00/	60		10	1111	196	
	10		30. Name and eddress of person who				Print)	2	11.		Md-	21	,		
			5411 01	-	reder		Rd,	D	a 141	none	170-	210	*		
	Sta		31. Dete filed (Month, Day, Year)	32.	Registrar's Sig	nature									
	Registr	ar	AO I T A 1220	1	Des Tardally-	Manharmen									

Registrar



Please Type or Print in Bla

State of Maryland

ck Indelible Ink. Assure A Department of Health and N		31324
Certificate of Death	Reg. No.	01024
C 11	2. Date of Death Month Day Year	3. Time of Deeth

tal/ Balkmore, MD 212

Physiclan /Medical **Examiner Funeral**

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If New Z1 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic avant **Physician**

/Medical

Baltimore, Maryland 21215-0020

Examiner sician and burial-transit attending physician I for use as the buria Division of Vital Records, P.O. Box 68760. The law requires that the death certificate be been signed by the a should be detached f certificate funeral

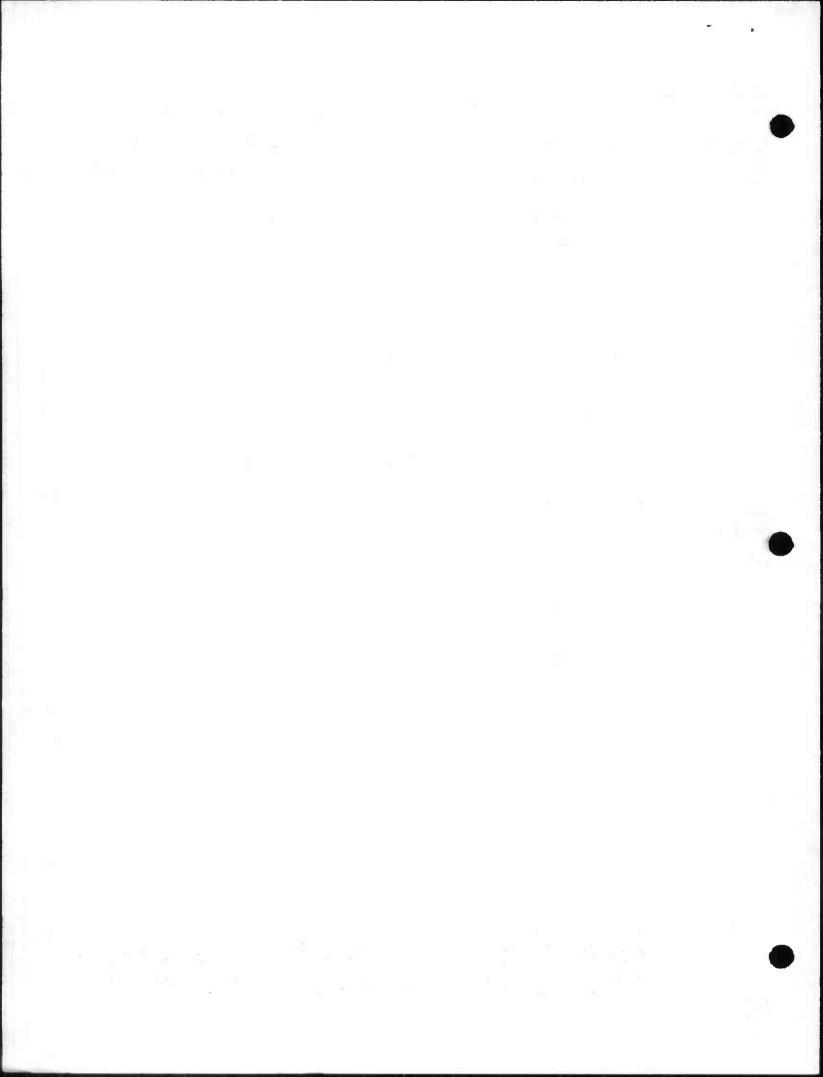
Physician/Medicai þ Completed Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this certifica Be 2 Certification: filled in by the Funeral edical 24

1. Decedent's Neme (First, Middle, Last) OCTOBER 16 1996 12:50 Pm 4e. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death GOOD SAMAITAN HOSPITAL BALTIMORE If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month Day, 1917) 1928 Supplies (Stata or Foreign MAR. 19, 1928 Supplies TT, MD 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 1□M 2□ F Deys Hours 68 Yrs. 219-30-9622 Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits MD n/a BALTIMORE 1 (X) Xes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1808 E CHASE STREET 21213 UNITED STATES Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Meritel Stefus 1 Never Married 2 X Narried 1 ☐ Yes 2 ☑ Mo If Yes, Give Year or Dates: 1 ☐ Yes 2X ☐ No Specify: ģ Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 5 th DOMESTIC in home 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surnama) Be CHARLES. ROBINSON BETSY. KANE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) CHARLES F. GOVANS STREET , BALTO., MD CHASE 20b. Place of Disposition (Nema of cemetery, cramatory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1) Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) VOSHELL MEMORIAL GARDENS, 10-22 DUNDALK, 22. Name end Address of Facility 21. Signeture of Funeral Service Licenseel WM. C. MARCHFH.-1101 Ε. NORTH AVENUE MAN 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart fallure. List only one cause on each line. Approximate Inferval Between Onset end Death Immediate Cause (Finel disease or condition resulting in death) Due to (or as e consequenca of): Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I, 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? 1 Ves 2 □ No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) (Check only 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number

32. Registrar's

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. YOLANDA HARRIS State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** 9:07 PM OCTOBER 1996 olanda 15 /Medical 4b. City, Town, or Location of Death te. Facility Name (If not institution, give street end number 4c. County of Death Examiner Baltimore City Hospital Memorial Union If Linder 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Months Days Hours 1□M 2以K 217-58-7430 4 5yrs Director 04-28-51 BALTIMORE, MD Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumetic event, the Medical Examiner must be notified at 1 X yes 2 □ No Director MD n/a BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4719 WRENWOOD AVENUE 21218 UNITED STATES Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Meritel Status permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or that any Injury or other traumetic event, the Medical Examples. X1X Never Married 2 Married 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☐XN Specify: P Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Coilaga (1-4or 5+) 12 th SECRETARIAL various places 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) JAMES HARRIS LUCILLE KENNEDY 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zlp Coda) BYRIS LUCILLE WRENWOOD AVE, BALTIMORE, MD 21218 20a. Mathod of Disposition 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20c. Location - City or Town, State ★□Burial 2 □Cremetion 3 □Removal from State 4 □Donation 5 □Other (Specify) CEDAR CEMETERY 10-21 HILL ANNE ARUNDEL CO.MC 21. Signature of Funeral Service Licanses 22. Neme end Address of Facility WM. C. MARCH FH.-1101 E. NORTH AVE. 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heert failure. List only one causa on each line. Approximata Intervai Between Onset and Death **Physician** /Medical Immediate Cause (Final , SEPSIS 772 hours disease or condition resulting in death) Examiner Dua to (or as a consequence of) HIV POSITIVE 8 YEARS Sequentially list conditions, if eny, leading to Immediate causa. Entar Undarlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of): physician as the burial HEDATITIS B AND C POSITIVE INKNOWN Physician/Medicai Due to (or as a consequanca of): LONG HISTORY OF IVDA YEARS Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part f. 23b. Did tobacco use contribute to the cause of death? ESRD 1 ☐ Yee 2 ☐ No 3 ☑ Probably 4 ☐ Unknown by 24b. Ware autopsy findings svallable prior to 24a. Was an autopsy performed? Completed SEIZURE DISORDER completion of cause of death? 1 ☐ Yes 2 ☐ No The Hospital or Attending Physician:

24 hours after deeth.

Funeral Director: After this certifical pretely filled in by the funeral director, 25. Was case referred to medical Be 26. Placa of Death (Check only ona) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Impatient 2 ER/Outpetient 3 DOA Certification: To 27. Mannar of Daath 28h Time of 28d. Describe how Injury occurred 28a. Date of Injury (Month, Dev Year) 28c. fnjury at Work? 1 Natural 2 ☐ Accident 5 Pending 1 ☐ Yas 2 ☐ No Investigation 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Tertifying Physicisn: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifler Medical

29c. License number

EAST

32. Registrar's Signatura

UNTUENSTRY PARKWAY

29d. Date signed (Month, Day, Year)

State Registrar 29b. Signeture and title of certifier

31. Date flied (Month, Dey, Year)

OCT1 9 1996

Ande Meser NO 30. Name and address of person who completed cause of death (item 23a) (Type, Print)

MCBE MO 201

the Maryland

Baltimore, Maryland 21215-0020

28a-f show

and

P.O. Box 68760,

Division of Vital Records,

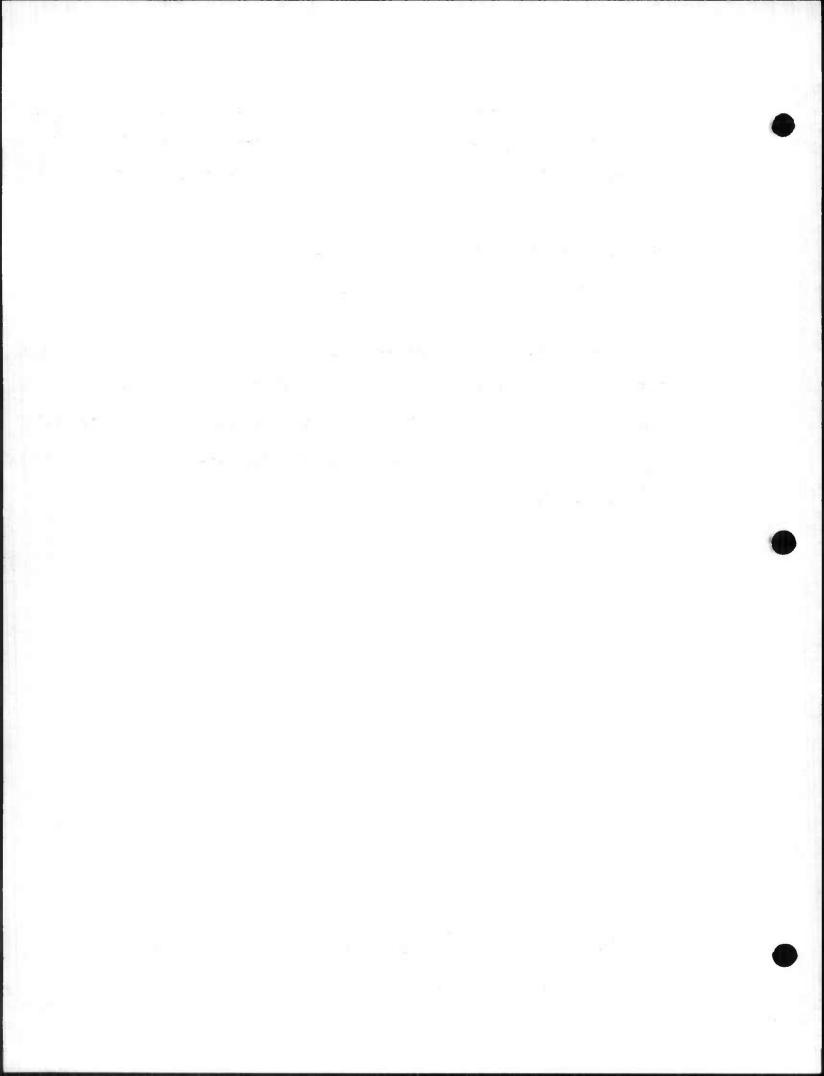
DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Physician Year 17, 1996 4c. County of Desth 3:00 AM October /Medical 4s. Fscllity Name (If not institution, give street and number) 4b City Town or Location of Death Examiner Ft. Howard Baltimore Co. VA MHCS FORT HOWARD DIVISION If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 M 2□ F Days Yrs. Director 245-12-3292 NC Usual Residence of Decedent the Maryland 10a State 10b. Counts 10c. City, Town or Location 10d. Inside City Limits 7 le marked other than "natural", or items 23a or 28a-f ahow traumatic evant, the Medical Examiner must be notified at Director MD NA Baltimore XXYes 2□No 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 1322 N. Ellwood Avenue 21213 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 Ճ Yes 2 □ No If Yes, Give Year or Dates: 14. Race - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) filed within 72 hours efter Hygiene. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2X No Specify: þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) pernit. Peges 1 and 2 should be filed withir Department of Heelth and Mental Hygiene Important: If Item 27 is marked other than any Injury or other traumatic event. the mentery/Secondery (0-12) Coilege (1-4or 5+) Grade Na Steel-Worker BethlehemSteel Corp. 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Norman Monroe Roxie Monroe 0 19a. Informent's Name/Relationship (Type, Pnht) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Virginia Monroe 1322 N. Ellwood Avenue Baltimore, MD. 21213 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Garrison Forest VA Cem 10-21-96 Owings Mills, MD 4 ☐ Donstion 5 ☐ Other (Specify) e of Funeral Service L 22. Name and Address of Facility March-1101 E. North Avenue 23a. Psrt1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Congestive Heart Failure Months Examiner Due to (or es s consequence of): Atherosclerotic Coronary Artery Disease Years burial-transit that the deeth certificate be executed Sequentially list conditions, if sny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as a consequence of): P.O. Box 68760, physician Diabetic Cardiomyopathy Years Physician/Medical the Due to (or es a consequence of): attending p Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yas 2 No 3 Probably 4 Unknown Records, by page 2 should b Completed 24a. Was an sutopsy performed? 24b. Were autopsy findinga sysilable prior to completion of cause of deeth? 1 Yes 2 No 1 Yea 2 No certificate Division of Vital Attending Physician: Be 25. Was case referred to medicei examiner? director 26. Place of Desth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ဩtInpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2€No this 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred edical Certification: After 5 Pending Investigation 1 Naturel death. To the Hospital or Attandition 24 hours after death.
To the Funeral Director: A 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Thomicide 29s. Cartifier **Exertifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

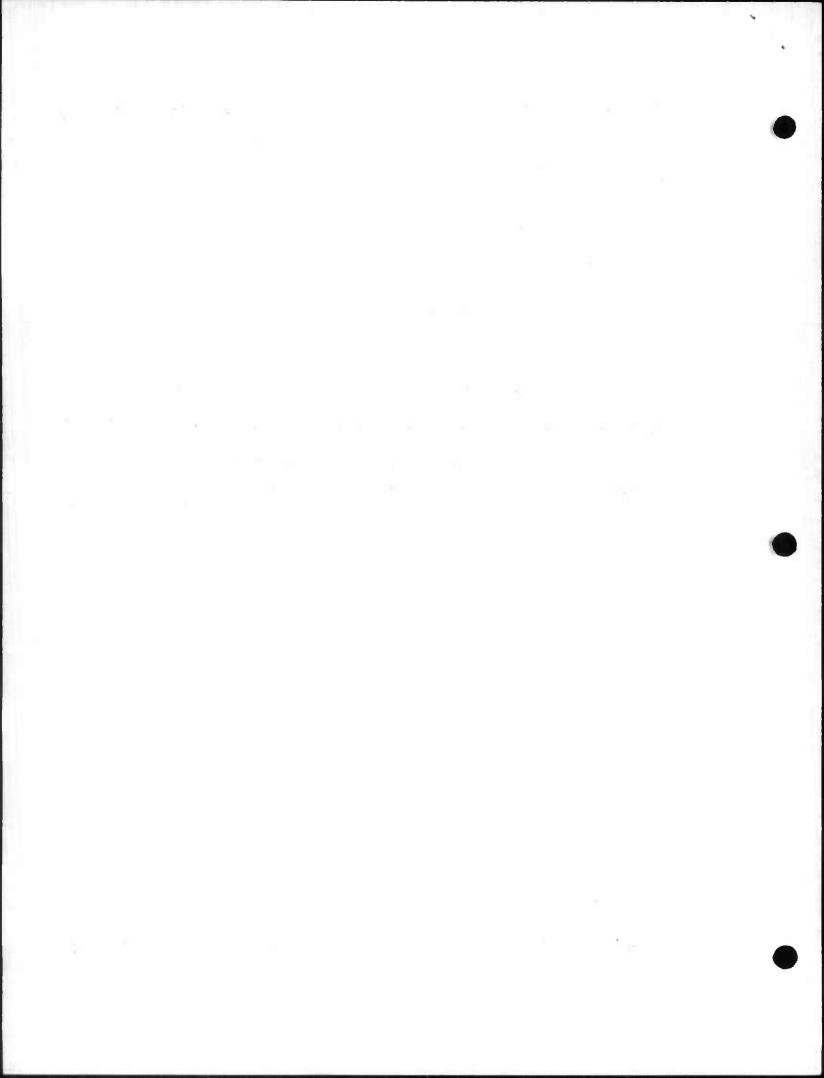
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) ou 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 9600 North Point Road, Fort Howard, MD 21052 Fahed Kouli, MD 31. Date filed (Month, Day, Year) 32. Registrers Signature State OCT1 91996 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 3 | 3 2 7

							Certifica	te o	f Death		R	leg. No.		
	14.13		1. Decedent's Name (First, Middle								2. Date of Dea		Mana	3. Tima of Death
ı	Physici /Medi		ALIBERT	SIGIS	MONI	SI					Month	Day 17	1996	2/3
	Examir		4a. Facility Name (If not Institution	, giva street and no	um <i>ber)</i>		-		4b. City, To	own, or Lo	ocation of Death	4c. County		HIM
1			Levindale						В	alti	more	N	/A	
Т	Funeral		5. Social Security Number	6. Sex	7. Aga (In yı	s. last bir		r 1 Yea		24 Hrs.	6. Date of Birth (Month, Day	Value	9. Birthp	piaca (State or Foreign
	Director		212-14-0093	1 XM 2□ F	74		Yrs. Months	Day	s Hours	Min,	Oct 23	, 1921		rvland
	ъ		Usual Residence of Decedent											
	how I		10a. State 10b. County		10c. (City, Tow	n or Location						1	10d. inside City Limits
	M Tal	cto	Maryland Bal	timore			Pikesv	i11e	е					1 ☐ Yas 2 🛣 No
	5 6 2	Director	10e. Street and Number 10f. Zip Code 10g. Citizen of Wha									What Cour	ntry?	
	23a		8 Greenwood	Road				2	21208			U.	S.A.	
	72 hours after death with the Maryland natural; or items 23a or 28a-f show ifical Examiner must be notified at	Funeral	11. Marital Status		edent Ever In orcas?	U,S.	13. Was Dec	edant of	f Hispanic Or	igin? (Sp	ecify Yas or No- Rican, atc.)	14. Rac	ck, Whita,	can indian,
0	or its		1 Never Married 2 Marri		2 🗌 No		1 □ Yes				Thoan, ato.)			
000	ours F	l by	3 ☐ Widowed 4 ☐ Divorced	Year or I		II			о зрасну.			Specif	White	2
21215-0020	72 h	Completed	15. Decedent (Specify only highes	's Education)	16a.	Decedent's Us	al Occ	upation	et of work	ina	16b. Kind of B	usiness/In	dustry
2	within one. then	현	Elementery/Secondery (0-12)	7	1-4or 5+)	-	(Give kind of w life. DO NOT	usa retii	red)					
	y 20 a €.		12				Musici	an				Self-Em		edbe
Pu	be filed tal Hygid d other event, to	Be	17. Fathar's Nama (First, Middle, I								e (First, Middle, I		ne)	
yla	should be nd Mental marked o umatic eve	2	Liberato	Sigism	ondi				Anı	na		Abato		
Maryland	Service and and and and and and and and and and		19a. informant's Name/Relationsh	nlp (Type, Print)		- 1	_				ral Routa Numbel			Code)
	is 1 and 2 should be filed within 72 hours after death with the Marylan of Health and Mental Hygiene. It has not been 23 or 28-f show them 27 is marked other than "natural", or items 23 or 28-f show other treumstic event, the Mexical Examiner must be notified at		Mrs. Dorothy S	igismondi					d Road	Pi	kesville			21208
Baltimore,			20a. Method of Disposition 1 XBurial 2 ☐ Cremation	3 □Removal from		. Piaca of cemarar	Disposition (Na ry, cramatory or	ime of othar p	lace)	i	Data	20c. Location	- City or To	wn, State
E	2 # 9 B		4 □ Donation 5 □ Other (Sp			1ane	y Valle	y Me	em. Ga	rd.0	ct. 21	Cockey	svill	Le, MD
a	permit. Pa Departmen Important: any Injury	1 17	21. Signature of Funarai Sarvice L	icensee	1		22. Name a	nd Add	ress of Facili	itv	1 Direct	ore T	no	
11	20129		Mesha	M	Lonk	los	-	-			Randalls			21133
			23a. Pert1. Entar the disease, or shock, or heart failura. List	complications that	caused the de	ath. Do r								Approximate
S	Physician	1	Shook, of Healt failura. Elst	only one cause on	A .									Onset and Death
	/Medical		immediate Cauae (Finai disaase or condition	%	enal	10	sull	ce	nu				10	= year
В	Examiner		resulting in death)	8	Due to	for an a	consequence of		1					0
_	D #	ner			Conge	sti	rie 1	nea	49-	An	ilerre			= Iyean
	oute nd trans	Examiner	Sequentially list conditions, if any, leading to immediate	D	Digit to	(or as a	consequence of	1:		1				
Ö,	e axe ian a urial-		if any, leading to immediate cause. Enter Undarlying Cause (Diaease or injury		Ahi	al	Ailmi	les	hou				i	=/yen
68760,	ate b hysic	edical	that initiated events resulting in death) Last	c	Due to	(or as a	ensequence of			1.5				0
9 ×	that the death certificate be axecuted of by the attending physician and detached for use as the burial-transit	Mec			Core	ma	ry a	rl	esy,	dis	ease		i	~ / yer
Bo	ith ce trend	lan		0		•	1		1				1	0
0	he atterned for u	Physician	Part li. Other significant condition	ns contributing to d	leath but not re	sulting Ir	the underlying	cause (given in Part	i.	23b. Did to	obacco use co	ntribute to	the cause of death?
P.0.	at the	Phy									1 U Y	es 2 No	3 Pro	bably 4 Tunknown
	w requires that the been signed by the should be detached	by						_						
oro	equir sould	ted									24a, Was a perfor	in autopsy med?	av	ere autopsy findings aliable prior to
ec	2 S	ple											of	mpletion of cause death?
<u> </u>	The ate h	Completed									1 🗆 Y	ea 2 No	10	☐Yes 2☐ No
ita	ysician: The list certificate he director, page	Be (25. Was case referred to medical examiner?		4				26. Place	e of Deat	h (Check only or	18)		
2	Physic this ce	To	1 ☐ Yes 2 No	Hospitai:	Inpatient 2	□ ER/Ou	tpatient 3 C	OA C	Other: 4 N	ursing Ho	ome 5 Reside	ence 6 Oth	ner (Specif	٧)
0	Attending Physician: or death. octor: After this certific by the funeral director,		27. Menger of Death 1 Diffatural 5 ☐ Pending	28a. Date	of Injury		Time of njury	28c. Inj W	jury at fork?		28d. Dascribe he	ow injury occur	red	
0	andfr. parth. he fu	atk	2 Accident investig	ation			М		Yas 2	No				
Division of Vital Records,	r Ath ter d rect	Certification:	3 Sulcide 6 Could n 4 Homloide determi	ned 208. Place	e of injury - At ling, etc. (Spec	home, fa	rm, street, facto	ry, offic	a		26f. Location (St. City or Town		ber or Run	Il Route Number,
	irs af													
	f hour	edical	29e. Certifier 1 Gertifying (Check only 2 Medical E	Physician: To the examinar: On tha b	best of my ke	nowledge	, deeth occurred	at the	time, dete an	nd piece,	and dua to the c	ause(a) and m	anner as s	tated.
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	-	one)	and mar	ner stated.									
	To To	Σ	29b. Signatura and titia of certifier	M) /			25	c. Lica	nsa number	7-	2	9d. Data signe	d (Month,	Day, Year)
	10		rejam	1-0/-				D 4	4481	T	(JCT. 1	1.1	776
			30. Name and address of person v	who completed cau	se of death (it	em 23a) (Type, Print)	,	. /.	. , /	2111	Ralt.	nes	so ren
	ľ		30. Name and address of person v SUNT (P	KAJAN	L	243	4 415	ell	recei	re "	,	10 00 1	,	~ , . , ,
	Sta			90, 32	Registrar a Sig	nature								
	Registr	ar	OCT1 91996	Juna vai	ilson-Ra	nouble								

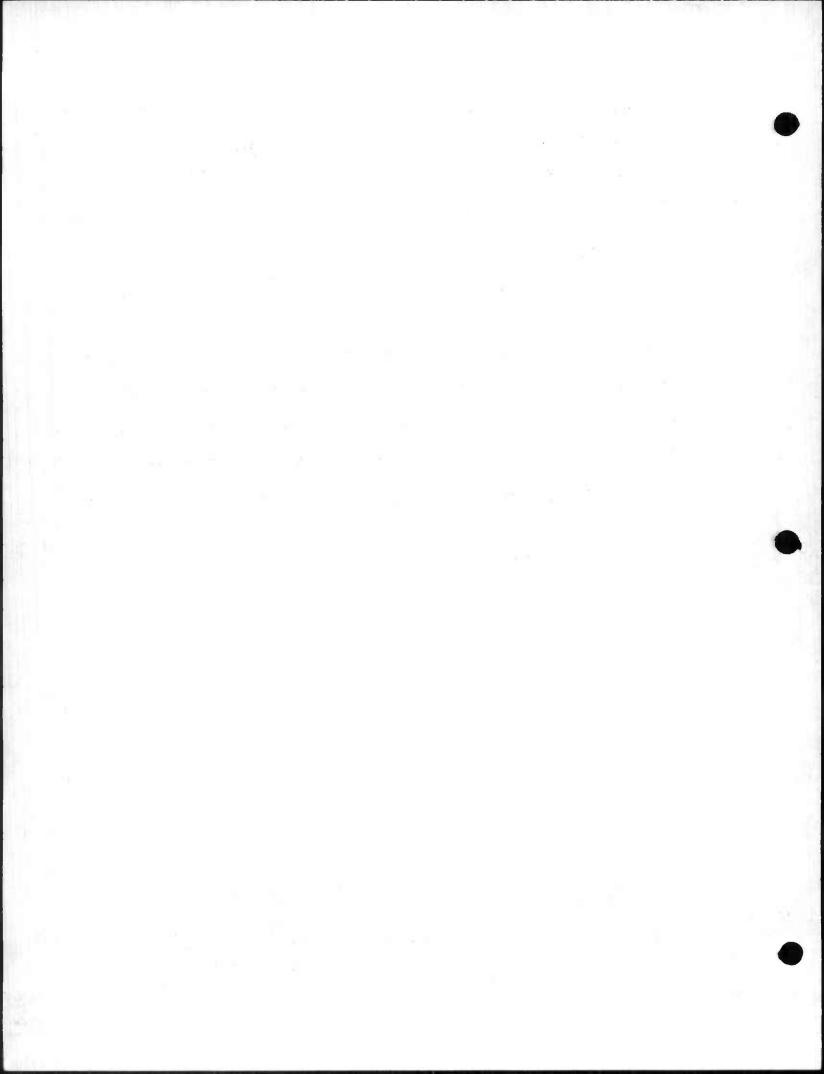


State of Maryland / Department of Health and Mental Hygiene 96 3 | 328

						Ce	ertificate	of	Death			Reg. No.		
la de	Physic /Medi		1. Decedent'a Name (First, Midd	e Sli	de						2. Date of De Month	ath Day	Year 996	3. Time of Death
À	Exami	ner	4a. Facility Name (If not Institution 1316 N. Bre		umber)					wn, or Lo timo	cation of Deet	4c. Count	y of Death	
	Funeral Director		5. Social Security Number 218–26–7184	6. Sex 1□ M 3√JyF	7. Age (In yrs. 71	. last birthday Yrs.	(f Under 1 Months	Year Days	If Under		8. Date of Bir (Month, Da 01-07	th ly, Year) -25		
	pu .		Usual Residence of Decedent 10a. Stete 10b. County		100 0	ity, Town or I	continu							
	he Maryla 28a-f aho ctified at	Director	MD N.			altim	ore					and Arestalia		10d. tnside City Limits 1 □ Yes 2 □ No
	with t	급	10e. Street and Number	adway.			10f. Zip 0		3			10g. Citizen of USA		itry?
	Jeath ma 23	Funeral	11. Meritel Status	12. Was De	cedent Ever in U	J.S. 13	Was Decede	nt of I	Hispanic Ori	gin? (Spe	pecify Yes or No- 14. Race - An			can Indian.
21215-0020	72 hours after death with the Maryland natural, or items 23s or 28s-1 show deal Examiner must be nutified at	by	1 ☐ Never Married 2 ☐ Mer 3 ☐ Widowed 4 ☐ Divorced	II YAS (2 No		It Yes, specif			i, Puerto I	Rican, etc.)		ock, Whita, fy: Bla	
5-0	"natural",	eted	15. Deceder (Specify only highe	t's Education	")	(Giv	edent's Usual	done	during most	t of workli	16b. Kind of Business/Industry			dustry
121	5 3	Completed	Elementary/Secondary (0-12)	College	(1-4or 5+)	life.	DO NOT use	retire	d)			Marai	HOS	spital
	be filed with ital Hygiene. d other than avant, me	ပိ	12th Grade 17. Father's Name (First, Middle,	Last)	-	Nus	ing As	53.1	T		/First. Middle.	Maiden Sumai		picai
Maryland	D = D =	To Be	James	Turne	5				Wil	lie	Mae	Ва	ailey	7
any	d 2 should th and Men 7 Is marke traumatic	-	19a. tntormant'a Name/Relations	hlp (Type, Print)		19b. Mai	ling Address (Street	and Numbe	er or Rure	I Route Numb	er, City or Town	, State, Ziç	Code)
	CHNF			Slide					rcrof	t Ro	oad Ba			1. 21239
Baltimore,	20 0 7		20a. Method of Disposition 1 Burial 2 □ Cremation	3 □Removal tron	Chata	cemetery, cre	osition (Name ematory or oth	er pla			Date	20c. Location		
ij	permit. Pag Department Important: I Iny injury o	0.0	4 Donation 5 ☐ Other (S	pecify)	Aı							96 Art		
Bal	Depa Impo		21. Signature of Funeral Service	Licensee	2 00	- //						e, MD.		
	-		21 - 11 Enter the disease, or	nccast complications that	coused the deal	1-0							ortn	Avenue
	Physician /Medical Examiner	iner	Immediate Cause (Finel disease or condition resulting in death)	a	Due to (ardicor as a conse	oquence of):	5p.	irator	y Di	star			Onset and Deeth
x 68760,	ertificate be executed sing physician end se as the buriel-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Me.	TGSTQ	tic Ch	VOV	ric Li	ympl	ocutic	Ceuker	1/4	
Bo	death c	cian		- 0.							4		1	
P.0.	hat the d ad by the deteched	Physician	Part II. Other algnificant condition	ons contributing to o	death but not res	sulting In the	underlying cau	Jae gi	ven in Pert I.					o the cause of death? bably 4 X Unknown
Records,	aw requires is been sign 2 should be	Completed by									24a. Was	an autopsy rmed?	av co	ere autopay findings vallable prior to empletion of cause death?
	0 - 5	Com									10	Yes 2⊠No	10	yea 20HNo
Vital	yalcian: The	Be	25. Wes case reterred to medica examiner?					0.1		of Death	(Check only o	one)		
o	Physical distriction	<u>1</u>	1 ☐ Yea 2 ☒ No 27. Manner of Death	Hospitel: 1 28a. Dete		ER/Outpatie				1		tence 8 Otl		y)
	tending leath. tor: After the funer	tion	1 Natural 5 Pendin	g (Moi	nth, Day Year)	Injury	M 200	. Inju Wo 1 □	rk? Yes 2 □ I		esd. Describe	now injury occu	1100	
Division	I or Attending after death. Director: After	Certification:	2 Accident Investig	not be 28e. Plac	e of Injury - At h ling, etc. (Specil	ome, farm, a fy)					28f. Location (. City or To		ber or Rure	al Route Number,
+	Mespital or At n 24 hours after of the Funeral Direct pletely filled in by	edical C		g Phyalcian: To the Examtnar: On the b										
D	212	Me	29b. Signature end title of certifie				29c. 1	Licens	se number			29d. Dete signe	ed (Month,	Day, Year)
D.	E)		Featro Stra	my Ac)		1	1	866	3		Oct 1	16.1	1996
			30. Name and address of person	who completed cau	se ot death (iter	n 23a) (Type	, Print)		-40	0	1.	MO 21	1	+ 4
			KONO Y GGGNY	r, ND Un;	MOTMC) Medc	tr 205	6	reen-St	15	Himore	MO 21	30/	
	Sta Registr		31. Date filed (Morths, Day, Year) OCT1 91996	de ravid	Registrar's Signa									

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Dev SANDY WHITE /Medical Oct. 14, 1196 22:10pm 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Union Mem. Hosp. Baltimore
If Under 24 Hrs.
Hours Min.
8. Date of (Month) 5. Social Security Number If Under 1 Year Birthplece (Stete or Foreign Country)
 Ga 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** M 2□ F Months Deys Director 89 Yrs 579-10-2757 07-14-07 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits munit be notified at MD NA Director Baltimore 1 X Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8 1742 E. 25th Street items 23a 21213 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, Bleck, White, etc. 72 hours effer 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 21215-0020 6 1 ☐ Yes 2 No by Specify: Black 3☐Widowed 4 ☐ Divorced "natural", Completed the Medical 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) e filed within 7 al Hygiene. Elementary/Secondary (0-12) 5th Grade College (1-4or 5+) Na Laborered W.R. Gracson Baltimore, Maryland 17. Fether's Name (First, Middle, Last) . Peges 1 and 2 should be file timent of Health and Mental H tant: If item 27 is marked oth jury or other traumatic even 18. Mother's Name (First, Middle, Maiden Surname) Be Jonas White Rachel McCullough 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Christine White 1742 E. 25th Street Baltimore, MD. 21213 20b. Plece of Disposition (Name of cemetery, cremetory or other pleca) 20e. Method of Disposition Date 20c. Location - City or Town, Stete XX Buriel 2 Cremetion 3 Removel from State permit. Pege Department of Important: If eny Injury or King Mem. Pk. Cem. 4 □ Donation 5 □ Other (Specify) 10-19-96 Randallstown, MD. 21. Signature of Fuperel Service Licensee 22. Name end Address of Fecility lencia Hot March F.H. East 1101 E. North Ave. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final diseese or condition resulting In death) Examiner Physician/Medical Examiner ettending physician and for use es the burial-transit The lew requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in deeth) Last Due to (or as e consequence of): Box 68760. Due to (or es e consequence of): P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 VInknown Records, þ 8 page 2 should Completed 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes an eutopsy performed? hes certificate 1 Yes 2 No 1 Yes No Division of Vital Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ Yes 2 ☐ No 1 Inpatient 2 DOA shis 27. Menner of Deeth 28a. Dete of injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred : After Attending 5 Pending Investigation vurs after dea. 1 Metural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital or within 24 hours af To the Funerel Discontiletally filled is edical 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the cause(s) and menner as stated. Medical Examiner: On the besis of examination end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end manner stated. (Check only onel 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number (Nipludien D 30661 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 5 (REESH K-TRIPURANEN) The planneda, Baltimore, 5670 21239 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature State 9 1996 wy son-Handell Registrar



WRC 96-5546-510

IT Please Type or Print in Black indelibre Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-740 10/23/96 t.t State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician	1
/Medica	ı
Examine	r

Funeral

Director

the Maryland 28a-f show the Medical Examiner must be notified at ö 238 or items Peges 1 end 2 should be filed within 72 hours after nent of Health and Mental Hygiene. Baltimore, Maryland 21215-0020 "natural", than other permit. Peges 1 end 2 should be it Department of Health and Mental H Important: if item 27 is marked ott any linjury or other treumatic even pong.

> Physician /Medical Examiner

Attending Physician: The law requires that the death certificate be executed and physician ar s the burial-t for use as been signed by the should be detached certificate hes linector, page 2 s director, this funeral Aftar ours after death. Hospital or within 24 hours a
To the Funeral C
completaly filled

Division of Vital Records, P.O. Box 68760,

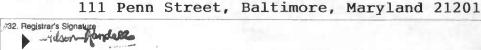
1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death SEPT. 28, 1996 REGINALD ALEXANDER 6:51 PM. 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death NA DOLPHIN ST. 518 BALTIMORE if Under 1 Year | if Under 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Days Hours 1 M 2□ F 27 June 26, 1969 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Ves 2□No Funeral Director Md NA 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? U.S. A 4613 21229 Koad 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puerto Ricen, atc.) 11. Maritai Status 14. Race - Amarican indian, Biack, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No 1 ☐ Yas 2 No Specify: Black þ 3 Widowed 4 Divorced Specify: Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) POOR 1200 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumama) Be eginald Alexander Short 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 4613 Mother oad Da140. 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1⊠Buriai 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) LIONS Iravelus 10-12-96 22. Nama and Address of Facility 21. Signatura of Funeral Service Licensee marn 4300 Glady Danes 300 Wabash 23a. Part1. Enter the disaase, or compilcations that ceused tha death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each lina. Approximate Interval Between Onset and Death immediata Cause (Final disaase or condition resulting In death) ALCOHOL. COCAINE AND NARCOTIC INTOXICATION Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ò 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 2 No Yes 2□ No 25. Was casa referred to medicel examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Sther (Specify) Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28e. Dete of Injury (Month, Day Year) FOUNDury 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Pending UNKNOWN Investigation FOUND 9/28/96 6:20 1 ☐ Yes XX No 2 Accident Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State)518 DOLPHIN STREET 3RD 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) FOUND IN HOUSE 4 Homicide FLOOR, BALTIMORE, MARYLAND 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

**Addical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. Medical 29e. Certifier 29b. Signatura and titia of certifier 29c. License number 29d. Date signed (Month, Day, Year) SEPT. 29, 1996 O.C.M.E.

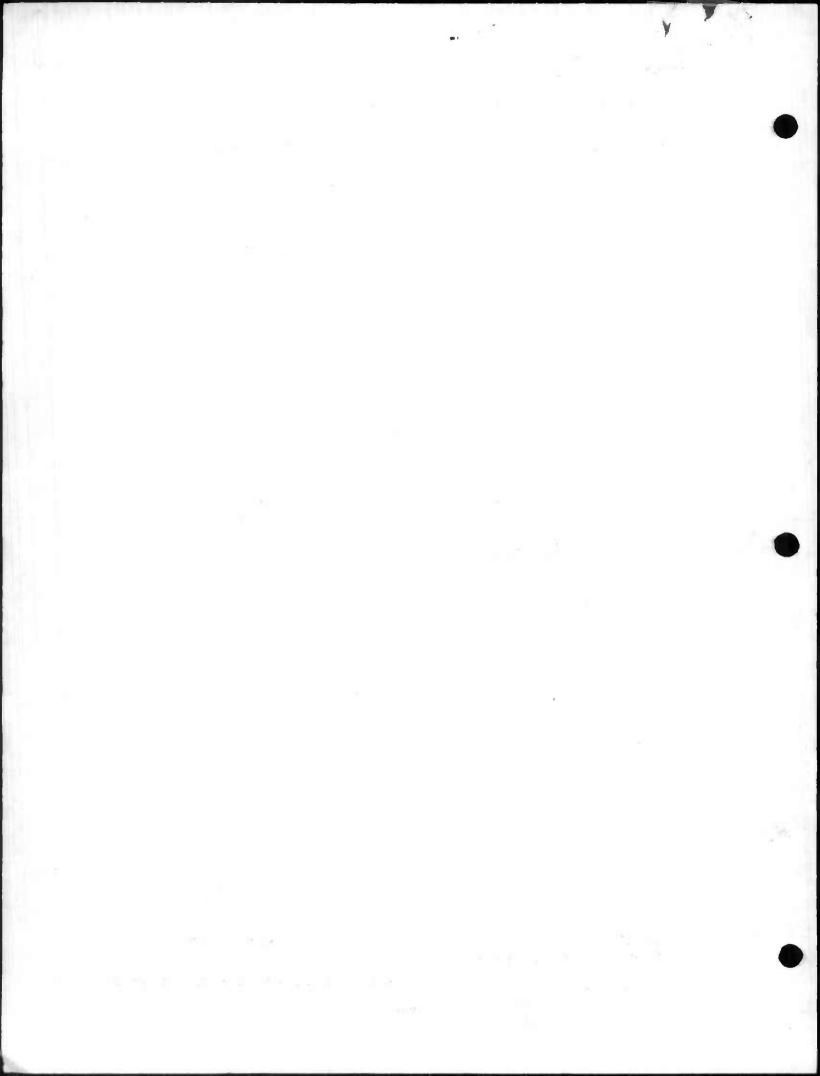
State Registrar 31. Date filed (Month, Day, Year) 10021 1996

THEODORE MIKIND

30. Name and address of person who completed ceuse of death (item 23a) (Type, Print)



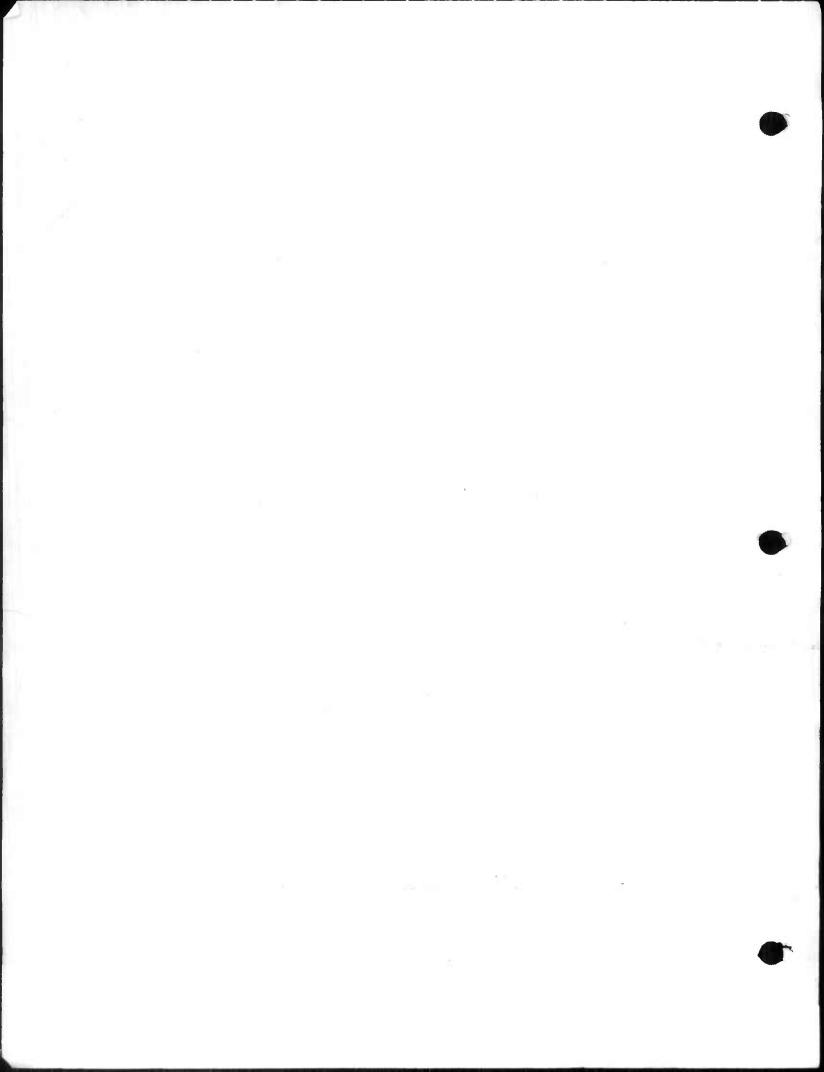
ŝ



6876	
BOX	
P.O.	
RECORDS,	
F VITAL F	
IVISION	

	should		
	2.3		
	filter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		
	mit. P		
	sit per		
iclan.	al-tran		
phys	e buri		
endin	as th		
l or at	or use		
ospita	ched 1		ı
the h	detac		000
ed by	d pin		and a
retain	5 sho		Politi
nay be	page		d he
De 6 n	irector		mine
F. Pa	eral d		mine
ar dea	the fur	Val.	I ava
The safe	in by	remo	adles
JAN: The law requires that the death certificate be executed with the law requires that the hospital or attending physician.	filled '	vith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the m
ŧ	pletely	cremal	hant
cuted	DO DO	wrial,	fie on
be exe	ian an	or to t	Suma
ficate	physic	ne prik	ser tr
h certi	pulpu	Hygie	or off
e death	he afte	Venta	MIN
hat th	d by ti	and	ni vn
ulres 1	signe	Health	WE 3
aw req	s been	pt. of	3 sh
The	ate ha	tate De	lem 2
CIAN	certific	the S	or I
PHYS	r this	h with	arked
NDING	R. After	r deat	ie m
ATTE	PECTO!	irs afte	m 28
TALL OF	AL DIF	72 hou	RETAINT If them 28 is marked or them 23 shows any injury or other traumatic event the medical examiner must be notified of once.
DSPI	SAES.	within	ANT
图	¥	ğ	PORT
2	P	B	3

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				HYGIENE REG. NO.			01001	
0	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			YEAR 3.	TIME OF DEATH	
	VERCHICA C AT					OCTO				2135 AW W	
ij	410	10 M 2 ØF		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Aug I	lay: Year)		Country)	CE (State or Foreign	
OR	SAINT ELIZABETH Reha				nore lit			9c. COUNTY	OF DEATH	н	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		Lan- OUTV 3	OWN OR LOCAT	1011						
- DIRECTOR	maryland	N/A	1 -	Saltimor	e City					I. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	1339 Richardson			101	ZIP CODE			UNITC		ALES	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT							American Indian, hite, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)										
AP.	10th Grade		Telephone	Operation	tor		Thon	se Co.	mpan	>/	
S	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, Midd	ile, Melden S	urname)			
BE	Albert Buday				MAry		uka				
2	196. INFORMANT'S NAME (Type/Print)	- ala />a.d			nd Number or Rural					212113	
		sels/iDaughter			Circle,		7				
	20e, METHOD OF DISPOSITION Burlal 2 Cremetion 3 Remo Connection 5 Other (Specify)	val from State comei	PLACE AND DATE OF I	DISPOSITION (Na	me of	DATE	20c. LOC/	TION - CIN	y or Town,	State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE	lery, crematory or other timac Natio	22. NAME AN	METER ()	tober 15,	11996	Dalta	more	, MID	
22. NAME AND ADDRESS OF FACILITY CHAPLES L. STEVENS FLUENT HOME, INC. 1501 E. FORT AVENUE, Bylto. MID 21230											
	23. PART i. Enter the diseases, or co	omplications that caused t	the death. Do not							Approximate	
- 1	IMMEDIATE CAUSE (Final	6				1 5				Interval Between Onset and Death	
	disease or condition resulting in death) . (Grebo Vascular Budent										
	DUE TO (OR AS A CONSEQUENCE OF):										
NO.	Sequentially list conditions, Due to Igr as a consequence or:										
Y.	cause. Enter UNDERLYING HTVING Fishillute.										
ĬĘ.	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
AL C	PART II. Other algnificant conditions	contributing to death but	t not resulting in t	he underlying	Cause given in	Part I 24	a. WAS AN A	ITOREY	245 WE	RE AUTOPSY FINDINGS	
2	Stuge IV pr		2	acon	Cadao giveii iii	24	PERFORM	FD0	AM	ILABLE PRIOR TO	
PHYSICIAN: MEDIC	don morle	· Dependen	- //	lade.	~	1	YES 2	LAIO COM	OF	DEATH?	
2	DID TOBACCO USE CONTR			П но П	UNCERTAI	N [1 (YES 2 NO	
Ϋ́	25. WAS CASE REFERRED TO MEDICAL	26	B. PLACE OF DEATH		OTTELITA	., .					
Sic		HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpet	lent 3 DOA 4	THER:	5 Residence	6 Other (Sc	pecify)				
E	27. MANNER OF DEATH	26e. OATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJI		28d. DESCRI	BE NOW INJ	URY OCCUR	ED		
BY	1 Pending Investigation			M 1 🗆 Y	ES 2 NO						
	3 Suicite 6 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify	At home, farm, atred	et, factory, office		26f, LOCATIO City or R	ON (Street end own, Stelle)	d Number or	Rural Route	Number,	
COMPLETED		IAN: To the best of my knowled: On the beste of examination of							euse(s) and	manner es stated	
- 11	29b. SIGNATURE-AND TITLE OF CERTIFIER				29c. LICENSE NUI						
BE	aller	allen	~ ~	in	A	555		DATE S	5/10	rth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO		767 E	nt)			- //		1.7/		
1	31, DATE FILEO (Month, Day, Year)	CHM IS	10/ 5	TOPT	Tu	, 15 6	110	w	3 2	1238	
	OCT 21 1996	1.32. AGISTRAR'S SONAT	LIM.							100	



Items20b,20c 10-21-96 FilmG740 W.H.Per F/H

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			ITEM; 5,17 per F.H. G-				ficate of	Death		Reg. No.	96	31332
E	Physic	ian	1. Decedent's Nema (First, Middle, La	,					2. Data of De Month	Day	Yaar	3. Time of Death
J.	/Medi	cal	JAMES R.	BAKE				4.05.7	Octob			6:35pm
4	Exami	ner	4a. Facility Nama (If not institution, gi STELLA MARI	The state of the s				4b. City, Town, or Le BALTIMO		4c. County		
Н	Funeral				pa (In yrs. les	st birthday)	f Under 1 Yeer	If Under 24 Hrs.		th	n / a	
	Director		215-40- 5321	10 M 20 F	52	Yrs.	lonths Days	Hours Min.	Month, De	th y, Year) .9,1944	MAF	placa (Stete or Foreign, htry) RYLAND
	pu ,		Usual Rasidanca of Decedant 10a. Stata 10b. County		10- 02-	Town or Locat						
	anyle	5	MD 100. County	n/a	Toc. City,		IMORE			10d. Insida City Limit X□XYes 2□ N		
	the N	rect	10e. Street and Number				10f. Zip Code			10g. Citizan of	What Coun	
	3a or	Funeral Director	903 DRUID P			RIVE		1217		UNITED	S 7	TATES
	death death	ner	11. Marital Status	12. Wes Dacedant Armed Forcas?	Evar in U,S.	6 C 13. Was	Decedent of I	lispanic Origin? (Sp en, Maxican, Puarto	ecify Yas or No	- 14. Rec	a - Americ	
20	I within 72 hours after death with the Manylend iene. then "natural", or items 23a or 28a-f ahow the Medical Examinet must be notified at	by Fu	1 Navar Marriad 2 Married	1 ☐ Yas 2 ☐ If Yas, Give X			Yas 2 Mo		nican, atc.)	Specif	ck, Whita, v: BL	ACK
21215-0020	houn tural	q pe	3 ☐ Widowed 4 ☐ Divorced 15. Decedent's E	Year or Dates:		16a Deceden	t's Usuel Occur	netion		16b. Kind of B		
15	5 .	Completed	(Specify only highest gr Elementery/Secondary (0-12)	ade completed)		(Give kin	d of work done NOT use retire	during most of work	ing	100. Kind of b	usiness/inc	lustry
21		EO	Elementery/Secondary (0-12)	College (1-4or 9	ears	STE	VEDORE	-		LONGS	HORE	MAN
pu	be filed ttal Hygid d other event, tt	Be	17. Fether's Nama (First, Middle, Las.	1)				18. Mothar's Name			ne)	
yla		To	RANDOLPH BAK		[]			GERTR		OX		
Maryland			19e. Informant's Name/Ralationship JANICE E.	(Type, Print) BAKER		19b. Malling A	Addrass <i>(Stree</i>) DRUI	and Number or Run				
	f Health fam 27 I		20a. Mathod of Disposition	DAKEK	20b. Ple	ce of Disposition		PARK	Date	20c. Location		0.MD# 17
Baltimore,	00-		1 ☐ Sturial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		Ar	SHLLL	Memorial	10 1.01	0-22	Arbutus BUND/		
#	_553		21. Signature of Service Lice	- 0	-		ame and Addre	The second secon	0-22	701100	TEN,	md
ä	Depar Impor any in		1 Family	21 Smil	H	WM	. C. M	MARCHEH.	-1101	E. NO	RTH	AVENUE
			23e. Part1. Enfor the disease, or con shock, aprile art fallure. List only	aplications that caused	tha death.	Do not enter t						Approximate Interval Between
5	Physician		January Variation and Only	0110 02000 011 0001111								Onset and Death
	/Medical Examiner		Immediata Causa (Final disaasa or condition resulting in death)	a. ME	779577	971C	LUNG	a CANO	352		1	5 mas
		<u>ا</u>	and description of the second		Dua to (or a	is a consequer	nce of):					
	uted d ansit	Examiner	Conventially list conditions	b. ———	Due to (or e	s a consequer	on of):				i	
0,	exectan an arrial-tr		Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disaase or injury		Dua 10 (01 a	a condoquoi	100, 017.					
68760,	ificate be executed g physician and as the burial-transit	edicai	that initiated avents rasulting in daath) Last	C	Dua to (or a	s a consequan	ice of):					
	E 0 6		L	d								
Вох	the death cert y the attending ached for use	Physician/N	Death Other should not a state of								1	
P.O.	that the de led by the s detached t	hys	Part II. Other eignificant conditions of	contributing to death b	ut not rasult	ng in tha unde	rlying causa gr	an in Part I.		tobacco use co Yee 2□ No		the cause of death?
	es tha	by P							.,,,,,	2010		Tooly 4 Goldstown
of Vital Records,	v requires that been signed b should be deta								24a, Was	an autopsy	av	ara autopsy findings ailabla prior to
ec C	2 5 E	Completed									of	mpletion of cause death?
<u>~</u>	The ate h	Соп							10	Yas 2 No	10	Yes 2□No
Vita	Physician: The this certificate ral director, par	Be	25. Was casa rafarred to medical axaminar?	Hospital:			OH	100				IS AT MERC
o	E m 15	. To	1 ☐ Yas 2 ☑ No 27. Mannar of Death	1 ☐ Inpatia 28a. Deta of Inju		R/Outpatient 8b. Tima of	3□ DOA 28c. Inju			dence 6 20th		y)HOSPICE
on	Attending Phy r death. ector: After thic by the funeral	tlor	1 Accident 5 Pending invastigation	(Month, De	y Year)	Injury	Wo	rk? Yes 2 □ No	200. 0000.00	non injury occur		
Division	offer death. Director: A d in by the fe	Certification:	3 Suicida 6 Could not b	266. Place of inj		e, ferm, streat,	factory, office		28f. Location (ber or Rura	I Route Number,
۵	rs efter al Dir	Cen	- C Hornord	building, at	с. (орвспу)				Ony or ro	wii, Siele)		
	Tothe Hospital or Att	edical	(Check only 2 Medical Example 12	nyalcian: To the best of miner: On the basis of	examination	adga, death oc n and/or invast	curred at tha ti	ma, data and place, opinion, daath occurr	and due to the red at the tima,	cause(s) and m data and place,	annar as si	eted. the causa(s)
9	A A A	Med	one) 29b. Signature end title of certifiar	and mannar sta	ated.		29c. Licens			29d. Data signa		
	# P) 8			mono	MA			40480				8, 1996
	1		30. Name end addrass of person who			3a) (Type. Prir	11) 551	2 BELD				
	7	0	FERNANDO	1. FERRO,			1329	wo, MD	2/2	206		
	Sta		31. Data filed (Month, Day, Year) OCT 21 1996	32. Registr	er's Signatur	a de de						
	Registr	ar	001211236	July Dollar	CHRK, NY	A (Arthrell)						

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

•	chai	UHICI	IL OI	1	Calli	anu	IVIC
i	Cert	ificat	0	f	Death)	

Physician /Medical Examiner

Funeral Director

25a-f show 2 Berns 23a or

the Medical Examiner must be notified at filed within 72 hours after ö "naturel". h and Mental Hygiene. Is marked other than Pages 1 and 2 should be nent of Health and Mental important: if hem 27 is a say injury or other traus

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner ettending physiclan for use as the buria Records, P.O. Box 68760 The law requires that the death certificate be Physician/Medical signed by t þ Be Completed page 2 : certificate Division of Vital To the Hospital or Attending Physician:
within 42 hours after death.
To the Funeral Director: After this certifica
completely filled in by the funeral director, p Certification: To Medical

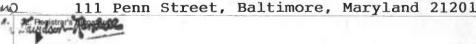
1 Decedent's Name (First Middle Last) 2. Date of Death OCTOBER Day 02 1996 1:45 PM **EVELYN** BROWN 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 4105 LIBERTY HEIGHTS AVENUE BALTIMORE none If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthpiace (State or Foreign Country) Days 1 ☐ M 25 F Vrs 9, 1916 unknown unknown Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1⊠ Yes 2□ No Baltimore Maryland none Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21216 4105 Liberty Heights Avenue unknown Funeral 12. Was Decedent Ever in U,S.
Armed Forces inknown
1 □ Yes 2 □ No
If Yes, Give
Year or Detes: 11. Maritel Status unknown Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Biack, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be 0 unknown unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) unknown unknown 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (SpecifyState rem. 21. Signature of Juneral Service Licensee 22. Name and Address of Facility
State Anatomy Board-655 W. Baltimore Street Director nan Walle Baltimore, Maryland 21201-1559 Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, hock, or heart failure. List only one cause on each line. Approximate Interval Betw Onset end Death Immediate Ceuse (Finai a. Atherosclerope disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as e consequence of): Due to (or as a consequenca of): Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco uss contribute to the causs of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24a. Wes an autopsy performed? 24b. Were autopsy findings completion of cause of death? 1 ☐ Yes 2 ☐ No. 25. Was case referred to medicat 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home \$CMesidence 8 Other (Specify) Yes 2□ No 28a. Date of injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Naturai 2 Accident 5 Pending investigation 1 □ Yes 2 □ No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. OCTOBER 03,1996

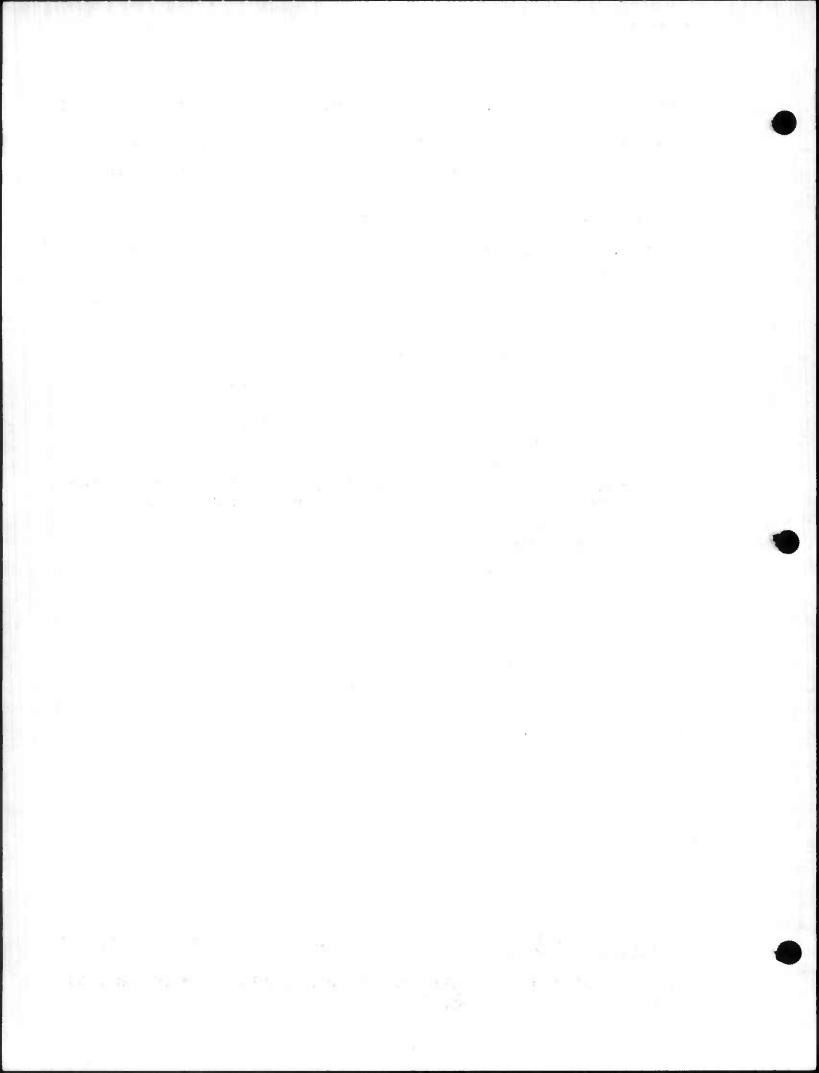
State Registrar

Chute ennis 31. Date filed (Month, Day, Year) OCT 21 1996

30. Name and address of person



who completed cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 96 31334

			ITEM: 20a per F.H G-	740 10-21-96 e	oh	Certifica	ate of	Death		Reg. No.	0 01	004
	Physic	ian	1. Decedent's Nama (First, Middia, L			Des	h 1 - m		2. Data of D		Year 3.1	Time of Death
Ų,	/Medi		Trevaughn	Malik		Bu	tler		Octobe	r 4, 19	996 !	5:40AM
<i>)</i>	Exami	ner	4a. Fecility Nema (If not institution, gi	A STATE OF THE RESIDENCE	E t			4b. City, Town, or	Location of Dea			
Н			Memorial Hos	-	East (In yrs. last b		der 1 Yee	Easton	6 Date of B		1bot	(State or Foreig
L	Funeral Director		none Usual Rasidence of Decedant	1⊠ M 2□ F	in yrs. ast c	Yrs. Month			6. Deta of B (Month, L Octob	er 4,1	996 Maj	
	how		10e. Stete 10b. County	1	IOc. City, To	wn or Location			_		-	sida City Limits
	Barra	ctor	MD Queer	n Anne	Ch	ester				1 to Yac		
	23a or 26	Funeral Director	10e. Street and Number 1407 Cox Nec	k Road		10f.	Zip Coda 21	619		10g. Citizen of What Country? USA		
020	s 1 and 2 should be filed within 72 hours efter death with the Menyland if Heelth and Mentel Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	b	11. Maritei Stetus Never Merried 2 Merried 3 Widowed 4 Divorced	12. Waa Decedent Ev Armed Forces? 1 ☐ Yes 2☐ No If Yas, Giva Yaar or Datas:	er In U,S.		cedent of pecify Cul	Hispenic Origin? (S ben, Maxican, Puari) Specify:	pecify Yes or N o Rican, atc.)	Bie	ce - American Ind ck, Whita, etc. y: Blac!	
21215-0020	within 72 h ene. than "natur	Completed	15. Dacedant's E (Specify only highast gr Elementery/Secondary (0-12)	ducation ada completed) College (1-4or 5+)			aual Occu work done usa retin	upation a during most of wored ad)	rking	16b. Kind of B	uainass/Induatry	
	filed withi Hygiene. ort, the M		N/A	0		N/A		T 40 Mm - 4- M-	15 15-14	14.11.0	none	
anc	ntel H	Be	17. Fathar'a Nama <i>(First, Middia, Las</i> Johnathan	•	Butle	er		Alici		a, Maiden Suman 1 e Ri	utler	
Maryland	2 should be and Mentel is marked o	P	19e. tnformant's Neme/Raiationship				ass (Stree	et and Numbar or Ru				a)
	1 and 2: Heelth ar em 27 is ither trau		Alicia M. Butler					k Road-Ch				
Baltimore,			20a. Mathod of Disposition 1 □ Burial 2 □ Cramation 3 [4 ☑ Donation - 5 ☐ Other (Special Control of Contro			of Disposition (A ary, crematory of DMY BOS		Donatio	Data	20c. Location	- City or Town, S	itate
Balti	permit. Pege Department of Important: If any injury or once.		21. Signature of Funtural Service Lice Royald S.	Wade dire	for	State	Ana	tomy Boar		W. Balt	imore S	treet
	Physician		23a. Part1 Enter the disease, or con shock, or heart failure. List only	plicetions that caused the cause on each line.	na daeth. Do	not entar tha m	oda of dy	, Marylan Ing, such aa cardia	or raspiratory	arrest,	Appr Inter Ons	roximate val Between et and Death
4	/Medicai		Immedieta Causa (Final disaasa or condition	Proce	pirato	as for	. (0	. 1			55	5 MIN
п	Examiner		rasulting in daath)	a. D	ue to (or aa	consequence	of):	1				
	b is	ol u			re mo	0.10.	tu	rity			İ	
-6	al-trar	Examiner	Sequentially list conditions, if eny, leading to Immediate	Di	ua to (or as a	collsequance o	1):	/			1 1	
68760,	death certificate be executed e attending physician and of for use es the burial-transit	call	causa. Entar Undarlying Cause (Disaasa or Injury that initieted evants	c. Pre	Maa	tul consequence o	1ak	707			-	
	ntifical ng ph	Medical	resuiting In death) Lest	50		· oonooquanoo o	.,.					
Box	attendin for use	an.A		d								
	the at the df	Physician/	Pert II. Other significant conditions	contributing to death but	not resuiting	in the underlying	causa g	iven in Part I.	23b. DI	d tobacco use co	ntributa to the	cause of death
P.0	4 60								10	Yee No	3 Probably	4 🗆 Unknow
Records,		d by							24e We	s an autopsy	24h Were at	utopsy findings
COL	law requires as been sign 2 should be	Completed							per	tormed?	aveileble	a prior to
Re	The law ate has page 2	ф				· ·			10	Yas 20 No		2 🔀 No
Vital		BeC	25. Was casa rafarred to medical					26. Plece of Dec		25 25	10100	222110
>		To B	examiner? 1 Yas 2 No	Hospitel: Inpatiant	2 🗆 ER/0	Outpatient 3	DOA O	ther		sidence 6 Oth	nar (Specify)	
n of			27. Menner of Deeth	28a. Date of Injury (Month, Day Y		Tima of Injury	28c. Inju	ury at ork?	28d. Dascribe	how injury occur	red	
Division	Attender deatlect:	Certification:	2 Accident invastigation 3 Suicida 6 Could not to determined	0 One Place of labor	- At home, (Specify)	M arm, straat, fact		Yaa 2 No		(Street and Numb own, Stata)	er or Rural Rou	ta Number,
	To the Hospital or within 24 hours effe to the Funeral Dir completely filled in	edical C	29a. Cartifier 1 Certifying Pl (Check only one) 2 Medicat Example 1	nyelclan: To the best of r ntner: On the basis of an and mannar state	camination a	ga, daeth occurre nd/or investigati	ed et tha t	ima, data and place opinion, daath occu	, and dua to th	e ceusa(s) and mo	annar as atated. and dua to tha c	auaa(s)
	To the within 2 To the comple	Me	29b. Signetura end titia of certifier	all		2	9c. Lican	sa number		29d. Dete signe	d (Month, Day, 1	Year)
1.			Hicken	MITTER	Tur	i l	D	2095		10-5	5-96	
			30. Name and addrass of person who	P							-	
			Richard Fritz,			mans L	ane,	Easton	, MD	21601		
	Sta	ite	31. Dete filed (Month, Day, Year)	9 1. Ragistrar's	Signatura							

ITEMS: 23 PART I. 27, 28a-f. PER MEO FILM G-740 10/23/96 t.t State of Maryland / Department of Health and Mental Hygiene Certificate of Death

0	6-	()	-	12	2	l,
1	0	3		J	J	
	-					

Physician	
/Medical	
Examiner	

1. Decedent's Nama (First, Middla, Last) ROBERT BRICE SR.

2. Data of Death Month Day Yaar OCTOBER

3. Time of Death

8:12P.M.

Funeral

1200 BLK.N.CENTRAL AVE 5. Social Sacurity Number 7. Age (In yrs. last birthday) 6. Sex 1 □ M 2 □ F 212-46-7825

4a. Facility Nama (If not institution, give street and number)

BALTIMORE If Undar 1 Year

4b. City, Town, or Location of Death

5,1996 4c. County of Death

If Undar 24 Hrs. 8. Data of Birth (Month, Day, Y July 28, Birthplaca (State or Foreign Country) Min Hours 1948 unknown

Director

28a-f show

238

Director

Funeral

by

Completed

Be

2

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

traumatic event, the Medical Examiner must be notified at

with the Maryland

deeth Rems

21215-0020

Baltimore, Maryland

Pages 1 and 2 should be lited within 72 hours after of nent of Health and Mental Hygiena. Int: If Item 271s marked other than "natural", or Item

al Hygiena.

Department of Health e Important: if frem 27 is any injury or other tra-

Physician /Medical

Examiner

pue

ettending physician for usa es the buria

ed by the e

signed by d be detacl

hes certificate

this funeral

After

within 24 hours after death To the Funeral Director: completely filled in by the

디

The law requires that the death certificate be executed

To the Hospital or Attending Physician:

death.

Division of Vital Records, P.O. Box 68760.

Usuel Rasidanca of Decedant 10a State 10b. County unknown unknown

10c. City, Town or Location unknown

Yrs

10d Inside City Limits UNK NOWN 1 Yes 2 No

10e. Street and Number

unknown/homeless 11. Markal Status unknown 12. Was Decedent Ever in U.S. Armed Forcas? UNKNOWN

unknown 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Ricen, etc.)

14. Race - American Indian, Black, Whita, atc.

10g. Citizen of What Country? unknown

1 Navar Marriad 2 Marriad 3 ☐ Widowed 4 ☐ Divorced

1 ☐ Yes 2 ☐ No If Yas, Giva Year or Datas:

48

1 ☐ Yas 2 ☑ No Specify:

10f. Zip Coda

Days

Months

Black

15. Dacedant's Education (Specify only highast grade completed) Elementary/Secondery (0-12)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired)

16b. Kind of Business/Industry

unknown 17. Fathar's Name (First, Middla, Last) unknown

unknown

unknown

unknown

19a. Informant's Name/Ralationship (Type, Print)

19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda)

unknown

unknown

unknown

20a. Mathod of Disposition in 1 ☐ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 □ Donation 5 □Othar (Specify) State rem

20b. Place of Disposition (Nama of camatary, cramatory or other place)

20c, Location - City or Town, Stata Data

21. Signatura of Aunaral Sarvice Licensaa

Director Ronald S. Wade nan 10 1 well

22. Nama and Address of Facility State Anatomy Board-655 W. Baltimore Street 21201-1559 Baltimore, Maryland

18. Mother's Nama (First, Middle, Meidan Sumeme)

Plant. Enter the diseasa, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, subject, or heart failure. List only one cause on each line.

Approximate Interval Between Onset and Death

immediata Cause (Final disaasa or condition rasulting in death)

A NARCOTIC, COCAINE AND ALCOHOL INTOXICATION Dua to (or es e consequence of)

Saquantially list conditions, if any, leeding to immadiata cause. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in death) Last

Dua to (or as e consequance of):

Dua to (or as a consequence of):

23b. Did tobacco use contribute to the cause of death?

1 Tyes 2 No 3 Probably 4 ☑ Unknown

24a. Was an autopsy

24b. Wara autopsy findings available prior fo completion of cause of death?

1X Yas 2 No

1 yas 2□ No

25. Was casa rafarrad to medical axaminar? M Yas 2□ No

5 Pending

investigation

Could not be determined

27. Manner of Death

1 Naturel

2 Accident

4 Homicida

3 Sulcide

28a. Date of Injury (Month, Day Year) 10-5-96

and manner steted.

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f.

Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of

28c. Injury et Work? 1 ☐ Yas 2 No

Other: 4 Nursing Homa 5 Residence 8 Nother (Specify) 28d. Dascribe how injury occurred

UNKNOWN

28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) STREET

7:56

28f. Location (Straet and Number or Rural Route Number, City or Town, Stata) 1200 BLK. N. CENTRAL AVE. BALTIMORE'. ND.

29a. Cartifier

1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. ** Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) 29c. License number 29d. Date signed (Month, Day, Year)

26. Place of Deeth (Check only one)

29b. Signature and

O.C.M.E.

OCTOBER 6,1996

30. Name a ho completed cause of death (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31 Date ed (Month, Day, Year) OCT 21 1996



State of Maryland / Department of Health and Mental Hygiene

Physi		tem 2 per Dr. 10-30-9 1. Decedent's Name (First, Middla, L			Certificate of		2. Date of Dea	Reg. No.		e of Death
/Med		THOMAS	F.	BRYAN	Г		Month Oct.	Day	Year 996 12:	:40 AM
Exam		4a. Facility Nama (If not institution, g	ive streaf and number)		4b. City, Town, or	Location of Death	4c. County		
		6012 Hunt Ridge	Rd. #2721			Baltimo	ore	Ba:	ltimore	
Funera Directo		5. Social Security Number 6. 120-10-0797 Usual Residence of Decedent	Sex 7. A 1 M 2 F	ge (In yrs. last bin 82	thday) if Under 1 Yea Months Day			th y, Year) , 1914	9. Birthplace (State Country)	ta or Foreign
land www		10a. State 10b. County		10c. City, Town	or Location				10d. Inside	City Limits
Mary	to	Md. Baltimo	re	Baltin	more					es 2 No
28s	Funeral Director	10e. Street and Number		Darch	10f. Zip Code			10g. Citizen of 1	What Country?	
38 0	<u></u>	6012 Hunt Ridge	Rd. #2721		21210)		US		
	Der	11. Maritai Status	12. Was Decedent Armed Forces		13. Was Decedent of If Yes, specify Cu	Hispanic Origin? (S	pecify Yes or No-	14. Rac	ce - American Indian,	,
when it is nous area deam with the maryland ane. then "natural", or fems 23s or 28s-f show he Medical Examine must be notified at	þ	1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorcad	1 Yes 2 1 Yes 2 1 Yes, Give Year or Dates:		1 ☐ Yes 2 ☐ No		to Hican, etc.)	Specify	ck, White, etc. y: White	
72 ho netur	ted	15. Decedent's E (Specify only highest gi	ducation	16a.	Decedent's Usual Occi (Giva kind of work don life. DO NOT usa ratir	upation	rkina	16b. Kind of B	usiness/Industry	
oe med within 72 no nel Hygiene. Id other then "natur event, tre Medical	Completed	Elementary/Secondery (0-12)	College (1-4or	5+)	life. DO NOT usa ratir	ed)	rking			
Hygiene. other than	Co		4	Ins	surance Age	nt		Charles	E. Herset	, Inc
marked other	Be	17. Father's Name (First, Middle, Las	t)			18. Mother's Na	me (First, Middle,	Maidan Suman	ne)	
Men	2	Earle	L.	Bryant		Sarah	Abbo	ott	Pratt	
27 is		19a. Informant's Name/Relationship Mrs. Jean S. Bry		601	Mailing Address (Stree L2 Hunt Rid	lge Rd. #2)
ges I and t of Healt if item 2		20a. Method of Disposition 1 ☐ Burial 2 🗷 Cremation 3 [20-0	20b. Place of cematar	Disposition (Nama of y, cramatory or other pi	(ace)	Date	20c. Location -	City or Town, State	
permit. Pages Department of It Important: If ite		4 Donation 5 Other (Space	in State		Service C	1	.0/17/96	Towson,	Md.	
Department Important: Iny injury		21. Signature of Funeral Service Vice	find - / _		22. Name and Add	ress of Facility				
20 5 5 1	1	1 2 148	The day			son Funer				
		23a. Part1. Enter the disease, of don shock, or heart failure. Sel only	nell ayone that cause	d the death. Do n	ot enter the mode of dy	k Rd. Tow ying, such as cardie	c or respiretory en	rest,	Approxim	nate
hysiciar		anous, or rear years zerony	alige on each I	ine.					Approxim Interval E Onset an	Between nd Death
/Medica		immediate Cause (Final disease or condition	001	phral	Hemorr	400			11	hour
xamine		resulting in death)	a	Due to (or es a c		MAGE			1 - 1	noor
	ě			200 10 (01 00 2 0						
ng physician end es the bunal-transit	Examiner	Sequentially list conditions	b. —	Due to (or as a c	onsequenca of):					
an er inal-t		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		,					200	
ysici	edical	Cause (Disease or Injury that initieted events resulting in death) Last	C	Due to (or as a c	onsequence of):					
0 0	Pa	resulting in death) Last								
attendin I for use	No.		d							
0 8	Sick	Part II. Other significant conditions	contributing to death b	ut not resulting In	the underlying cause of	iven in Part I.	23b. Did to	obacco uee co	ntribute to the caus	e of death?
signed by the a	Physician/M			-			101	4.0		Unknow
gned se da	by P	Coronary Art	ery disci	756		-		71		
e, 0		Chronic obst	visting (24a. Was a	an autopsy	24b. Were autops available prio	
2 5	Completed	CHIVOVILC 0 03)	, 561.06 (ung dis	cuse		perfor	med r	completion o	of cause
ate has page 2	mo						10Y	es 2 No	1 ☐ Yes 2	□ No
cartificate rector, pag	Be C	25. Was case referred to medical				26 Plant of Day	ath (Check only or	1	10105 2	_ 140
	To B	examiner?	Hospital:	ent 2 ER/Out	patient 3 DOA	thor			or (Chaolhe)	
두를		27. Manner of Death	28a. Date of Inju	ry 28b. T	patient 3D DOA	4 Li Nursing F	28d. Describe h			
r death. octor: After this by the funeral o	Certification:	1 Natural 5 Pending 2 Accident Investigatio 3 Sulcide 6 Could not b	n (Month, Da	y Year) In	jury Wo	Yes 2 No				
Sirec In by	it.	4 Homicide determined	286. Place of in	ury - At home, far c. <i>(Specify)</i>	m, street, factory, office		28f. Location (S City or Tow	rreet and Numb n, Stata)	per or Rural Routa Nu	um <i>ber</i> ,
pral [200 Contillor Inc.								
Fund fely	edlcai	29a. Certifier Certifying Processing (Check only one)	niner: On the basis or	examination and	death occurred at the t /or investigetion, in my	time, date and piece opinion, deeth occu	, end due to the c rred at the time, o	ause(s) and ma lete and placa,	inner as stated. and due to the cause	B(S)
	Med	29b. Signature and title of certifier	and manner st	ated.		nse number				
mple m		Description and title of certifier	10						d (Month, Day, Yaar)	
Within 24 hours after of To the Funeral Direct completely filled in by		= 12 11 14 041	- Ila X en	w	1) "	1.1205		Ocholie	16 17	76
To the		1 proshen	71000		10	200-0		70100	0,0,	
To the		30. Name and address of person who	completed cause of	eath (Item 23a) (Type, Print)	11 61	0	+ 0	.04	
10		W.A. Rile	1 GB	mc	Type, Print) G 70 /	N. Ch.	urles S	t. B	u 16,199 alto, n	nd. 2,
10	ate	30. Name and address of person who A. R. (& & & & & & & & & & & & & & & & & &	32. Registr	eath (Item 23a) (1		N. Ch	unlas S	t. B	alto, n	nd. 2,

2.77 r veli un de un acil a s Figure 198 1 mag 1

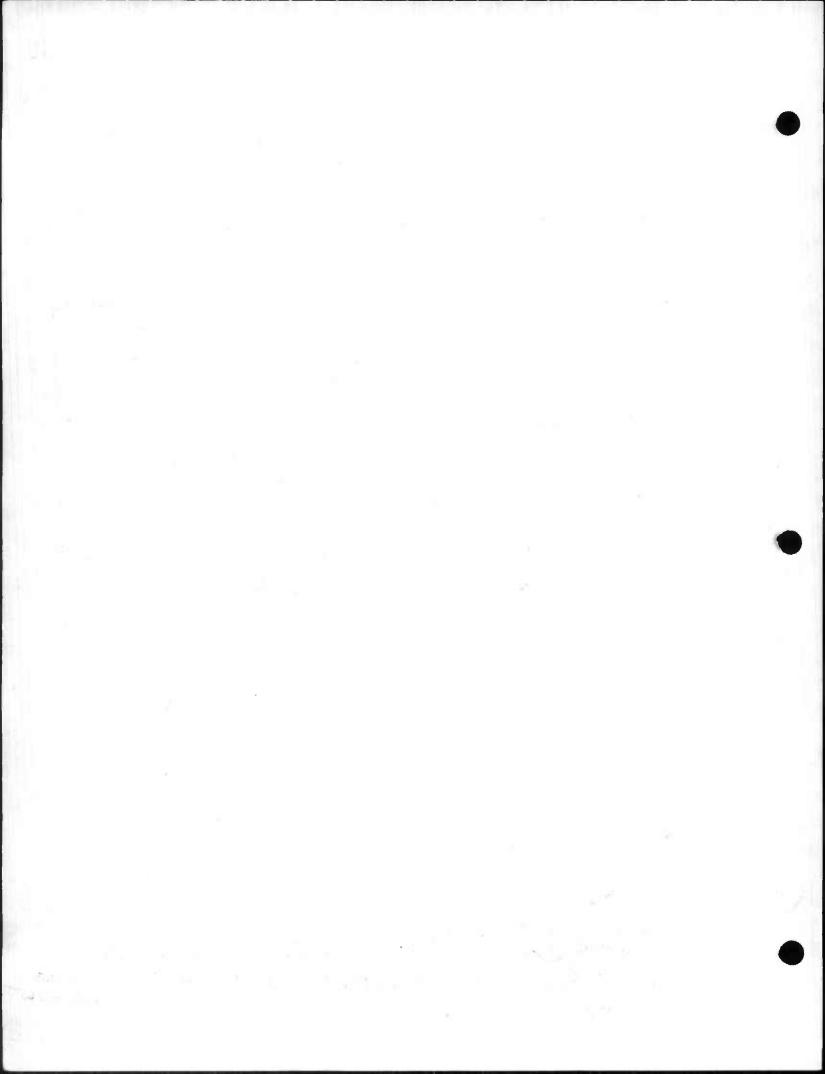
State of Maryland / Department of Health and Mental Hygiene 96

					Cel	rtificate of	r Death		Reg. No.		
			1. Decedent's Nama (First, Middle, L	.ast)				2. Date of De			3. Time of Death
	Physic		Will	iam M. E	Barnett			Octobe	r 18 1	996	9:50 AM
	/Medi		4a. Facility Neme (If not institution, g				4b. City, Town, or L		-		3.00
7	Examii	ier	A STATE OF THE STA		enter					timore	
! —			Greater Baltimo			II Under 1 Yea	TOWSON if Under 24 Hrs.				
	Funeral			Sex 7. Age (II	yrs. last birthday)	Months Day		8. Date of Birt (Month, Da	n y, Year)	9. Birthplace Country)	e (State or Foreign
	Director		219-18-7278	/	O Yrs.			March	8,1926	N.C	
	2		Usual Residence of Decedent								
	show show		10a, State 10b, County		c. City, Town or Lo						fnside City Limits
	o I	Ş	Md Balt	more	handal	IStow	\cap				1 Yes 2 No
	r 28a-f show	Se .	10e. Street end Number			10f. Zip Code			10g. Citizen of \	What Country'	?
	with w	O	8106 Mila	and Gar	den Drive		1 LA		11 0	0	
	within 72 hours after death with the Maryland ene. than "naturs!", or items 23s or 28s-f show he Medical Exemine must be notified at	Funeral Director				-	7		U.3	.14.	
	items free m	Š	11. Marital Stetus	12. Was Decedent Ever Armed Forces?	r In U,S. 13. \	Maa Decedent of I Yes, specify Cu	i Hispenic Origin? (Sp ben, Mexicen, Puerto	ecity Yes or No Ricen, etc.)	- 14. Had	ck, White, etc.	
0	at a		1 ☐ Never Married 2 ☑ Married	1 Yes 2 No	00 II to	1□ Yes 2ŪN	o Specify:		Specifi	r 1	12
Maryland 21215-0020	SIN SIN	by	3 Widowed 4 Divorced	ff Yes, Give Year or Detea:	28-47		o opony,		Specin	Blan	CIC
2	natural,	Be Completed	15. Decadent's	Education	16a. Deced	lent's Usual Occ	upation		16b. Kind of B	ualness/Indust	try
2	E .	pie	(Specify only highest g Elementary/Secondary (0-12)	Collage (1-4or 5+)	iife. l	DO NOT use reti	e during most of work red)	ung	U.S. P		Chica
21	filed within Hygiene. other than ent, the M	E	12 h grade	4ear	Gen	eral Si	upervisor		W.S. P	021	FILCO
D	高天皇弟	0	17. Fether's Neme (First, Middle, Las			,	18. Mother's Nem	e (First, Middle	Maiden Suman	ne)	
an	S da b	m	7000 00000	<u>i</u> +			i.	Mac	Gers		
Z	should be and Menta marked umetic ev	P.	Eur Warne	11			Mucy				
a	2 8 8 8		19a. Informant's Name/Relationship	1	19b. Mailir	ng Address (Stre	et and Number or Rui	ral Route Number	er, City or Town,	State, Zip Co	
	CANE		Mattre Barnett	-/ wite	8106	Milford	Garden ?	Drive R	andalks	nun M	nd 2124
T.	S		20a. Method of Disposition	2	Ob. Place of Dispo	sition (Name of natory or other p		Dete	20c. Location -		, State
Baltimore,	85= 2		1 Burial 2 Cremation 3	Removal Irom State				0.22.0	1 0000	i Mai	ryland
Ë	Department of Important: Important: If Important: If Important: If Important: Important: Important: If Important: Im		4 Donation 5 Other (Spec		Maryland		I Mempk!	0.722-16	ruure	1 , 1 1 03	912.00
a	permit. P Departme Importan any injur		21. Signature of Funeral Service Lic	90600	22	. Neme end Add	ress of Facility Lease Home.	West			
ш	ZQ = 2 9		Milania	A Horala			1 0	office I	Md 2	21215	
	ò		23a. Parl 1. Entar the disease, or conshock, or heer it illure. List only	mplications that ceused tha				Ball h more	1 1 1 1 1 1		poroximate
10			shock, or heer failure. List onl	y one cause on each line.			,			Int	oproximate terval Between nset and Death
	Physician /Medicai		town addate Course (Size)								
	Examiner		Immediate Cause (Final disease or condition	a Left e	empyema						days
	Examinion		resulting in death)	Due	to (or as a consag	juence of):					
-	n #	ne									
	of page	Examiner	Sequentially list conditions	Due Due	to (or es a conseq	uence of):					
ć.	be execu- cian and burlai-tra	EX	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diaease or Injury		(***)					1	
68760	be est pician burta		Cause (Diaease or injury	C		-74117-757					
88	Phys. Cells	//Medical	thet initiated events resulting in death) Last	Due	to (or es a conseq	uence of):					
×	ding p	Me		d						İ	
Bo	A 20 A		_	,							
	the after	Physiciar	Pert II. Other significant conditions	contributing to death but no	ot resulting in the ur	nderlying cause of	olven in Part I.	23b. Dld 1	obacco use co	ntribute to the	e cause of death?
P.0	to the state of th	μŸ		•				10	Vac all No	3 Probab	ly 4 Unknown
4	that the	d. >						10	148 244110	3 1 10000	iy 4 Olikilowi
Division of Vital Records,	signed d be del	l by						04- 14/	V.	24h Ware	autoney findings
ö	been s	Completed	Hypertensive	e heart disea	se			24a. Was perfo	an autop)ty med?	avsila	autopsy findings ble prior to
90	2 20	pid								of dea	letion of cause ith?
œ	The sta	ОПО						180	res 2 No	1 🕅 Y	es 2 No
ta	delan: The certificate rector, pay		25. Was casa referred to medical				OC Dines of Deep		-		
5	a con	Be C	examiner?	Hospital: Y.			26. Place of Deat				
of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70		1 🖾 Inpatient	2 ER/Outpatien	I SLI DON	4 LI Nursing Ho	ome 5 Resid			
=	2 4 4	on	27. Manner of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Injury (Month, Day Ye	28b. Time of Injury	W	ury at ork?	28d. Describe I	now injury occur	red	
9	A CA	atl	2 ☐ Accident Investigati			M 1	Tyes 2□No				
Š	To to to	Ific	3 ☐ Suicide 6 ☐ Could not determine	d 200. Place of injury -	At homa, ferm, str	eet, lactory, offic	9	28l. Location (S City or Toy	Street and Numb	er or Rural Ro	oute Number,
ä	호류를	Certification:	4 I Homeda	building, etc. (S	peciry)			City of 104	ni, State)		
	Till a series		29a. Certifler 1 X Certifying P	hyelolen: To the best of m	knowledge death	occurred at the	time, data and place	and due to the	nauco(c) and me	annos es etata	vd.
1	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edical		Physician: To the best of my arminer: On the basis of exa	mination and/or inv	estigation, in my	opinion, deeth occur	red at the time,	dete and place,	and due to the	e cause(s)
)	of the spirit		one)	and manner stated.							
j	0 4 6 0	Σ	29b. Signeture and title of nortilier	- O 1		29c. Lice	nse number		29d. Dete signe	d (Month, Day	r, Year)
	1	}	Kolent	11/2 leren	((AA)	D	27740		10/2	20/96	
	1/21		30. Name and address of person who	completed sauer of death	(ttem 23a) (Time	Print\					
	10						61 5	14.20	ND O	1204	
			Robert A. Paler		C 6/01 N	v. Charl	es St., Ba	ritimore	, MU 2	21204	
	Sta		31. Date filed (Month, Day, Year)	1. AS2 Pegistral	Show Service						
	Registr	ar	UU 1 Z 1 1330 (,	and the same of						

21220

		Decedent's Nama (First, Middle, Lest	State of Maryland	Certificate of	Death	Reg.	No.	3. Time of Death
Physic /Med			Frances	R. B.66	7	Month OC+		96 8:45 Am
Exami		4a. Facility Name (If not institution, give	1/		4b City, Town, or I		4c. County of	
	P	5. Social Sacurity Number 6. Sec			MOLT If Under 24 Hrs.	(MORE	1) P
Funeral Director		2/3-30-6742	M 20 0	Yrs. Months Days		8. Date of Birth (Month, Day, Ye	1904	9. Birthpiaca (Stete or Foreign Country)
C Z1Z13-UUZU filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or items 23e or 28e-f show ont, the Medical Examiner must be notified at		10a. State 10b. County	10c. City, 1	Town or Location				10d. inside City Limits
Ba-f s	Director	WD NO	+ 5	altimor	6			1 XYas 2 No
vith th		10e. Street and Number	1	10f. Zip Coda		10g.	Citizen of W	
aath re 23	Funeral	1402 madis	12. Was Decedent Ever in U.S.	13. Was Dacedent of	2 17	pooihi Vas or No-	USF	- American Indian.
r hen	Fun	1 Never Marriad 2 Married	Armed Forces? 1 Yas 2 No If Yes, Giva	If Yas, specify Cub	oan, Mexican, Puart	o Rican, etc.)		, White, etc.
Ours a	l by	3 Widowad 4 □ Divorced	If Yes, Giva Year or Dates:	1 ☐ Yas 2 No	Specify:		Specify:	Black
72 hours natural,	Completed	15. Dacadent's Edu (Specify only highest gred		16a. Decedant's Usuel Occu (Give kind of work dona	during most of wor	king 16t	. Kind of Bus	siness/Industry
21215-0020 d within 72 hours aff plana, natural;, or the Medical Even	dmo	Elamentary/Sacondary (0-12)	Collaga (1-4or 5+)	life. DO NOT usa retire	fic		4	25.5
d be filed with be filed with antal Hygiana. ced other than cevent, the	Be Co	17. Father's Name (First, Middle, Last)	NA	Dowes		ne (First, Middle, Mei		NES
should be nd Mental marked o	To B	Alonzo HALL	Se.		Rach	el En	INIS	
2 sho and and is m	ľ	19a. Informant's Name/Relationship (Ty	pe, Print)	19b. Mailing Address (Strea	0		ity or Town, S	
e, N 1 and 1 and Haalth			KLIN- Laugh.	2317 N. Co	Namood		140. U	vd. 21216
		20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐ R	emoval from State	etery, cremetory or other pla	4		Location - C	City or Town, Stata
DOBLITION permit. Page Department of Important: If any Injury or once.		4 Conation 5 Other (Specify)		odlawa Cem 22 Name and Address		0.5491	Dait	o. ma
Dep de de de de de de de de de de de de de		\mathcal{M}_{i}	2 Alexani	March 1	=, H. Wes	+	1 1	2/2/5
_		23a Part! Enter the disease, or compliance, or heart tailvre. List only or	cations that ceused the deeth.	Do not antar tha mode of dy	4300	Walast or raspiratory arrest.	a gre	Approximate
Physician	1	shock, or heart tallyre. List only or	a cause on each line.					Intarval Batween Onset and Death
/Medicai Examiner		Immediate Causa (Final disaasa or condition	Cardiac ?	rhothmic				innecliate.
Examine	7	resulting In death)	Condiac & Congestive	s a consequence of):		-		
rted Insit	Examiner	_ b		1	nyapat	hy		years
ficate be executed physician and is the bunal-transit		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying	1	s a consequance of):	'			
ficata be e physiciar to the buni	licai	Cause (Disaasa or injury that initiated evants resulting in death) Last		s a consaquance of):				Leas
	Medi	Tosuming in coatiny case						
daath certif daath certif a attanding of for use as	Physician/M							
. 0 00	ysic	Part II. Other significant conditions con	tributing to death but not resulting	ng in the underlying ceuse gi	ven in Part I.			tribute to the cause of death?
res that the dai	by Pt					1 Tyes	20X No	3 Probably 4 Unknown
he law requires that the sheap been signed by the iga 2 should be datach						24a. Was an a	utopsy	24b. Wera eutopsy findings avallable prior to
2 s S	Completed					penomico		completion of causa of death?
= F and	Con					1 ☐ Yas	2 KNO	1 Tyes 2 No
Attending Physician: The coath. croath. crost Affar this certificate by the funeral director, page	Be	25. Was cese referred to medicel axaminer?	a mital.	l ou		th (Check only one)		
Physical direction	. To	1 Yes 20 No	ospital: 1 Inpatient 2 ER	VOutpetient 3L DOA		oma 5 Rasidence 28d. Dascribe how i		
ending Pheath.	ation	1 Natural 5 Pending 2 Accident Investigation	28a. Data of Injury (Month, Day Yeer)	Injury Wo	rk? Yas 2□No	200. Dascribe now i	njury occurre	0
	Certification:	3 Suicide 6 Could not be datermined	28e. Plece of injury - At home bullding, etc. (Specify)	e, farm, street, factory, office		28f. Location (Stree City or Town, S.	t end Number	r or Rural Routa Number,
phalor men phalor med in								
Feb 74 Feb	edical	29a. Cartifier (Check only one)	ician: To the best of my knowled er: On the basis of axamination	dge, death occurred at the till end/or investigation, in my o	me, date and place, opinion, death occur	end dua to tha cause red at the time, data	e(s) and man and place, ar	nar as stated. nd due to tha causa(s)
within 7 or the comple	Mec	29b. Signature and title of certifier	and manner stated.	29c. Licans				(Month, Dey, Year)
	-	1 260th 11	Se laper	7 120	157	10	117	101
NC	4	30 Name and address of person who cor	npleted ceuse of death (Item 23	Da) (Type, Print)	,		111	76
		DEBORAH J. BANS	our MD Mere	Medical Ce	ter 301	St. Com	141.	Baltimore 40 21202-2160
Sta	te	31. Date filed (Month, Day, Year)	32. Registrar's Signature				-	21202-216

Registrar



State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate of	Death			Reg. No.		
Г	Dhysia		1. Decedant's Neme (First, Middle, Lu	ast)						2. Dete of De Month	eth Dey	Year	3. Tima of Death
	Physic /Medi		_Madaline	M.	E	3och	enek			october		996	4:40 P.M.
	Exami		4e. Facility Neme (If not institution, given 1923 Aliceanna St					4b. City, To Balti		cation of Deet		ty of Death	
	Funeral Director		213-14-4821	Sax 7. Ag	a (In yrs. last bir 86	thdey) Yrs.	If Under 1 Yaa Months Days			8. Data of Bir Month, Da 10/07/1	910	9. Birth Cou Mary	pleca (Stata or Foreign land
	Maryland a-f show	ctor	Usual Rasidence of Decedent 10a. State 10b. County Maryland N/A		10c. City, Tow Balt								10d. Inside City Limits XXYes 2 □ No
	h with th	al Director	10e. Street and Number 1923 Aliceanna St								10g. Citizen o	f Whet Cou	intry?
020	72 hours efter death with the Maryland natural; or items 23s or 28s-f show deal Examiner must be nutified at	by Funeral	11. Maritel Stetus 1 □ Never Merried 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Armed Forcas? 1 Yes 2 XI II Yas, Give Yeer or Detes:			las Decedent of Yes, specify Cul ☐ Yes 2 1 No			cify Yes or No Rican, etc.)	Spec	eck, Whita	ican Indlen, , etc. ite
21215-0020	C 1	Completed	15. Decedent's E (Specify only highest gr.	ducation ade completed) College (1-4or 5	i+)	(Giva k life. D	ent's Usuel Occu ind of work done O NOT use retin	pation during mos ed)	t of workin	g	16b. Kind of		
Maryland 21	be filed Ital Hyg d other event,	Be	17. Father's Neme (First, Middle, Last Michael Kogut	0		cust	odian			(First, Middle,	Balti Melden Sume		City
2	2 should be and Mentals marked	10	19e. Informant'a Neme/Rejetionehip	(Type Print)	106	Mailine	Addrass (Stree				or City or Tow	n State 7	in Code)
	B 를 Z 글		Lynn Bochenek	Daughter			Sherbro						
Baltimore,	_ +		20a. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetton 5 Other (Special	Removel from Stata	20b. Pieca of cemetar	Dispos	ition (Name of etory or other pli slaus Co	ace)		Data	20c. Location	- City or T	
Balti	permit. Pages of Popartment of Fireportant: If the any injury or or ones.		21. Signeture of Funarai Sarvice Lice		1FSP		Name and Adde						
		П	23a. Pert1. Enter the disease, or com shock, or heart feilure. Liet only	plicetions that caused	the deeth. Do n							- 1	Approximate Interval Between
	Physician /Medical Examiner		Immediete Cause (Fine) disease or condition resulting in deeth)	e. My (-					-	Onsat and Death
		ner		Cor	Due to (or es a	consequ	ience of):	COLLO				1	Colleges
0,	icate be executed physician and s the burial-transit	Examine	Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying Cause (Disease or injury	b	Due to (or as a	consequ	enca ol):	gorac	•				6 40013
ox 68760,	certif iding	n/Medical	Cause (Disease of Injury that initiated events resulting in death) Last	d	Dua to (or es e o	consequ	ence of):						
P.O. Bo	0 0 %	Physician	Pert II. Other significant conditions of	contributing to death be	ut not resulting Ir	the un	derlying cause g	iven in Pert I			tobacco uss o		to the causs of death?
Records,	requires been sign should be	Completed by								24a. Wes	an autopsy ormed?	8	Vere autopsy findings vailable prior to ompletion of cause I deeth?
	0 - 5	mo:								10	Yes 2 No	1	□Yes 200 No
Vital	delen: The certificate rector, par	Be	25. Wes case refarred to medical examiner?	11					ol Death	(Check only	one)		
of	this aidi	10	1 Vas 2 No 27. Manner of Deeth	Hospitel: 1 Inpatie	-	tpatient ime of	3LI DOM		7	-	dence 8 🗆 O		ify)
on	Ing After fune	tlon	1 Neturel 5 Pending 2 Accidant investigatio	(Month, De)	Year)	njury	28c. Inju We M 1 [ork? Yas 2		ou. Dascribe	now injury occ	ulled	
Division	i or Attending after death. Director: After d in by the fune	Certification:	3 Sulcide 6 Could not be detarmined	OPA Place of init	ury - At home, fe c. (Specify)	rm, stre	et, factory, office		2	8f. Location (City or To		nber or Rui	ral Routa Number,
	To the Hospital or within 24 hours after To the Funeral Dirt completely filled in	edical C	29e. Certifier (Check only one) 1 Certifying Properties of Medical Examples of Certifying Properties of Certifying Prope	nysician: To the best of niner: On the basis of end menner ste	examination and	, deeth d/or Inva	occurred et the tastigetion, in my	lme, dete en opinion, dea	d plece, e	nd due to the d at tha tima,	ceuse(s) end r deta end plece	menner as e, and dua	stated. to the cause(s)
	To the Hos within 24 h To the Fur completely	×	29b. Signeture and title of confiden	11				se number			29d. Data sign	ned (Month	, Day, Year)
			NWA	faul -			104	0897			10/19	196	
	S.		30. Name and address of person who	M.D.:	eath (Item 23a) (Type, P				alto.	no	21	287
	Sta Registi	-	31. Date liled (Month, Dey, Year) OCT 21 1996	a. Registra	As Signature					7			

_	
0	
2	
\approx	
4	
S	
D 212	
Ξ.	
6.4	
=	
-	
- a	
LA	
>	
CC	
1	
2	
2	
- 01	
Ш	
OC.	
$\overline{}$	
0	
2	
=	
—	
Ø	
m.	
Mr.	
Ma	
12	
-	
1	
ć	
50,	
760,	
8760,	
68760,	
68760,	
X 68760,	
OX 68760,	
3OX 68760,	
BOX 68760,	
D. BOX 68760,	
O. BOX 68760,	
P.O. BOX 68760,	
, P.O. BOX 68760,	
S, P.O.	
S, P.O.	
DS, P.O.	
DS, P.O.	
DS, P.O.	
ORDS, P.O.	
CORDS, P.O.	
ECORDS, P.O.	
CORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	
ECORDS, P.O.	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-wours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, certainfoin, or removal.

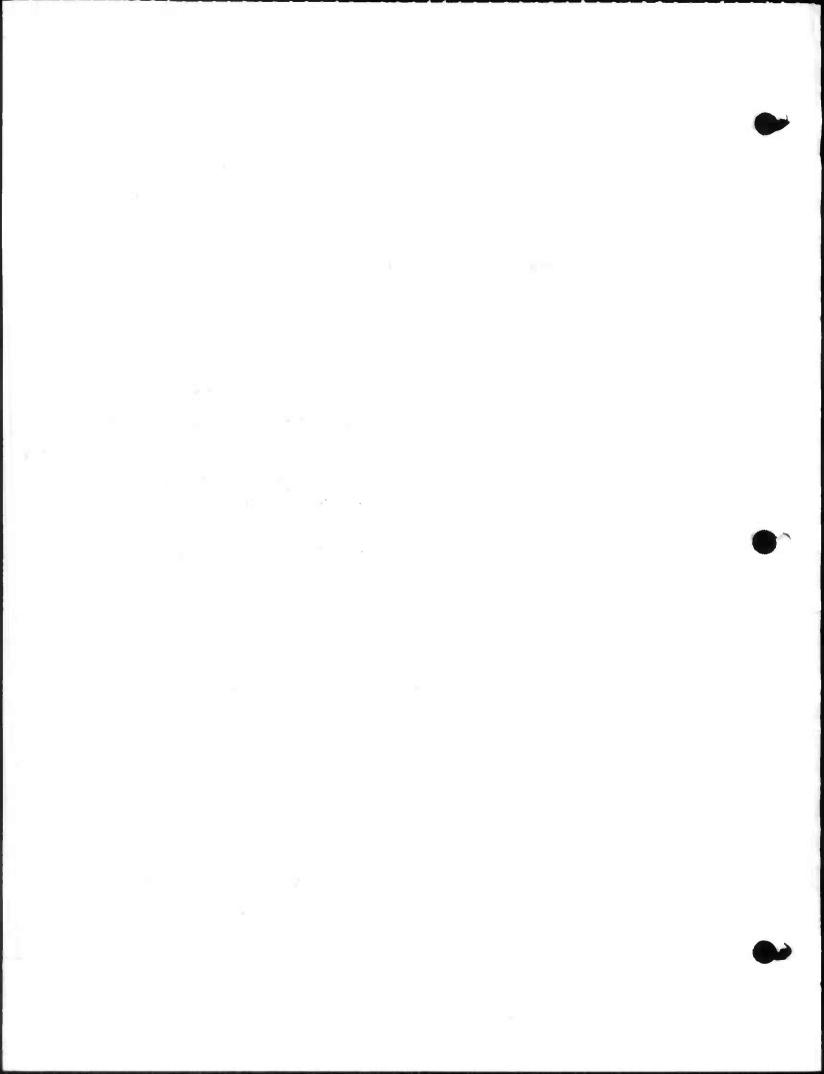
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

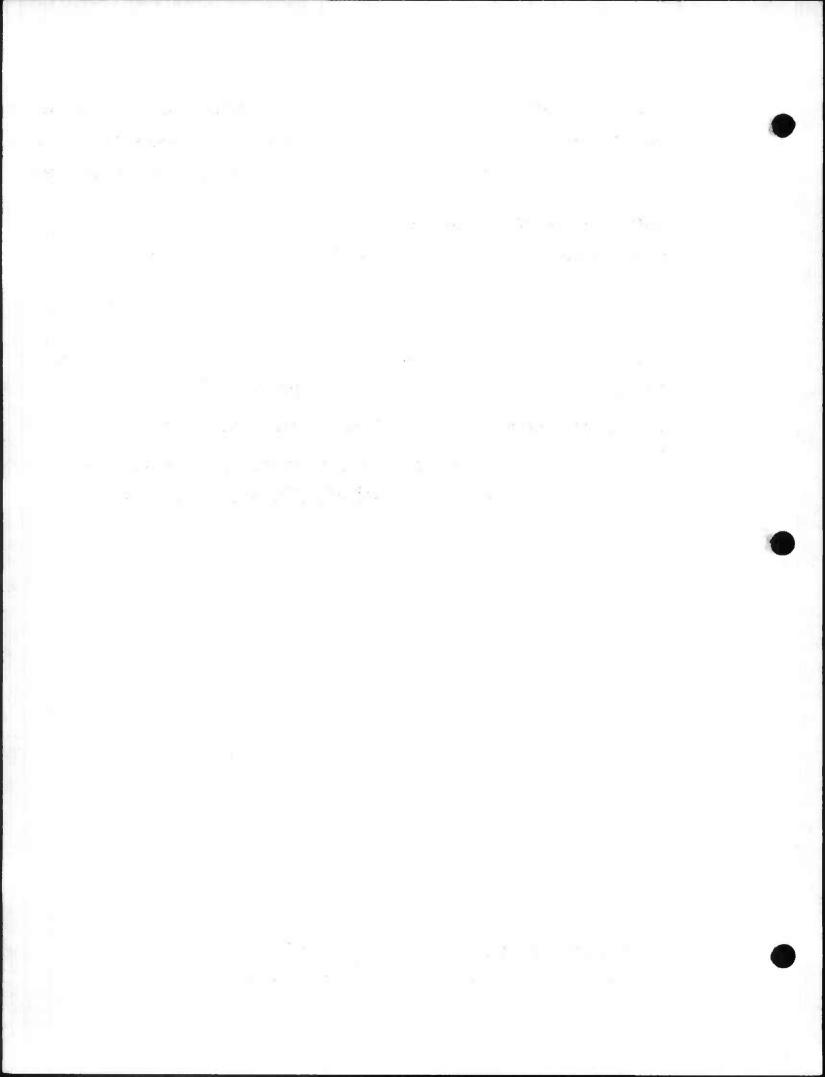
FOR

1 - STATE REGISTRAR	SIMIE UF IMA	CE	ERTIF	ICATE (MEN I/	REG. NO	_		
1. DECEDENT'S NAME (First, Middle, Last)	*								E OF DEATH			3. TIME OF DEATN
BESSIE B	RODY							0ct	ober 1	$\frac{8}{5}$, 19	996	6:05 P. M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	t birthday)	IF UNDER 1 YE	-	IF UNDER		7. DAT	E OF BIRTH		S. BIRTI	IPLACE (State or Foreign
096-18-3899	1 🗌 M 2 🖾 F	100	YRS.	MONTHS D	AYS	HOURS	MIN.		10th, Day, Year) . 26.	1895	Rus	ssia
9e. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY, TO	WN OR	LOCATH	ON OF DE		,	_	NTY OF D	PEATN
Hebrew Home Of Gre	ater Wasl	ningtor	1	Rocky	vil:	le				Mont	gome	erv
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				Y. TOWH OR L							0	
	omery		1 10.0	ckvil)N						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 6121 Montrose Road	Wasser	man Blo	la)			2085				-	S A	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. AR	MED	13. WAS	DECE	NDENT O	F HISPAN	VIC ORIG	IN? (Specify Yes		14. RACI	E — American Indian, k, White, etc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR						Specify		Priceri, etc.)		Spec	
15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DE	CEDENT'S	USUAL OCCU	PATION	of wartin		16	b. KIND OF BU	SINESS/IN	DUSTRY	***************************************
	College (1-4 or 5+)		bo NOT us	work done during retired.)	ng most	OF WORKE	9		Own H	ome		
17. FATHER'S NAME (First, Middle, Last)						ts. MOTH	IER'S NA	ME (First,	Middle, Maiden	Surname)		
(Unknown) Belford									known)			
190. INFORMANT'S NAME (Type/Print) Laura R. Nash									nber, City or Tow r Spri			Land 20903
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove	al from State	cemetery, crei	matory or or				0/1	8/19	90	CATION -		
4 Donation 5 Other (Specify)	1055	King	David									n, Virginia
Donald C.		·		STE 232	IN CA	HEBI RROI	LL S	MEMO TREE	RIAL F	UNER.	AL H	OME, INC.
23. PART I. Enter the diseases, Dr con			_	I WAS	HIN	GTON	1 .]	D.C.	2001	2-201	95	
ahock, or heart fellure. Li	nt Dnly Dne ceuse	Dn eech line	, DO 1	iot anter the	mode	e Di dyi	ng, suc	n as ca	rdiac or reapi	ratory ar	reat,	Approximate interval Between
iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	CER	EBRA	L "	THR	OM	130.	Sis	R	IGHT			Onset and Death
	DUE TO (OF	AS A CONSEC	DUENCE OF	F):			1		1977			
Sequentially list conditions, if any, leading to immediate	DUE TO (OF	AS A CONSEC	UENCE OF	F):	-	_						
CAUSE (Disease or injury	C. DUE TO (OR AS A CONSEQUENCE OF):											
that initieted events resulting in death) LAST	DOE 10 (OF	AS A CONSEC	DENCE OF	rj;								
PART II. Other significant conditions	nestelbution to do	ath that a fact										
A TRIAL F	IBRILL			- 6 -				Pert i.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
H INITE P	10616	-110	N	CH	120	NI			1 TYES 2	NO		OF DEATH?
DID TOBACCO USE CONTRI	BUTE TO CAUS				_	-UNC	ERTAIN	v 🗆				1 TES 2 NO
	IOSPITAL:			OTHER	one)							
1 YES 2 NO t	Inpetient 2 EF			41 Mursing			aldence					
1	(Month, Day,		28b, TIMI INJ	URY	WORK		NO NO	26d. DE	SCRIBE NOW I	NJURY OC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	28s. PLACE OF IN building, atc.	JURY — At hor (Specify)	me, lerm, s	street, factory,	offica			281. LO	CATION (Street a	nd Numbe	or Rural F	Route Number,
											100	
(Check only one) 2 MEDICAL EXAMINER:												i) and manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	Atten	dono	Plan	1110	- 2		NSE NUN		. ,			(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM	1 27) (Type.	SI CA CA	n	シ	18	08	4	-	0/6	0196
D. D. PATELA	1-D. 61	21 11	ON	TROSE	R	0 +	Rot	eku	1628	40	20	852
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	20									



State of Maryland / Department of Health and Mental Hygiene 96 3131.1

					Certifica	ate of	Death		Reg. No.		1041
Dhoo	7.1.	1. Decedent's Name (First, Middle, La	st)					2. Date of Dea		Year 3.	Time of Death
	siclan edicai	WINONA A. I	BRIINK					OCTOBER			9:40 AM
	miner	4a. Facility Name (if not institution, giv	e street and number)				4b. City, Town, or I				
		4207 WHITE AVENUE					BALTIMORE		BALTI	MORE CITY	1
Funei Direct	_	5. Social Security Number 6. S 214–01–9030	7. Age (1	n yrs. last birtho Yr	Month	ar 1 Yaar 8 Days		8. Data of Birtl (Month, Day MARCH 26	n v, Year)	9. Birthplace Country)	(State or Foreign RE CITY, MD.
yend yend		10a. State 10b. County	11	Oc. City, Town o	or Location					10d. I	nside City Limita
Man	to	MARYLAND BALTIMORE	CTTY	BALTIMORE						1	Yes 2 No
h the	Director	10e. Street and Number				Zip Code			10g. Citizen of V	What Country?	
th will	6	4207 WHITE AVENUE			2	21206			U.S.	۹.	
21215-0020 d within 72 hours after death with the Marylend glene. The "natural", or flems 23s or 28=4 show the Maryleng and the show the Maryleng and the show the Maryleng and the show the water the show the sh	by Funeral	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forces? 1 Yas 2 No If Yes, Give Year or Dates:	er in U,S.	If Yes, sp	edent of I becify Cub 2 No	Hispanic Origin? (Span, Mexican, Puarte Specify:	pecify Yas or No- o Rican, atc.)		es - Amarican Inck, Whita, atc.	idlan,
72 hours "natural",	9		ducation	16a. D	ecedent's Us	sual Occu	pation		16b. Kind of Bi	usineas/Induatr	у
- 1	Completed	(Specify only highast gra	College (1-4or 5+)	(C	Give kind of v ife. DO NOT	vork dona use retire	during most of world)	king			
212 d within	5	12	N/A	HOL	SEWIFE				HOUSEKEE	PING-OWN	HOME
ind 2121 be filed within tal Hygiene. d other than "	8	17. Father's Name (First, Middla, Last)					18. Mother'a Nan	ne (First, Middle,	Maiden Surnam	16)	
arylan should be nd Mental marked o	2	FRANK SLADE					NETTIE TO	RBIT			
2 2 2 2		19a. Informant'a Name/Relationship (19b. A	Mailing Addre	ss (Stree	t and Number or Ru	rai Route Numbe	r, City or Town,	State, Zip Cod	(e)
ges 1 and t of Heaith if item 27 or other tr		HAROLD L. BRINK (H		4207 20b. Place of D			E BALTIMOR				
timore, Peges 1 ar timent of Hea tant: If Item jury or other		20a. Method of Disposition 1 X Burial 2 Cremation 3	Ramoval from State	cemetery,	crematory of	r other pla	ce)	Date	20c. Location -	City or Town,	State
Iting Iting Itamic		4 Donation 5 Other (Specific		PROVIDENC			CEM. OCTOBE	R 19, 1996	BALTIM	DRE, MARY	'LAND
Baltim pemit. Peg Department Important: I	DUCe.	21. Signature of Funeral Service Licar	1500				ess of Facility FRAL HOME,	TNC			
		23a. Part 1. Enter the disease, or some shock, or heart failure. Liat only	Q630W		7401 B	ELAIR	ROAD BALT.	IMORE, MAR			proximate
/Medic Examina	al er	Immediate Cause (Finel disease or condition resulting in deeth)	b	fastc e to (or as a con e to (or as a con	nsequence o	f):	east (aram	cuor		
O, e e e e e e e e e e e e e e e e e e e		Sequentially list conditions, if any, leeding to Immediate cause. Entar Undarlying		0 10 (01 40 4 001	1304201100 01	.,.					
ords, P.O. Box 68760, requires that the death cartificate be executed pen signed by the attending physician and hould be detached for use as the buriat-transit	5	Cause (Disease or Injury that Initiated events resulting In death) Last	d	o to (or as a cor	nsequence of	r):					
death death	sicia	Part II. Other significant conditions of	ontributing to death but n	ot resulting in th	ne underlying	cause gi	ven in Part I.	23b. Dfd to	obacco usa co	ntributa to the	cause of death?
equires that the de sen signed by the a ould be detached	by Physician/							1 🗆 Y	2 No	3 Probably	/ 4 ☐ Unknown
W. 6	Completed							24a. Wes a perfor		avallabi	utopsy findings le prior to tion of cause n?
F 680	Con							1 🗆 Y	es 20 No	1 ☐ Ya	a 25 No
oricinal contractor,	Be	25. Was casa referred to medical examiner?						th (Check only or	16)		
Physical direction	2	1 Yas 25 No	Hospital:	2 ER/Outpo		JUA		ome 5 Resid			
Affer on	Certification:	27. Manner of Death 1 Neturel 5 Pending 2 Accident invastigation 3 Suicide 6 Could not be			M M		ryat rk? Yes 2 □ No	28d. Describe h			
DIVISION To the Hospital or Attent within 24 hours after deel To the Funeral Director: completely filled in by the		4 Homicide determined	building, etc. (5	Specify)				28f. Location (S City or Tow	n, State)		
Lo the Hospital or A within 24 hours after To the Funeral Direct completely filled in b	Aedicai	(Check only one) 2 Madical Exam	ysician: To the best of m niner: On the basis of exi and manner steted	amination end/o	or Investigetion	on, in my o	opinion, death occur	rred at the time, d	late and pieca,	and due to the	cauae(s)
5 th Coo	Σ	29b. Signature and title of certifier Shulchow	Muh	, No		9c. Licens	se number \$595	2	29d. Data signe	d (Month, pay,	Year)
4		30. Neme end address of person who of	completed cause of death	(Item 23a) (Ty	rpe, Print)	B	lvel (21221)	//	
	State	31. Date filed (Month, Day Year)	win Live Pogistrar	Sign Has			. (



B.K.S

hysicia	41	1. Decedent's Neme (First, Middle, L.	ast)		Certi	iicate oi	Death	2. Date of Dea	Reg. No.		3. Time of Death
	_		BETH	CA	RTER			OCT.	-	1996	0804 A
/Medic xam i n		4a. Facility Name (If not Institution, gr UNIVERSITY HO					4b. City, Town, or U	ocation of Death	_	ty of Death	΄ Δ
neral ector		Social Security Number 6.		ge (In yrs. last i		If Under 1 Yea Months Days	r If Under 24 Hrs.	8. Date of Birti	Year)	9. Birthpla Countr MAA	ce (State or Foreign
		Usual Residence of Decedent 10e. State 10b. County		10c. City, To	wn or Loca	tion					d. fnside City Limits
suit be notified at	ector	11110101110	ILA				ALTIMO		ITY		1X Yes 2□No
1		10e. Street and Number	LINGTON	ANG	THE	10f. Zip Code	2100		10g. Cilizen of		y?
Der Dam	Funeral Director	11. Maritai Status 12. Never Married 2 Married	12. Wes Decedent Armed Forces?	Ever in U,S.		s Decedant of es, specify Cu	2/22 Hispanic Origin? (Sp ben, Mexicen, Puerto		U.S.	ca - America ack, White, et	
Examiner	by	3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ If Yes, Give Year or Detes:	NO	10	Yes 200	Specify:		Speci	M. BLI	ACK
ledical Ex	pieter	15. Decadent's E (Specify only highest gi	ade completed)		(Giva kli	it's Usual Occu ad of work done NOT use retir	a during most of work	king	16b. Kind of E	Businass/Indu	stry
nt, Inc.	Completed	Flamantary/Secondary (0-12) 11 + H GRADE 17. Fether's Neme (First, Middle, Las	College (1-4or	5+)			MAKER 18. Mother's Nam	o (Eiret Middle	OW N	-	ME
traumatic event,	To Be	FAOI		RTER			MAE	ie (Filst, Middia,		ICAS	
umatic ev	-	19a. Informent's Name/Reletionship			9b. Mailing	Address (Stree	et and Number or Ru	rai Route Numbe			
cian dical niner	16	3a. Part1. Mer the disease, or conshock, or haart failura. List only Immediate Cause (Final disease or condition resulting in death)			OMPLICA	ITED BY A	THEROSCLERO				Approximate interval Batween Driset and Death
the burial-transit	Examiner	Sequentially list conditions, if any, laading to immediate	b	Due to (or as	conseque	nca of):					
he bur	edical	if any, laading to immediate cause. Enter Underlying Cause (Disease or injury	c	Due to too a						i	
09	ž	that initiated events resulting in death) Last		Due to (or as a	conseque	nce of):					
09	sician/Me		d				iven in Part I.	23b. Did to	obacco use co	ontribute to t	he cause of death'
ached for use as	Physician/M	resulting in death) Last	d				iven in Part I.		obacco use ci ′es 2□ No		/
be detached for use as	by Physician/M	resulting in death) Last	d				iven in Part I.		res 2□ No	3 Probe	e autopsy findings able prior to pletion of cause
page 2 should be detached for use as	e Completed by Physician/M	Part If. Other significant conditions	d					24a. Was a perfor	in eutopsy med?	3 Probe	e autopsy findings able prior to pletion of cause
director, page 2 should be detached for use as	o Be Completed by Physician/M	resulting in death) Last	d	ut not resulting		orlying cause g	26. Place of Deather.	24a. Was a perfor	res 2 No an eutopsy med? es 2 No na)	3 Probe 24b. Werr avail com of da	e autopsy findings able prior to pletion of cause eath?
uneral director, page 2 should be detached for use as	: To Be Completed by Physician/M	Part If. Other significant conditions of the con	d	ut not resulting	in the unde	3 DOA 28c. Inju	26. Piace of Deal lher: 4□ Nursing Ho	24a. Was a perfor	res 2 No neutopsymed? ses 2 No na)	3 Probe 24b. Werravaii comported to the (Specify)	e autopsy findings able prior to pletion of cause eath?
In by the funeral director, page 2 should be detached for use as	ertification: To Be Completed by Physician/M	Part If. Other significant conditions of the significant condition	d	ut not resulting	outpetient Time of	3 DOA O	26. Piace of Deal ther: 4 □ Nursing Hours	24a. Was a perfor	res 2 No na eutopsy med? es 2 No na) enca 6 Ot ow Injury occur treet and Num	3 Probe 24b. Werravaii com of da 1 Probe	e autopsy findings able prior to pletion of cause iath?
Nely filled in by the funeral director, page 2 should be detached for use as	Certification: To Be Completed by Physician/M	Part If. Other significant conditions of the significant condition	d	ut not resulting	outpatient Time of Injury farm, street	and DOA Of 28c. Inju. M 1	26. Piace of Dealiher: 4 Nursing Hours at ork? Yes 2 No	24a. Was a perfor 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	res 2 No neutopsymed? No na) enca 6 Ot ow Injury occu treet and Num n, State)	3 Probe 24b. Werravail common of da 1 Prober (Specify) arred	e autopsy findings able prior to pletion of cause lath? Yes 2 No
pletely filled in by the funeral director, page 2 should be detached for use as	redical Certification: To Be Completed by Physician/M	25. Was case referred to medical examiner? 26. Was case referred to medical examiner? 27. Manner of Death 1 Matural 2 Accidant 3 Suicide 4 Homicida 29a. Certifier (Check only) 2 Medical Examiner 1 Certifying Pl	Hospital: 28a. Date of Inju (Month, Dane) 28e. Placa of Inju building, etc.	ut not resulting	outpatient Time of Injury farm, street	3 DOA 28c. Inju. W. M. 1 , factory, office courred at that tigation, in my	26. Piace of Dealiher: 4 Nursing Hours at ork? Yes 2 No	24a. Was a perfor 1 Yeth (Check only or ome 5 Reside 28d. Describe here) 28f. Location (S City or Tow and due to the cred at the time, described to the cred at the time.	res 2 No neutopsymed? No na) enca 6 Ot ow Injury occu treet and Num n, State)	3 Probe 24b. Werravail common of de to ther (Specify) trred ther (Specify) trred ther or Rural I than annar as state, and due to the de (Month, De to the	e autopsy findings able prior to pletion of cause lath? Yes 2 No Route Number,

State Registrar

causa of daeth (Hem 23a) (Type, Print)

Penn Street, Baltimore, Maryland 21201

"18" of our accordance. 3 PARTS on part of early \$7 all mont extents 5 of \$1.00 and extents

State of Maryland / Department of Health and Mental Hygiene 0 6

			Item: 9, per F.H. G-74	0 10/21/96 reb	Cert	ificate o	f Death	F	eg. No.	31343
	Physic	an	1. Decedent's Neme (First, Middle, Las	st)				2. Dete of Dee Month		3. Time of Deeth
1	/Medi		George Natha					Oct.	17 1996	0630 AM
	Examir	ner	4a. Facility Neme (If not institution, give					Location of Deeth	4c. County of Deeth	
	_		John L. Deaton 5. Sociel Security Number 6. S			If Under 1 Yes	Baltimo	re City	NIA	1 0 5
l,	Funeral Director			THE OFF	Yrs.	Months Dey	rs Hours Mir		1955 Mar	place (State or Foreign intor) Y LadMARYLAND
	land tand		10e. State 10b. County	10c. Ci	ty, Town or Loca	ation				10d. Inside City Limits
	Many Mary	to	Maryland ///	9 Ba	altimor	ce Cit	У			1. Yes 2 □ No
	or 28.	Director	10e. Street end Number			10f. Zip Code		1	0g. Citizen of Whet Cou	intry?
	23a ust b		3227 Milford Av	venue		21207	,		U.S.A.	
50	72 hours after deeth with the Maryland natural', or items 23a or 28a-f show sidel Examine must be notified at	y Funeral	11. Meritei Stetus 1 □ Never Merried 2 Merried	12. Wes Decedent Ever in U Armed Forces? 1 Yes 2 No If Yes, Give		es Decedent o Yes, specify Co	f Hispanic Origin? (uben, Mexicen, Pue lo Specify:	Specify Yes or No- rto Ricen, etc.)	14. Rece - Ameri Bleck, White Specify:B1 a.	, etc.
21215-0020	n 72 hours "natural", o	d by	3 Widowed 4 Divorced	If Yes, Give Direct						
15	G 1.8	jete	15. Decedent's Ed (Specify only highest gra	de completed)	(Give ki	nt's Usuel Occ ind of work dor O NOT use reti	cupation ne during most of wi ired)	orking	16b. Kind of Business/Ir	idustry
212	iene. then r	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)		Labor			Hotel	
p	tal Hygid d other	Bec	17. Father's Neme (First, Middle, Last)					eme (First, Middle,		
ylaı	should be nd Mental marked o	ToE	William Francis	s Carter			Doris	Burke W	ilson	
Maryland	C/ C = =		19e. Informent's Neme/Reletionship (7						, Clty or Town, Stete, Zi	
	f Health tem 27 other tr		Brenda JoAnn S:				3rd Str		timore, M	
JO.	H H O		20e. Method of Disposition 1 ■ Buriai 2 □ Cremetion 3 □	Removal from State	Plece of Disposit cemetery, creme	story or other p			20c. Location - City or T	
Baltimore,	Department moortant: If any Injury o		4 □ Donation 5 □ Other (Specify 21. Signature of Funeral Service Light						Owings M	
Ba	Departm Departm Importar any Injur		Maggaley &	Hensen	Moi 52	rticia 40 Rej	n c/o C stersto	hatman- wn Road	Harris Fur Baltimor	Henson, neral Home e. MD 212
			23a. Pert1. Enter the disease, or companies shock, or the tellure. List only	olicetions that caused the deet one cause on each line.	h. Do not enter	the mode of d	lying, such es cerdie	oc or respiratory arr	est,	Approximate Interval Between
	Physician /Medical		Immediate Cause (Final disease or condition	1 cc au	inad	Quana.	ne Do	Acina	Smarchan	Onset and Deeth On Know
	Examiner		resulting in deeth)	e. Due to (c	or as e conseque	ence of):	ONE 4	1	Sign City	32,
-	p s	iner	_	AIDS	Nen	Thro	path	4.	1	
	certificate be executed ding physician and use as the burial-transit	Examiner	Sequentially list conditions,	Due to (c	or es a conse u	ence of):	(1		
60,	be ey iclan buria		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	c			`			
68760,	g physes the	edicai	thet initieted events resulting in death) Last	Due to (o	r as a conseque	ence of):				
Box		₽Z		d						
	death e atten	sicia	Pert II. Other significant conditions co	entributing to death but not res	ulting in the und	ertvina ceuse	given in Pert I.	23b. Did to	bacco use contribute i	to the cause of death?
P.0	es that the death igned by the atte be deteched for	Physician/	•			,		1 🗆 Y		obably 4 Unknown
	res th	by							T	
Records,	e law requires has been sign ge 2 should be	Completed				_		24e. Was a perion	med?	Vere autopsy findings vailable prior to ompletion of ceuse if deeth?
<u> </u>	The ate h page	Con						1 🗆 Y	es 2010 1	☐ Yes 2☐ No
Vital	Physicien: The this certificate rel director, pag	Be	25. Wes case referred to medical examiner?	11-11-11-11				eath (Check only or	(6)	
of	G is	P	1 163 2 2 2 140		ER/Outpetient	3LI DOA		1	ence 6 Other (Speci	(y)
LO	Iling F After funer	ion	27. Menner of Deeth 1 Natural 5 Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. in W	jury et /ork? □ Yes 2 □ No	28d. Describe h	ow injury occurred	
Division	al or Attending Ph s after death. il Director: After th ed in by the funeral	Certification:	2 Accident investigation 3 Sulcide 6 Could not be determined	28e. Piece of Injury - At he building, etc. (Specif	ome, ferm, stree y)			28f. Location (Si City or Town	reet and Number or Rur n, State)	al Route Number,
(To the Hospital or with a 2-hours after To the Funeral Dir. completely filled in	edical Co	(Uneck only 2 Medical Exam	raician: To the best of my kno inar: On the basis of exemine	wledge, deeth o	ccurred et the	time, dete end plea	e, and due to the coursed at the time. d	ause(s) and manner as : ete and place, and dua i	stated.
/	a de la la la la la la la la la la la la la	Med	29b. Signeture and the grantiller	end menner steted.	9	10000-0010	nse number		9d. Date signed (Month,	
	5 1 5 8	=	205. Signature of the Board of		2		14973			
	11/		20 Name and address of several	analyted source of draw 40		00	Mal need			1996
	h.		30. Neme and eddress of person who of GURMEET SSAWHNEY	MD, 325 Host	of all Do	ive 20	L, Gler	Burnie	, MD 210	061
	Sta	-	31. Dete filed (Month, Dey, Year)	32. Registrer's Signs	iture		1			

restricted to the first terms of the second 8 1 1 1 1 8

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death DUCKSTAD Vear ARNOLD 7:10 PM OCT. 16 4a. Facility Name (If not institution, give streat end number) 4b. City, Town, or Location of Daath 4c. County of Death Union Memorial Hospital N/A/ Baltimore If Under 24 Hrs. B. Data of Birth (Month, Dey, Year) December 18, 1927 Minnesota 6. Sex 12 M 2 □ F 5. Social Security Number If Under 1 Yaar 7. Aga (In yrs. lest birthday) Birthplaca (State or Foreign Country) Deys Vrs 469-20-8325 Usual Residence of Decadant 10a State 10h County 10c. City, Town or Location 10d. inside City Limits Maryland 10e. Street and 4802 H 1 ☐ Yes 2 € No Howard County Ellicott City 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21043 4802 HaleHaven Drive USA 12. Wes Decedent Ever in U,S. Armad Forces? 11. Maritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) Race - American Indian, Black, White, etc. 1 Nevar Merried Married 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Specify White 1 Yes 2 No Specify. 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Driver trucking/moving 17. Fathar'a Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Peter Duckstad Minnie Lundby 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Ms. Mildred Sloan/sister 32120 40th Ave. SW, Federal Way, Washington 98023 20a. Method of Disposition 20b. Plece of Disposition (Neme of cametery, crematory or other plece) 20c. Location - City or Town, State Dete 1 Bunai 2 □ Cramation 3 □ Ramoval from State Glen Haven Cemetery 10-21-96 Glen Burnie, MD 4 □ Dopation 5 □ Othar (Spacify) 21. Signifure of Funeral Service Licensee 22. Name and Address of Facility Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043 Fig. 1. Enter the disease, or complications that caused the death. Do not enter tha mode of dying, such as cardiac or respiratory arrest cook, or heart failure. List only one cause on each line. PULMONARY EMBOUSM. Due to (or es e consequence of): Li VER (ARCINO MA Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): MELANOMA Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably Unknown 20000 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was en autopsy performed?

Physician /Medical **Examiner** Examiner

Physician/Medical

þ

Completed

Be

70

Medical Certification:

998

Affor

after death Director: / d in by the

24 hours Funeral

To the within 2 To the 9 complet

Physician

/Medical

Examiner

Funeral

Director

show

"natural", or items 23a or 28a-f show

the Medical

nd Mental Hygiene. marked other than

Pages 1 and 2 should be nent of Health and Mental

of Health a Item 27 is r other tra

= 8 Department of important: If any injury or

filed within 72 hours after

21215-0020

Baltimore, Maryland

Box 68760,

Records, P.O.

Division of Vital

2

Completed by Funeral

Be

Sequantially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in daath) Last

25. Was cese referred to medical examiner? 26. Place of Death (Check only one) 1□ Yes No 1 Inpatient 2 □ ER/Outpatlent 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28c. Injury at Work? 27. Mannar of Death Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Naturai 5 Pending investigation

1 Tyes 2 No ☐ Accident 6 Could not be determined 3 Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to tha ceuse(s) and manner as atated. 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner stated.

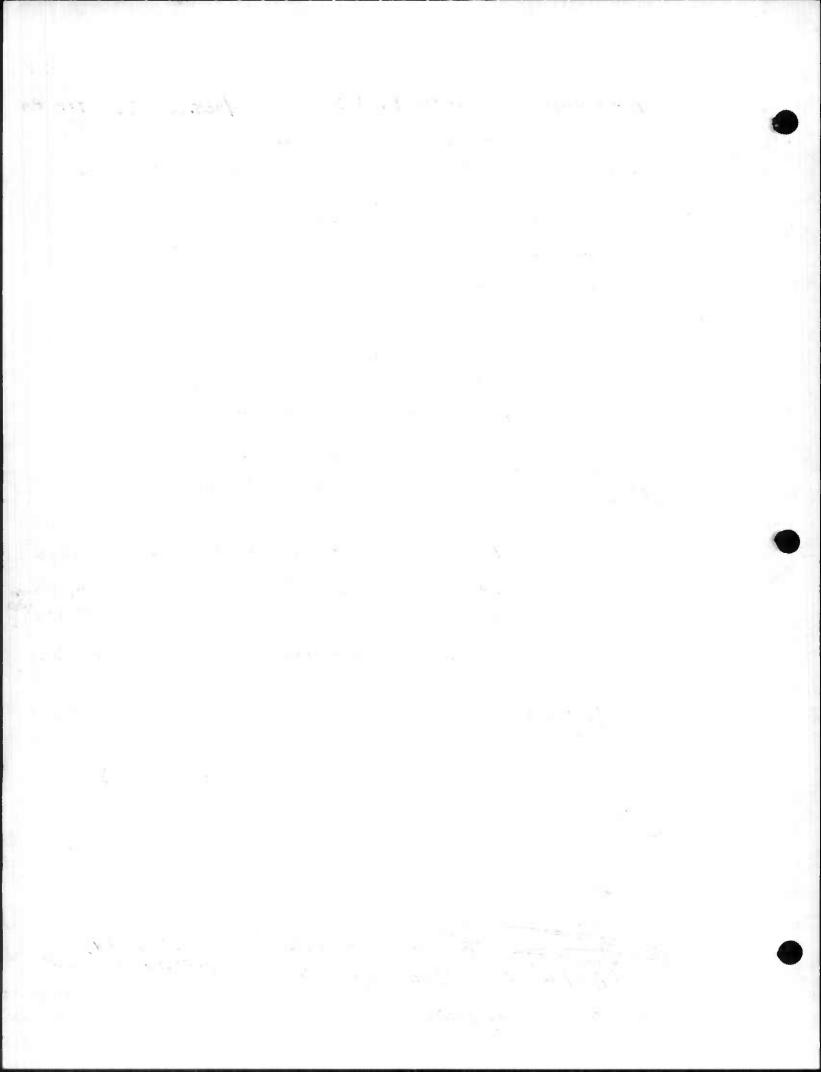
of person who completed cause of death (tem 23a) (Type, Print)

A CIM I Ki 2k M

D41637

State Registrar 31. Date filed (Month, Dey, Year)





State of Maryland / Department of Health and Mental Hygiene

			Ce	ertificate of	Death	Re	g. No.	0 0	1343
	Dhomisi		Decedent's Neme (First, Middle, Last)			2. Dete of Death Month		3. Ti	me of Death
	Physici: /Medic		SHARON	DITTFIELD		Octobe			00 AM
	Examin	-	4a. Facility Name (If not institution, give street and number)		b. City, Town, or Lo	cation of Death	4c. County of		
			Salisbury Center/Genesis Eldercare		Salisbury,	MD	Wicomi		
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthda)	Months Deys	if Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day,	Year)	Birthplace (S Country)	State or Foreign
	Director		213-60-9252 1 1 M 2 1 Yrs. Usual Residence of Decedent			Jan.10,1	952	Marylan	nd
	pue *		10a. State 10b. County 10c. City, Town or I	Location				10d. Ins	Ide City Limits
	Mary	ō	Maryland Wicomico Fruit	land				10	Yes 2 No
	28e	Director	10e. Street and Number	10f. Zip Code		10	g. Citizen of Wh	at Country?	
	72 hours after death with the Manylend natural, or items 23a or 28a-f show dical Examiner must be notilled at		109 Ridgefield Drive		21826			U.S.A.	
	deati	Funeral	11. Meritei Stetus 12. Was Decedent Ever In U.S. 13	Wes Decedent of H	tispanic Origin? (Spe	cify Yes or No-		American Indi	an,
0	after or ite	3	Armed Forces? 1 ☐ Never Married 2 ☐ Married I ☐ Yes 2 ☑ No If Yes, Give	1 Yes 2 No	Specify:	nican, etc.)	Specify:	White, etc. White	
21215-0020	raf,	l by	3 Widowed 4 Divorced Year or Dates:	TE TOS ESKNO	opeony.		эреспу:	WILLE	
5-(72 h	Completed	(Specify only highest grade completed) (Giv	edent's Usual Occup e kind of work done	during most of work	ing 1	6b. Kind of Busi	ness/Industry	
121	vithin han	GE	Elementary/Secondary (0-12) College (1-4or 5+)	DO NOT use retired	9)		4		
	Hygie Hygie ther t	ပိ	12 0	lanager	18. Mother's Name	(First, Middle, M	Ban aiden Sumame		
an	d be	Be	Joseph Calvin Banks		Abbie Vi				
Maryland	should be filed within nd Mental Hygiena "marked other than "umatic event, the Markette event, the Markette event, the Markette event, the Markette event, the Markette event, the Markette event, the Markette event, the Markette event, the Markette event, the Markette event, the Markette event, the Markette event, the Markette event, the Markette event, the Markette event, the Markette event ev	To		iling Address (Street				ate, Zip Code)	1
	1 and 2 should be filed within Health and Mental Hygiena. em 27 le marked other than 'other traumatic event, the Me			Ridgefield					826
re,	f Hearline		20a. Method of Disposition 20b. Place of Dis	position (Name of rematory or other place	cel	Date 2	0c. Location - C	ity or Town, St	ate
E	Pages nent of h int: If its ary or of		1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)	omatory of ouror plan	1				
Baltimore,	2555		21. Signular e of Fururrai Service Licansee	22. Neme end Addre	ss of Facility	1 (55 17	7.1.1.	0.4	
m	Depariment Important Important Income		Ronald S. Wade Director	State Ana	tomy Boar , Marylar		Baltim 01-1559	ore Str	eet
		6	23# Part1. Enter the disease, or complications that caused the death. Do not e shock, or heart feilure. List only one cause on each line.	nter the mode of dyir	ng, such as cardiec	or respiretory erre	st,	Appro	oximate al Between
	Physician		STOCK, OF TRAIT FAILURE. LIST OTHY ONE CRUSE OF ASCRIPTION.					Onse	t and Deeth
d	/Medical		Immediate Cause (Final disease or condition	Dona				mi	et
п	Examiner		resulting In death) Due to (or as a rains	equence of):				mo	
	p #	Medical Examiner	as left han	ifora				20	The
	death certificate be axecuted e attending physician and of for use as the burlal-transit	хап	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	equence of):	7				
68760,	be a ician burla	al E	Cause (Disease or injury	Larvey and the					
587	phys s the	edic	that initieted events resulting in death) Last Due to (or as a conse	equence of):					
Box		N.	d					-	
	death ce	Icia	Part il. Other significant conditions contributing to death but not resulting in the	underlying cause gi	ven in Part i	23b. Did tol	acco use cont	ribute to the c	euse of death?
0	of the death cer by the attendire	Physician/	Tartin. Other arginitizati Conditions contributing to obtain but not resulting in the	underlying outdoor give	TOTALL WILL	1 □ Ye			4 Unknown
	es the	by P			-				
Records,	- w -					24a. Was an		24b. Were eut available	
900	aw requ	ple						completion of death?	on of cause
2	The law ate hes page 2	Completed				1□ Ye	5 200NO	1 🗆 Yes	2 No
Vital	ysician: The s certificate director, pag	Be	25. Was case referred to medical examiner?		26. Place of Deat	h (Check only one)		
of <	Physician: this certific ral director,	To	1 ☐ Yes 2 ☐ No ☐ No ☐ 1 ☐ Inpatient 2 ☐ ER/Outpati		4 Nursing Ho	me 5 Reside			
n O	ding P. After t	On:	27. Manner of Death 1 Neturel 5 □ Pending 28e. Dete of Injury (Month, Day Year) 1 Injury 28b, Time 1 Injury	Wo		28d. Describe ho	w Injury occurre	d	
Sio	Attending at death. ector: After by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be 280 Biogo of fairing. At home farm		Yes 2□No	28f. Location (Str	eat and Numbe	or Pural Pout	e Number
Division	or Attendation of Director:	Certification:	4 Homicide determined 28e. Piece of fnjury - At home, farm, s building, etc. (Specify)	street, lactory, office		City or Town		Or Floral Flour	e / (diliber,
	ours ours filled		29a. Certifier 1 Certifying Physician: To the best of my knowledge, de-	eth occurred et the til	me, date and place.	and due to the ca	use(s) and man	ner as stated.	
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edicai	(Check only one) 2 Medical Examiner: On the basis of examination and/or and menner stated.						ause(s)
	To the Fo the	Me	29b. Signature and title of cartifie	29c. Licens	se number	29	d. Dete eigned	(Month, Dey, Y	(ear)
			XIVI	0	2981	9	10/16/	96	
			30. Name and address of person who completed cause of death (Item 23a) (Typ	e, Print)	1-11		17	0	
			William H. Robins, M.D.	1104 Heal	thway Dr.	, Salisb	ury, MD	21804	1
			On Date first distant Con Visit		-				

DHMH 16 Rev 6/95

Registrar

OCT 21 1996

use as the burial-transit permit. Pages 1, 2, 3 should

丽	è		
Spi	hed		-2
e h	etac		nce
\$	9		10
5	P		P
aine	hou		Ē
Tet	10		20
8	906		90
E	0,0		187
9 9	rect)		Ē
E	S S		ne
ath.	Dec		E
de J	30 %	œ.	6 X
afte	70	E OF	cal
SUG	.5	F re	Dec
4	Hed	n,	9
in 2	ely i	Jatio	=
with	plet	Dreit	ent
per	COM	10	5
GCU	Du	ž	at e
8	an in	of J	E
te b	Sici	Dj.	E
ifica	8	eue	þě
Sed	ding	- DA	0
ath	rtten	ta	0 5
e d	he a	Men	=
at th	3	Big	y in
s th	Pau	£	9
ujre	Sig	£	N.
9	Deen	0	ž
N.	ass)ept	23
E S	rte h	ate	E
AN.	ifica	St	=
SICI	Lea	4	1,0
PHY	this	W	rke
NG	fter	eath	E
Š	A.	r de	99
III.	Ē	afte	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL C	07	2 1	=
PIT	ERA	in 7	Ξ
Š	F	Militar	TAN
불	분	pled	Š
2	6	90	E

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AN REGISTRAR ITEM: 1per DR. G-742 12-19-9 CERTIFICATE OF DEATH STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH EARL WYATT SR YEAR 2130 HRSM 10 A SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 220-76-604 OCT 14, 195 8 COUPTARYLAND 1) M 2 | F Sa. FACILITY NAME (If not institution, give street and number; 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RSTOWN SHINGTON RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 NO n/a FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1600 ROYAL MI apt. 21217 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES 1 TES 2 NOY Specify: BY BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (0-12) College (1-4 or 5+) 12 th SHOE REPAIR CENTRAL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ALONZO C BE PAYNE MILDRED WYATT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MILDRED WYATT 1600 ROYAL AVE BALTIMORE 20s. METHOD OF DISPOSITION

1 X Surlet 2 Cremetion 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State VOSHEL MEMORIAL GAR 10-19 DUNDALK. 21. SIGNATURE OF FUNERAL SERVICE LICENGEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 NORTH 23. PART I. Enter the diseases, or complications that caused the de-shock, or heart failure. List only one cause on each line. plications that caused the death. Do not enter the mods of dying, such as cardiac or respiratory arrest. Approximate interval Between IMMEDIATE CAUSE (Final **Onset and Death** disesse or condition resulting in death) COBACTERIUM DUE TO (OR AS A CONSEQUENCE OF): Wired Innmun BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO EQUEST 1 TYES 2 NO WAS 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA ne 5 🗆 Residence RISON 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation м 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated 296, SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE

35

MIL

Jana Daydon-Randelle

18601

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



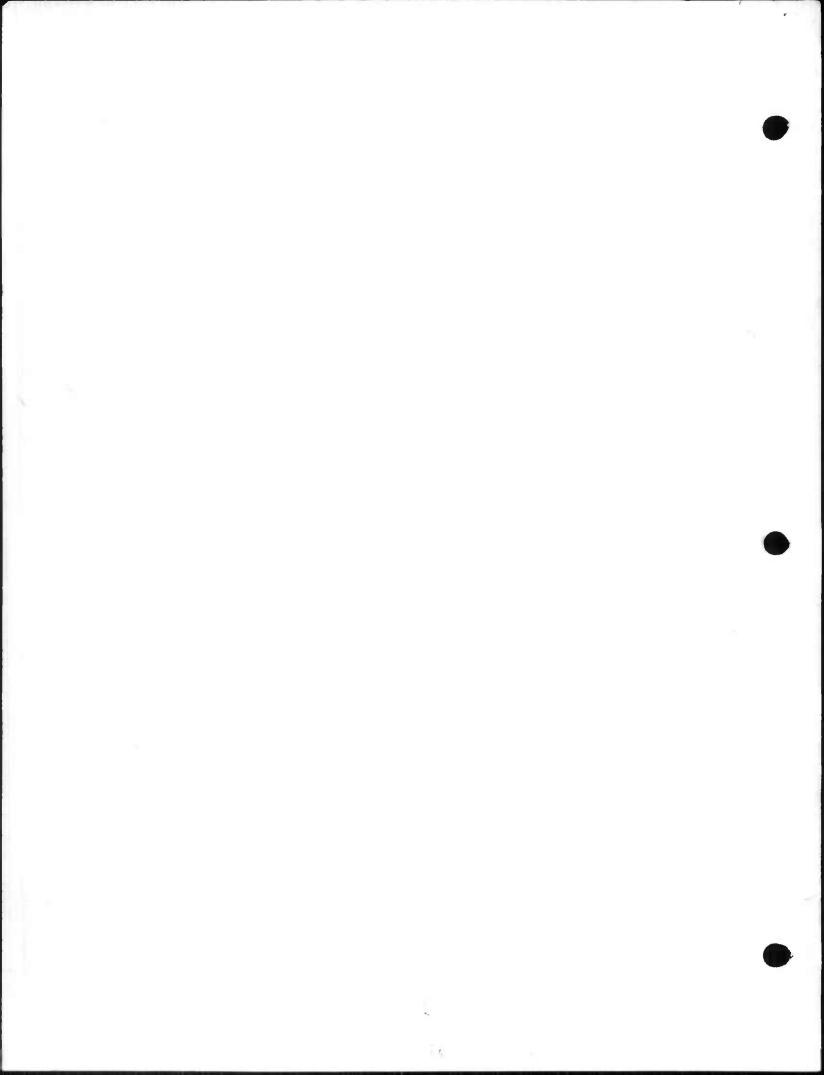
299

2

31. DATE FILED (Month, Day, Year) OCT 21 1996

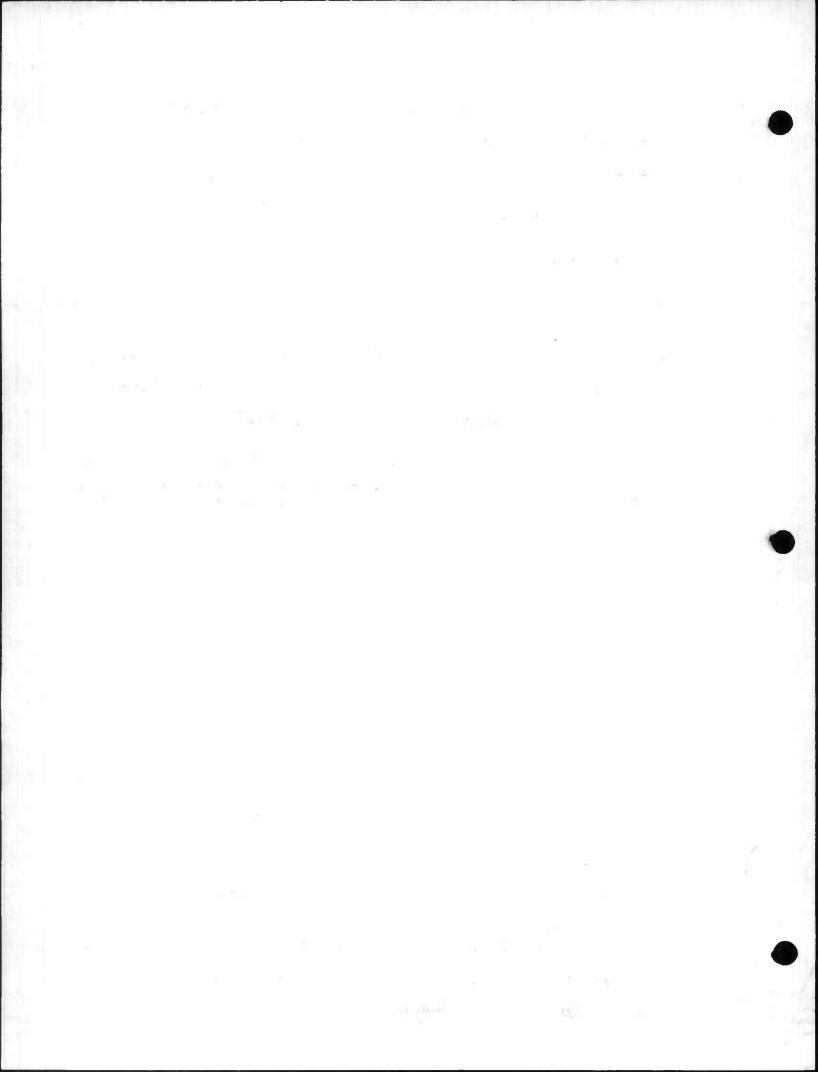
16

TOND



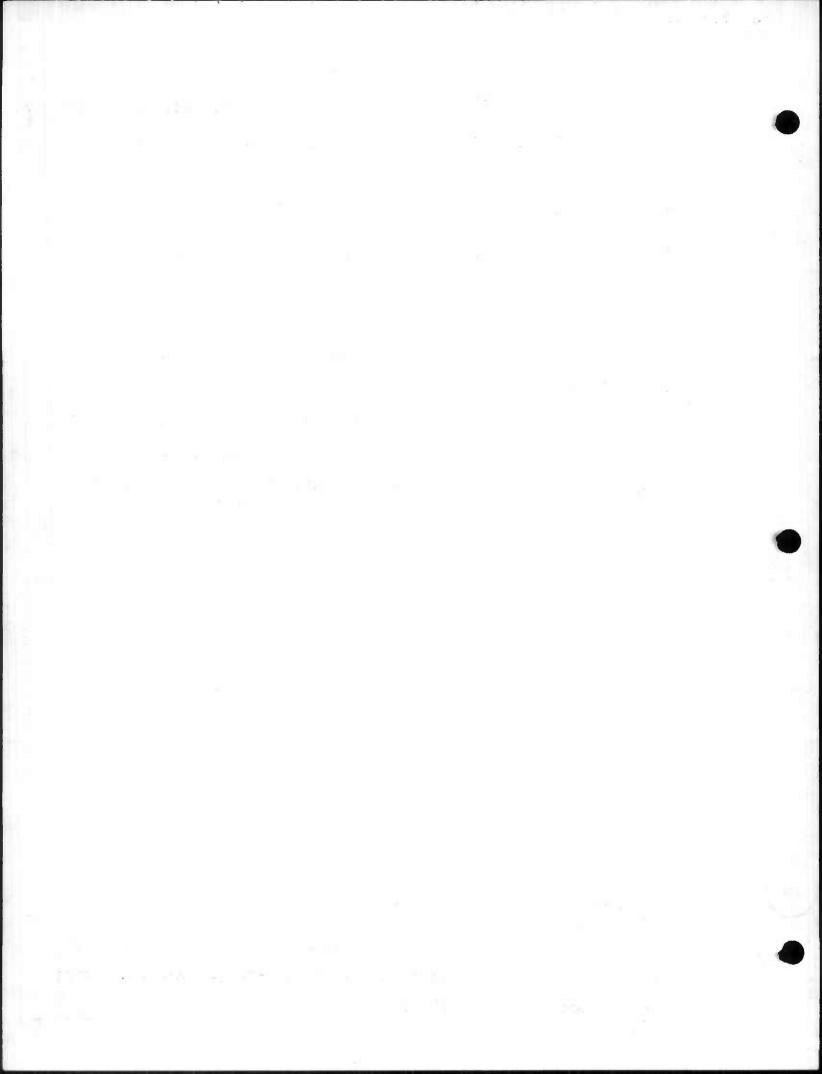
State of Maryland / Department of Health and Mental Hygiene 96 31347

						Certif	icate of	Death			Reg. No.		01071
	Physic /Medi		Decedent's Name (First, Middle, La	Anna The	resa Ec	.kman				2. Dete of De Month Octobe	eath Dev	Year 996	3. Time of Death 12:50 A
	Exami		4e. Fecility Name (If not institution, given Genesis Elder Ca		n Woods			-	wn, or Lo	ocation of Deat	h 4c. Count		
	uneral irector		5. Social Security Number 6. 5		e (In yrs. lest bir	thday) If	Under 1 Year onths Days	if Under 2 Hours			th y, Year) 3, 1915	9. Birth	place (State or Foreign intry) ryland
Meryland	a-f show	tor	10a. State 10b. County	Baltimore	10c. City, Town	n or Locatio	on		Т	Dunc	lalk		10d. Inside City Limits 1 ☐ Yes 2XXNo
with the	ns 23a or 28a-f show mast be notified at	Il Director	10e. Street end Number 1921 Dineen Driv	10		10	Of. Zip Code	2	1222		10g. Citizen of		
10	or iter	by Funeral	11. Marital Sfatus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 N If Yes, Give Year or Dates:			Decadent of H s, specify Cub Yes 2 No			ecify Yes or No Rican, etc.)		ce - Ameri ck, White,	ican Indian,
d 21215-0 filed within 72 ho Hygiene.	than "natural", he Medical Exe	Completed	15. Decedent's Elementary/Secondery (0-12)	ducation ade completed) Collaga (1-4or 5		(Give kind life. DO N	s Usual Occup of work done IOT use retired	during most d)	of work!	ing	16b. Kind of B		
Baltimore, Maryland 21215-0020 semit. Pages 1 and 2 should be filed within 72 hours at Supartment of Health and Mentel Hygiene.	atic event, t	To Be Co	3 Years 17. Father's Name (First, Middle, Last, Henry Bricmmer)		πο	rusewif		's Name		Meiden Sumer Erlbac		
Mar and 2 sho	or traum		19a. Informant's Name/Relationship (Lucretia Borkowi								er, City or Town Marylar		p Code) 1 2 3 7
Page Rent o	= 5		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify			y, cremetor	n (Neme of ry or other place metery	,	19/1	996	20c. Location Balt	- 1	own, State e, MD
Balt permit.	Important any injury once.		21. Signature of Funeral Service Lioux Aghreny Chi	ndeo AZ		22 Nai Duc 792	ne and Addre la-Ruck 22 Wise	ss of Fecility Fune	ral Du	Home of	S Dundal Marylar	2k, I	nc. 1222
/Me Exa	sician edical miner	ner	23e. Part1. Enter the dufease, or com shoot, or heert failure. List only Immediate Cause (Final disease or condition resulting in death)	ALZHEI	the death. Do ne. MER'S Due to (or as a company)	DISE	ASE	ng, such as o	cardiec o	or respiratory a	rrest,		Approximate Interval Between Onset and Death 4 YEARS
X 68760, certificate be executed	iding physicien and ise es the buriel-transit	edicai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enfer Underlying Cause (Disease or injury that initiated events resulting in death) Last	c	Due to (or as a c								
Box 6	attending p for use es	3	L	d									
. 0	signed by the atten be detached for u	Phy	Pert II. Other significant conditions of HYPOTHYROIDIS						L	23b. Did			o the cause of death?
Records, P.O. The law requires that the	2 should	Completed by	INSUFFICIENC	Υ.						24e. Wes perfo	an autopsy med?	av	ere autopsy findings vallable prior to empletion of cause death?
Vita	certificate ha	Be	25. Wes case referred to medical examiner?	Hospital:			Oth			1 Check only o	nne)		☐ Yes 2☐ No
Sion of	An Affer this he funeral di	ation: To	27. Menner of Death Palatural 5 Pending Investigation	28a. Date of Injury (Month, Day			28c. injun Work	4 DH NUI	2		dence 6 Oth		у)
3	lied in by t	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of injurbuilding, etc.	ry - At home, far (Specify)	m, street, f	actory, office		2	28f. Location (S City or Tov	Street end Numb vn, Stete)	per or Rura	al Route Number,
the Hospital hin 24 hours	the Fune npletely fi	Medical	(Check only one) I Medical Exam	ysician: To the best of ninar: On the basis of end manner stat	examination and	death occu	etion, in my o	pinion, deeth	place, a occurre	ed at the time,	date and place,	and due to	o the cause(s)
- T	28		29b. Signeture and title of cartitler	D.O.			H355				OCT.		- 10 10 1
	4			LOH 112	4 MACE			LTIMO	RE.	MD.	21221		
R	Sta Registr	16	31. Date filed (Month, Dey, Year) OCT 21 1996	Julia Juris	rs Signature	9 4							



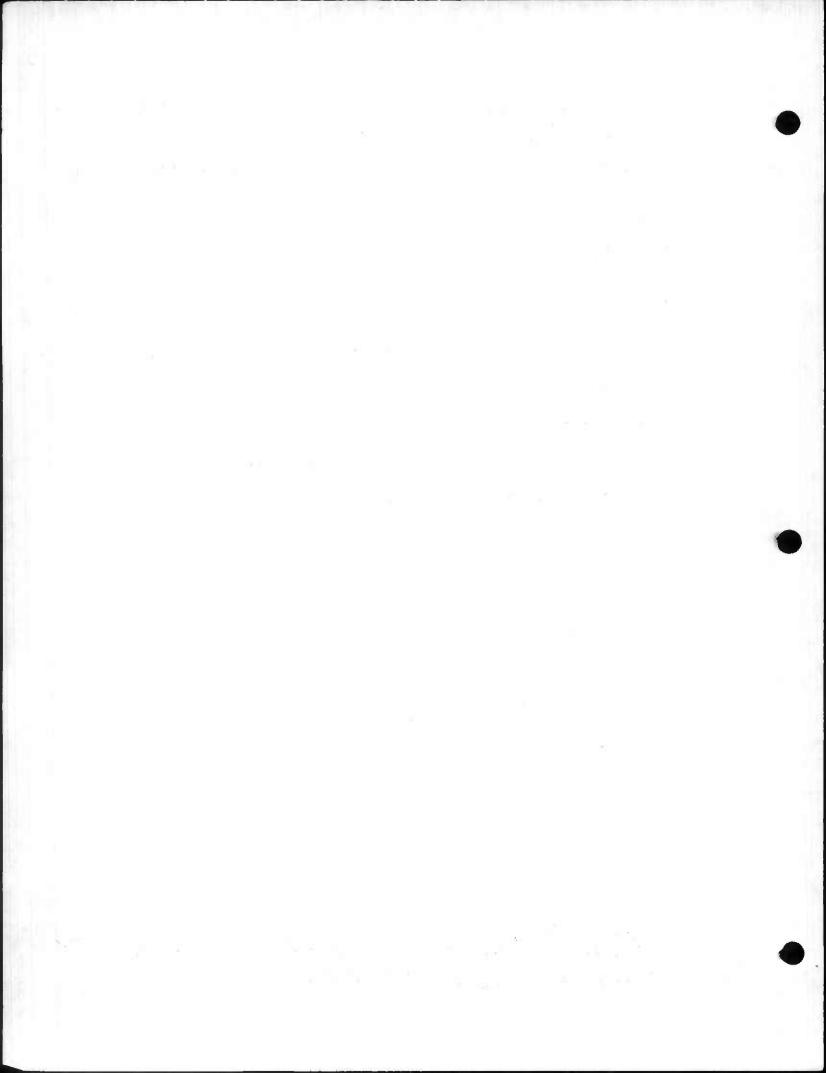
State of Maryland / Department of Health and Mental Hygiene

							Cer	tificate of	Death	,	Reg. No.	96	31	348
	Physic	lan	Decedent's Name (Fit ROBERT)		EMMON	c				2. Date of De Month	_	Yaar		of Death
	/Medi									OCT.	14,	1996	190)3 PM
2	Exami	ner	4a. Facility Nama (If not		The second second					r Location of Deat	h 4c. C	county of Death		
	TOTAL L		UNIVERS. 5. Social Security Number		OSPITAL S		A Late March	if Undar 1 Yea	BALTII			N/A		
e e	Euneral Director		232-06-914	8	% M 2□ F	ga (In yrs. last 34	Yrs.	Months Days			th ay, Year) 1962	9. Birthp Cour WEST	olaca (Stat	a or Foraign GINIA
	AM TO		Usuel Rasidance of Dec 10a. Stata 10b	. County		10c. City, To	own or Loc	ation				1	Od inside	City Limits
	Ba-f eh	Director	WV B	ERKELE	Y	MA	RTINS	BURG						as 2 No
10	0 2 E	Dire	10e. Street and Numbar					10f. Zip Coda			10g. Citiza	n of Whet Cour	ntry?	
1	238		2114 ROCKY	GLEN	COURT, LO	r 114		2540) 1		U. S	. A.		
	Javien 7.2 nouts enter death with the Marylend Jens. Then "neturel", or items 23a or 28a-f ehow The Medical Examinet must be noutred at	by Funeral	11. Marital Stetus 1 ☐ Navar Married 3 ☐ Widowad 4 ☐		12. Was Decedant Armed Forcas 1 Yas 2 1 If Yas, Giva Year or Datas:	?		es Dacedent of Yas, specify Cul ☐ Yas 2 ☐ No	Hispanic Origin? (ban, Maxicen, Pua Specify:	Specify Yas or No irto Rican, atc.)		I. Race - Americ Black, Whita, pecify:	atc.	HITE
	netur ice	Completed	15.	Dacedant's E	ducetion ada completad)	16	Se. Deceda	ant's Usual Occu	pation during most of w	orkina	16b. Kind	of Business/Inc	dustry	
7		npie	Elementery/Secondary	-	College (1-4or	5+)	lifa. D	O NOT usa ratin	ed)	UIKING				
1	al Hygier other th	ပိ	12	40.00			ΕI	ECTRICI				EN ELEC	CTRIC	
	over the state of	Be	17. Father's Name (First)					ama (First, Middle		umama)		
	d Me	70	DONALD A. S 19a. Informant's Name/F		Charles Daire		01. 14.70.			NIA EMMO				
200	th en Tis r		REBECCA EM		Type, Pnnt)				t and Number or F LEN COUR					25/101
5	Heal Heal Other		20a. Mathod of Disposition			20b. Place	of Dispos	ition (Nama of		Data		ation - City or To		25401
omit Bacer 1 g	ant: If it		XXBurial 2 Cra 4 Donation 5 D		Ramoval from Stata fy)		-	atory or other place. LE CEME		10/19/96				WV
integral	Department of Health end Mental Department of Health end Mental Department of Health end Mental Department of Health end Mental Department of the Department		21. Signatura of Funarai	Service Lice	nsae		BF		ess of Facility IERAL HOM	E, 327 W	. KIN	G STREE		
			23a Part 1 Enter the dis	ease or com	inlications that cause	d the death D	P(BOX 82	1, MARTI	NSBURG,	WV 25	3401	America	
В	hysician		23a. Part1. Enter the dis shock, or heart falls	ira. List only	one ceusa on aach li	ne.	O HOL BINE	tria mode or dy	ing, such as ceruit	ac or raspiratory a	masi,		Approxim interval B Onsat an	etween
	/Medical		Immediata Cause (Final		NA. 1	1. /	7	c ^ .						
E	xaminer		disaasa or condition rasulting in daath)		a. Mul	pe	Vr	wills						
		Jer				Dua to (or as	a consequ	ance of):						
Patric	ransit	Examiner	Sequentially list condition	ns C	b	Due to (or as	a consequ	ance of):						
difficate be avecuted	physician and s the bunel-transit	Ex	Sequentially list condition only, leading to immediately ceusa. Entar Undarlying Causa (Diseesa or Injury	ata				7,000						
9	hysic the b	edicai	that initiated events resulting in death) Last	5	C	Dua to (or as	e conseque	ance of):						
	5 6	2		L	d									
Goath Co	by the attandii	Physician/	Part II. Other significant	conditions	ontributing to death b	ut not rasuiting	In the unc	larlying ceusa gi	iven in Part I.	23b. Dfd	tobacco us	s contributs to	the caus	s of death?
thattha	8.8							, , , , ,			Yss 2			Unknown
to law recuires	n sign	d by								24a Was	an autopsy	24b Ws	ara autops	v findings
City A	a pole	lete									mad?	ave	allabla prio mpletion o	rto
on law	ate has page 2	Completed											daath?	
0	ficate or, pa	e Co	OF Management and the								Yas 20	No 1 [Yas 2	□ No
sician: T	the state	00	25. Was cesa rafarrad to axaminar? XXYas 2□ No	medicel	Hospital:	X-V		on Ot	har	eath (Check only o				
Phina	# 15 20	7: To	27. Mennar of Death		1 Inpatie		. Time of	3LI DON	4 LI Nursing	Homa 5 Resi			erake	
Attending	ffr. Funer	tion	1 □ Netural 5 □ 2 ☑ Accident	Pending invastigation	28a. Data of Inju (Month, De	Year)	Injury	28c. fnju Wo 1 M 1	rk?]Yas 21∕2TNo	molercyc		CONTINUE	- wit	
Attac	e des ector by th	Iffice	3 ☐ Sulcida 6 ☐	Could not b	e 28a. Place of Inj	ury - At homa,						Number of Rura		
18		Certification:	4 Homicida		building, at	c. (Specify)				City or Too		Number of Rura RF 11 7(hia	Mar	rins bus
HORDIL	24 hours Funers stely tills	edical (29a. Certifier 1 (Check only one)	Certifying Ph Isdical Exam	ysician: To the best	of my knowlade axamination a	ga, death o and/or inva	occurred et tha ti stigation, in my	ma, date and plac opinion, daath occ	e, and dua to the urred at tha tima,	cause(s) er	nd mannar as st	ated.	ı(s)
To the	Within To the comple	Mec	29b. Signatura end title o	centiller	and menner str			29c. Lican	sa number		29d. Dete	signed (Month, i	Day, Yaari	
F	0			4	pge/1				C.M.E		OCI		199	
1	10		20 Name and address of		1 2) (To == ==		· • 11 • 1		001	. 10,	200	
1			30. Nama and address of	For	vler	111	Pen		et, Bal	timore	Mar	yland	2120	01
	Sta Registr		31. Data filed (Month, Da		32. Registr	ar's Signature	delle							
	riegisti	Ci i	0012	T 1220	0		4-0 · A	-						



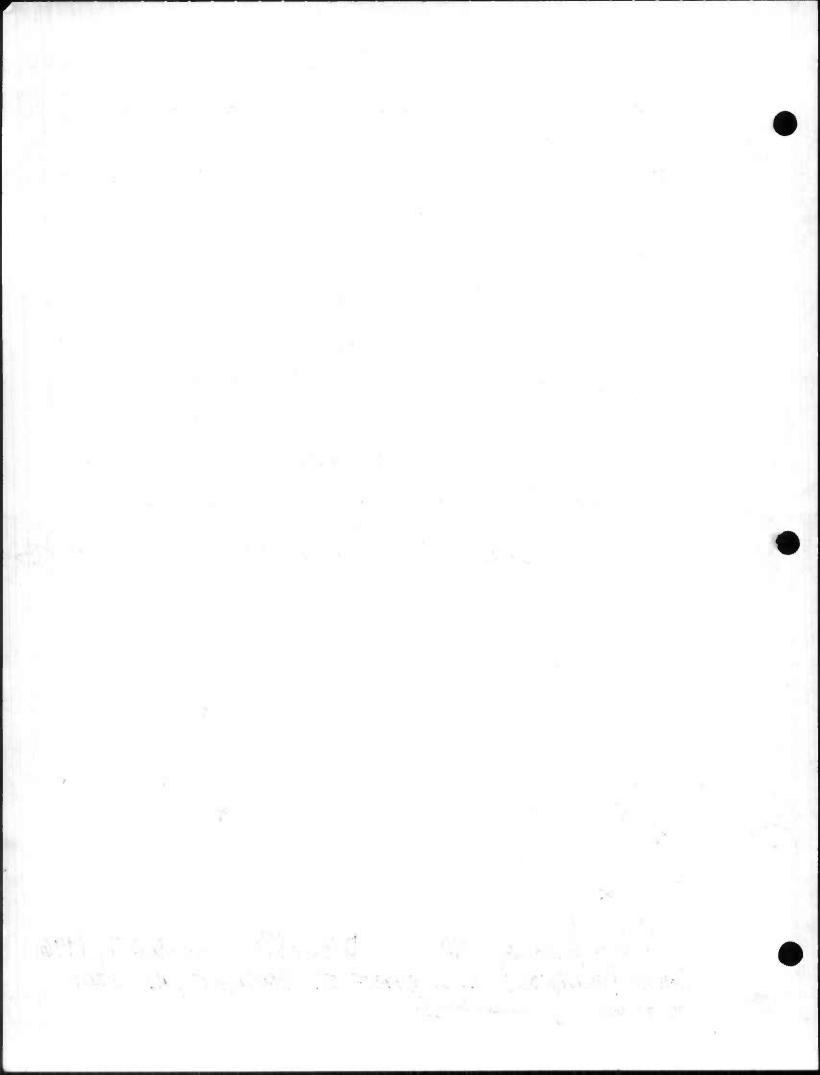
						Marylar		artment of rtificate o				Reg. No.	9	6 313	149
	Physic /Medi			Marcelle	M. Fou	rnier					2. Dete of De Month Sctober	18 1	1996 °	3. Tima of 11:25	
1	Exami	ner	5. Social Security N	rsing & Rel	mabilitatio	n Cente	r lest birthday)	If Undar 1 Ya	CO1	umbi			HOW 9.		r Foreign
L	Director	ı	034-22- Usuel Residence o	5055	1□ M 25 F	70	Yrs.	WORKING DO	ys Hours	Willi.	8. Date of Bir (Month, Da December	27 19	25	Belgi	m
	show	Ļ	10e. Stete	10b. County			ty, Town or Lo	cation						10d. Inside Cit	
	the M	ecto	Maryland 10e. Street and Nu	Howard			blumbia	404 7% 004						1 Tes	2LXNo
	3a or	i Di	6334 Ceda					10f. Zip Code 21044	9			10g. Citize	on or what SA	Country?	
020	permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, tra Modical Examiner must be notified at once.	by Funeral Director	11. Maritai Stetus 1 ☐ Never Marr 3XXWidowed	ied 2 Married	12. Was Deced Armed Ford 1 Tes 2 if Yes, Giva Year or Det	es? 2⊠No	1	Wes Decedent of Yes, specify C	uban, Mexice	en, Puerto I	city Yas or No Rican, etc.)	- 14	Rece - A	merican Indien, /hita, atc. White	
1215-0	within 72 ho one. than "natur Medical	Completed	(Spec	15. Decedent's E cify only highest gi ondery (0-12)		4or 5+)	(Give	dent's Usuei Occ kind of work doi DO NOT use ret	na durina mo	st of workir	ng	10.11		ess/Industry	
d 2	Hygie Hygie offher II	CO	17. Father's Neme	(First, Middle, Las	t)		Nurs	e's Aid	18. Moth	ner's Neme	(First, Middle,			n State Sch	mol
/lan	Jud be Jental rked c	To Be	Oscar	Frehis	5				E	lvir	e Har	was (Bode	t)	
Jan	2 sho end h is me	-	19e. Informant's No	eme/Raietionship	(Type, Print)		19b. Mailir	ng Address (Stre	et and Numb	ber or Rure	Route Numb	er, City or 1	Town, Stel	e, Zip Code)	
Baltimore, Maryland 21215-0020	Peges 1 end ent of Health nt: if item 27 ry or other t		20e. Method of Disp		Removel from St	teta	Plece of Dispo cemetery, crem	sition (Neme of natory or other p	olece)	i	Dete	20c. Loca	ition - City	d. 2104 or Town, Stete 20707	4
Balti	Departm Departm Importa any inju		21. Signature of Fu	neral Service Lice	nsee MOSA/	1	22	. Name and Add	dress of Facil	lity			aurel,	Maryland	
i	Physician /Medical		23e. Pert1. Entar ti shock, or hee			used the deet ch lina.		er the mode of d	lying, such e	s cardiec o	r respiretory a	rrest,		Approximate Interval Betw Onsat and D	reen
	Examiner		disease or condition resulting in death)	'n	0		or es a conseq	uence of):						7/(1	
o,	icete be executed physicien end s the buriel-trensit	Examiner	Sequentielly list confront in the confront in	nditions, nmediete arlylng	b. ————	Due to (o	r as a conseq	uence of):							
Box 68760,		√Medicai	Cause (Diseese or that initiated events resulting in deeth) I	injury	d	Dua to (or	res a conseq	uence of):							
	death certif e attending id for use e	Physician/M	Pert II. Other signification	Icant conditions	contributing to deal	th but not resu	ulting in the ur	derlying cause	niven in Pert	1	23h Did	lohacco ua	e contrib	ute to the cause of	death?
s, P.O	thet the ed by th detache	by Phys					oung in the or	idenying cause (Alveit at Leit			Yes 2			Inknown
Records,	aw requi	Completed		•								en eutopsy med?	24	 b. Were autopsy fir evailable prior to completion of ca of deeth? 	/
	Page Page		06 14/								101	/es 2/21	No	1 ☐ Yes 2 D	10
Vital		o Be	25. Was cese reference axeminer?		Hospitel:	nationt 2	ER/Outpetien	3 DOA	Other:		(Check only one 5 Residue)	_	Other /C	inosihe)	
VISION Of	Attending Physic of Seath. Cocor: After this by the funerel di	Certification: T	27. Menner of Death 1. Neturel 2 ☐ Accident	5 Pending investigetion	28e. Dete of (Month,		28b. Time of Injury	28c. In		2	8d. Describe I			рөспу)	
Š	ter of the process filled in by		3 Suicida 4 Homicide	6 Could not be determined	286. Place of building	, etc. (Specify	/) 	et, factory, offic			City or Tov	vn, Stete)		Rural Route Numb	er,
	the Herin 24 the Fun	edical	Grie)	2 Madical Exam	niner: On the basi and menna	s of exeminet	wiedge, deeth ion end/or Inv	estigation, in my	time, dete er opinion, des	nd piece, er eth occurre	d at the time,	ceuse(s) er dete and pl	ace, and o	as steted. due to the cause(s)	
	vithin To the compl	Σ	29b. Signeture and	title of certifier	MA.	0		29c. Lice	nse number			29d. Dete s	signed (Mo	onth, Dey, Year)	,
	()	-	30 Name and addition	Jarke		Somu	(19a) /T 1	H	314	1		XTO	KCK-	18/177	0
	Q		30. Neme end eddre	NOLL A	/ Cause	LIMBI	23e) (Type, I		075						
Ï	Sta Registr	_	31. Date filed (Mont	1996° (321 199	dreid verki	Me.	6							

Registrar



State of Maryland / Department of Health and Mental Hygiene

3 | 350 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death ;00 **Physician** MARVIN GROSS Oct. 15, 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore 2533 W. Pratt St. 7. Age (In yrs. last birthday) 50 Yrs. if Under 24 Hrs. 5. Social Security Number if Under 1 Year 8. Dete of Birth Month Day, MAY 24 **Funeral** Birthplace (Stete or Foreign Country) Months Days Hours Yrs 212-44-9563 Director MARYLAND Usual Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location "natural", or items 23s or 28s-f show 10d. Inside City Limits MD BALTIMORE Tores 2 No n/a Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after death with nent of Health and Mental Hygiene. 2533 PRATT STREET 21223 W. STATES UNITED Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bieck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ 🖔 o Specify: þ Specify: BLACK 3 Widowed 4 Divorced Completed traumatic event, the Medical 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry DEPT. of PUBLIC nd Mental Hygiene. markad other than Elementery/Secondary (0-12) College (1-4or 5+) LABORER WORKS 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be FOX MARTHA ROLAND GROSS 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2533 W. PRATT ST., BALTIMORE, MD # 19a. Informant's Neme/Reletionship (Type, Pnint) nt of Health a If item 27 is or other train GROSS VERNICE 20b. Plece of Disposition (Name of cametery, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) permit. Page Department of Important: If any Injury or once. ARBUTUS GARDENS 10-18 ARBUTS, MD MEMORIAL 21. Signature of Funeral Servica Licensee 22. Name and Address of Fecility 1101 E espiratory errest, March F.H. East North **Physician** /Medical Immediete Cause (Final disease or condition resulting in deeth) **Examiner** Due to (or as a consequence of) ystclan: The law requires that the death certificate be executed the bunal-transit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last and Due to (or es a consequence of) of Vital Records, P.O. Box 68760, physician Physician/Medical Due to (or es e consequence of) attending | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. been signed by the should be detached 23b. Did tobacco uss contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown þ Be Completed 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was en autopsy pertormed? has mis certificata 1 Yes 24 No 1 Yes 2 No 25. Was case referred to medical 26. Place of Death (Check only one) examiner? 1 ☐ Yes 2 No Other: 4 Nursing Home 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 5 Residence 6 □Other (Specify) 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigation 1 Naturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital of within 24 hours To the Funeral Completely filled 29a. Certifier Ecertifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, end due to the ceuse(s) end menner as stated. Medicai | Madical Examiner: On the best of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certific 29c. License number 29d. Dete signed (Month, Day, Year) death (Item 23a) (Type, Print) BALTIMORE, ND 21201 GREENE 31. Date filed (Month, Day, Year) State OCT 21 1996 Registrar



Item3 10-21-96 FilmB740 W.H.Per Doctor Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

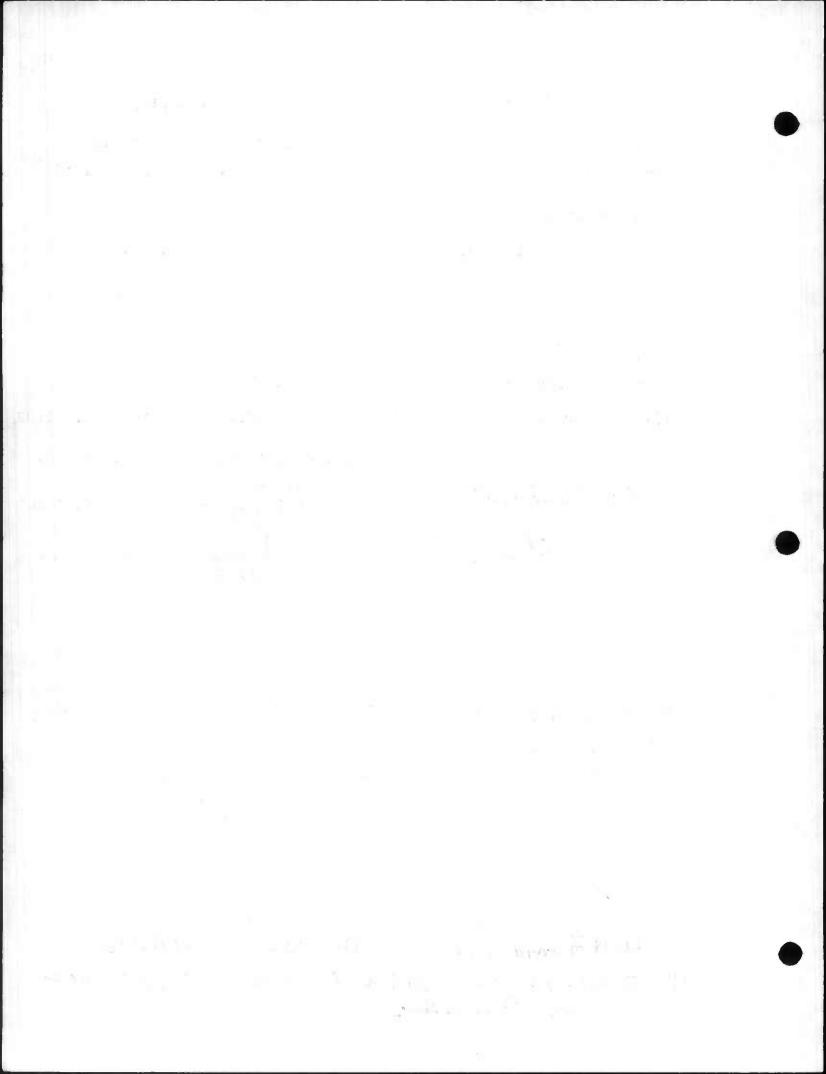
State of Maryland / Department of Health and Mental Hygiene 3 | 35 | Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death 9:45AM **Physician** worth. 19, 1996 Howard Bossetter Green /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 3816 Tracev Mill Rd. Manchester Carroll If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Months Days Hours Min. Jan. 22, 1915 Maryland 5. Social Sacurity Number 7. Aga (In yrs last birthday) 9. Birthplaca (Stata or Foraign **Funeral** 1 □ M 2 □ F Months 215-16-4701 Yrs Director Usual Rasidance of Dacadent the Maryland 10a Stata permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Health and Merial Hydinea. Important: If term 27 Is merked other than "natural", or items 23a or 28a-f ahow any injury or other traumetic event, the Medical Examinat mainton collined all 10h County 10c. City, Town or Location 10d. Insida City Limits Carroll Md. Manchester 1 ☐ Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 3816 Tracey Mill Rd. 21102 U.S.A. Funeral 12. Was Dacedant Evar In U,S. Armed Forcas? 1 ⚠ Yas 2 ☐ No if Yas, Giva Yaar or Datas: 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarlcan Indian, Black, Whita, atc. 1 Never Marriad 2 Marriad Saltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: White þ 3 Widowad 4 Divorcad Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elementary/Secondery (0-12) Collage (1-4or 5+) Beauty Supply 10 Delivery Man 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Melden Sumama) Be Harry Harrison Green Rosella Lynch 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Code) 3816 Tracey Mill Rd., Manchester, Md. 21102 Virginia Green 20b. Piace of Disposition (Neme of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from Stata Rocky Gap Vet. Cem. 10/22/96 Flintstone, Md. 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Addrass of Facility
Eckhardt Funeral Chapel 23a. Part1. Entar the disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Md. 21102 Approximete intarval Batween Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) Examiner attending physician and for use es the bunal-transit Sequentially list conditions, if any, laeding to immadiete cause. Enter Undarlying Cause (Diseasa or injury that initiated evants rasulting in daath) Last Due to (or as a consequence of) Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contributa to the cause of death? 3 Probably 4 Onknown 1 ☐ Yss 2 ☐ No þ 24b. Wara autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? After this certificate has Division of Vital To the Hospital or Attending Physician: 25. Was casa refarred to medical axaminar? 28. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Nasidance 6 Other (Specify) Hospital: 1 Yas 2 No 2 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28c. injury et Work? Medical Certification: 28a. Date of injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 5 Panding invastigation 1 Naturai To the near within 24 hours after death.

To the Funeral Director: A 1 ☐ Yas 2 ☐ No death. 2 Accident 6 Could not be datarmined 3 ☐ Sulcida 28a. Place of injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physicfan: To the best of my knowledge, daath occurred at the tima, data and place, and dua to the causa(s) and mennar as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifier 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) DO2386 000 30. Nema and address of person who completed cause of death (Itam 23a) (Type, Print) MAINST 6 MANChester Md 21102 31. Data filed (Month, Day, Year)

OCT 21 1996 72, Registrar's Signatur

State Registrar



				State of IV	iaiyiai	-	rtificate		neaith and Death	Mental H	Reg. No.	0	31352
	Physic		Decedent's Nama (First, Middle, L. WILLIAM	9S <i>(</i>)		Сртим				2. Dete of D	Dey	Yeer	3. Time of Deeth
N	/Medi Examii		4e. Fecility Neme (If not institution, gi	ve street end number	·)	GRIMM			lb. City, Town, or	OCTOBE Location of Dec		996	4:00 PM
6	Exami	iei	The Memorial Ho			ical C	enter		Cumber		Alle		
Н	Funerai					last birthdey)		1 Yeer	If Under 24 Hrs			-	lece (State or Foreign
	Director		214-10-5114	1 및M 2□ F	80	Yrs.	Months	Deys	Hours Min				elece (Stete or Foreign etry)
	ס		Usuel Residence of Decedent		00					July 2	22, 1916	Mar	yLand
	how		10e. Stete 10b. County	~	10c. Cit	y, Town or Lo	ocation					1	0d. Inside City Limits
	e Ma	cto	Maryland Allegan	У		Cumb	erlan	d					1□Yes 2√□No
	or 28	Director	10e. Street end Number				10f. Zip	Code			10g. Citizen of	Whet Coun	itry?
	be filed within 72 hours after death with the Maryland hal Hygiene. Id other than "natural", or items 23s or 28s-f show event, if a Medical Examiner must be notified at		760 Fayette Stre	et			2	1502			U.S	S.A.	
	e de a	Funeral	11. Maritel Stetus	12. Wes Decedent Armed Forces	Ever in U	,S. 13.	Wes Deced	ant of H	ispenic Origin? (Specify Yes or No Ricen, etc.)	lo- 14. Rec	ce - Americ	
20	or h	by Fu	1 ☐ Never Merried 2 ☐ Married	1 √Yes 2 ☐	No		1□ Yes 2		Specify:		Specif		hite
Maryland 21215-0020	ural',	Q P	3 Widowed 4 Divorced	12/45	6/43	to							
5	n 72	Completed	15. Dacadent's E (Specify only highest gr	ducation ade completed)		16a. Dece	kind of wor	k done	ation during most of wo f)	orking	16b. Kind of B	usinass/ind	dustry
12	withi Bna. than	E G	Elamantary/Secondary (0-12)	Collaga (1-4or	5+)						Data	73.1.1	
ס	filed within Hygiena. other than	S	17. Fether's Neme (First, Middle, Las	2		Sale	s Mana	ager		me (First, Middl	Potomac e, Meiden Suman		son
an	d be antal	o Be	Harr Henry Grimm	-				14	Clara E			,	
Ž	should be and Mental marked o	7	19e. Informent's Name/Reletionship			19b Meili	na Address				ber, City or Town	State 7in	Code
2	of trace		M. Louise Grimm/								d, Mary		21502
ē,	Hea tem		20e. Method of Disposition		20b. F	Placa of Dispo	sition (Nem	ne of		Dete	20c. Location		
9	age ent o nt: If i		1 ☐ Burlel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci			emetery, crea	metory or ot	ner pied	e)				
altimore,	ortar Inju		21. Signeture of Fune al Service Lice			22	2. Name end	d Addres	ss of Fecility				
ñ	permit. Pages 1 and 2 should be Department of Health and Menia Important: If item 27 is marked any injury or other traumatic evance.		Ronald S.	Wade Di	recto	7			-		W. Balti		Street
1			2 e. Pert1 Enter the diseese, or com shoot, or haart failure. List only	plications that cause	d the deet	h. Do not ani	Baltin tar the mode	nore	, Maryla	and 21	201-1559 errest.)	Approximeta
	Physician		shoot, or haart failure. List only	ona ceuse on each I	ine.	3							Interval Between Onset end Deeth
7	/Medical		Immediata Cause (Final disaasa or condition	a Cerebro		1ax A	aaida	n.t					0 11 1
	Examiner		resulting in deeth)	a. Celebic		or es e consec		116					One Week
	D &	ner		h Non-Sma				o					Dec. 1995
	ficate be executed g physician and as the bunal-transit	Examiner	Sequentielly list conditions,	b. Holl blice		r es e consec		0					Dec. 1993
Ö,	e exe ian a unial-		Sequentielly list conditions, if eny, leeding to immadiete cause. Enter Underlying Cause (Disease or Injury that beliefed expending)									i	
68/60,	ate b hysic the b	edicai	thet initieted events resulting in deeth) Lest	С.	Due to (o	r es e conseq	juence of):					1	
	e as	_		d									
X Q Q	death cert e attending od for use	ian		u			11						
o.	the day	Physician/M	Pert II. Other significant conditions of	contributing to daeth b	out not res	ulting In the u	nderlying ca	ause giv	en In Pert I.	23b. Die	d tobacco use co	ntribute to	the cause of death?
7.	ad by detac									1	Yes 2 No	3 Prot	ably 4XUnknow
g S	w requires that the death certificate signed by the attending should be detached for use as	d by								240 Wo	s en autopsy	24h Wa	ere autopsy findings
cords	been shou	Completed									formed?	eva	ailebla prior to mpletion of cause
ě	e lav	dm											daath?
VII	ician: The certificate h rector, page		OF Management to worked								Yes 2 No	1	Yes 2□ No
		o Be	25. Was case referred to madical exeminer? 1 ☐ Yes 2 ☑ No	Hospitel:		FD(0-1		Oth	06.	eth (Check only		10 11	
ō	Phys rthis eral d	-	27. Menger of Death	28e. Dete of Inju	Jry	ER/Outpatier 28b. Time of		^	4 LI Nursing I		how Injury occur		/)
UNISION	il or Attending P safter death. I Director: After d in by the funer	tion	1 ☑ Neturel 5 ☐ Panding 2 ☐ Accident Investigatio	(Month, De	y Year)	Injury	м	Bc. Injun Worl	<br Yes 2 □ No				
S	Attender death ector:	Ifica	3 ☐ Suicide 6 ☐ Could not b	286. Piece of In	jury - At ho	me, ferm, str	eet, fectory,	, office		28f. Location	(Street and Numb	per or Rura	/ Route Number,
5	al or	Certification:	4 Homicide	building, at	c. (Specif	Y)				City or To	own, Stete)		
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical (Check only 2 Medical Exar	ysician: To the best niner: On the basis o	of my kno	wiedge, deeth	occurred e	t the tim	a, data and place	e, and due to the	e cause(s) and me	ennar as st	ated.
	the P	led	Grey	end menner st	eted.	Onwor in				oo ot ure tille			
	To Too	2	29b. Signeture and title of certifier	Jana	~ 1	S	29c.	License	number		29d. Dete signe	d (Month, I	Dey, Year)
				()			D	233	71		UI.	1) /	0 -

D 23371

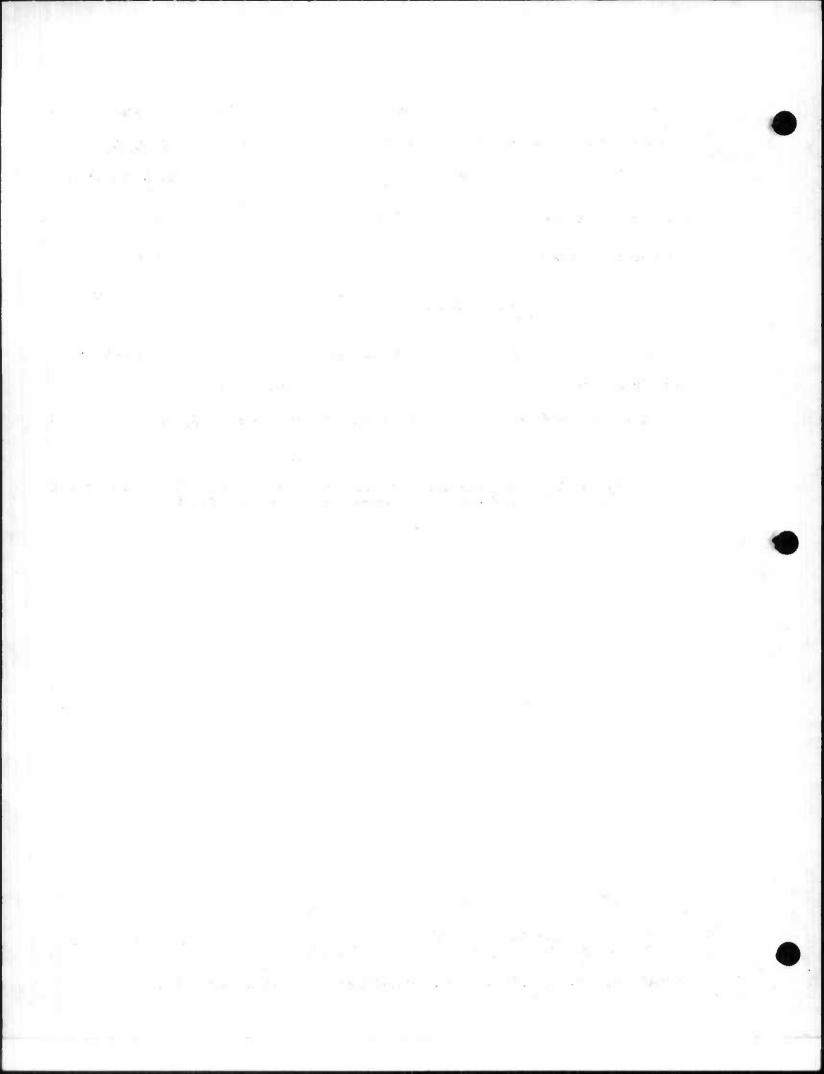
State Registrar

31. Date filed (Month, Dey, Year)

OCT 21 1996

QAMAR ZAMAN M.D., 625 KENT AVE., CUMBERLAND, MD 21502 (SUITE 102 32 Ragistrar's Signature

30. Name and eddress of parson who complated cause of deeth (Itam 23a) (Type, Print)

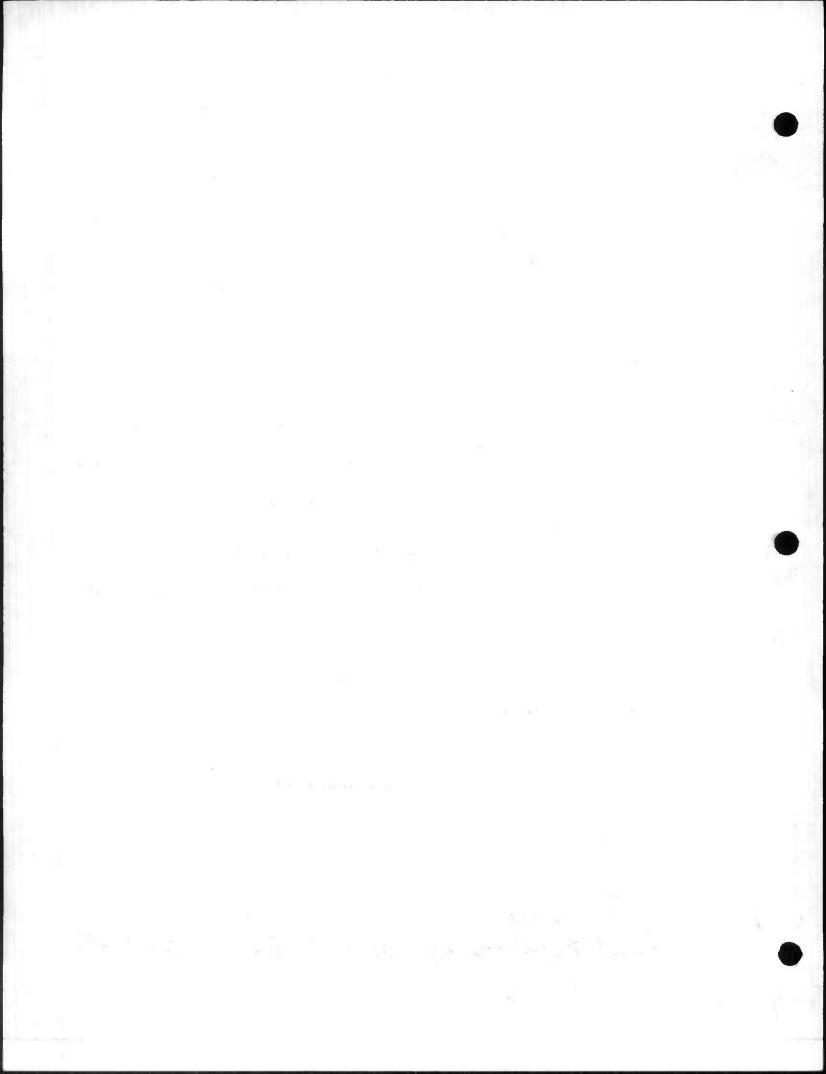


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth **Physician** Month OCt. 9 Dey 1996 Gholizadeh Gholi /Medicai 8:08pm 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Suburban Hospital Bethesda Montgomery 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. Hours Min. Birthplece (State or Foreign Country) **Funeral** Deys 1**∑**M 2□ F Director Yrs 73 Iran None Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 ☒ No Director Maryland Montgomery Chevy Chase 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4701 Willard Ave. 20815 Funeral Canada 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 21X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry filed within 7 Hygiena. Elementery/Secondery (0-12) College (1-4or 5+) Entrepreneur Investments permit. Pages 1 end 2 should be file Department of Health end Mental Hy Important: If Item Z7 Is merked othe any injury or other traumests 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Hadg Gholizadeh Fatemch Vanchi 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) 701 W. Peace St., Mohammad Gholizadeh/ Son Raleigh, N.C. 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 10/13 1 Buriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Raleigh Mem. Park 96 Raleigh, N.C. 21. Signeture of Funtion Service Lice 22. Neme end Address of Fecility
Ives-Pearson Funeral Homes de Arlington, Va. 22201 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medicai Immediete Ceuse (Finel disease or condition resulting in deeth) Examiner lung duene -transit certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest and physician a Box 68760. Physician/Medical Due to (or es e consequence of) 88 P.O. signed by the a Pert II. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Julmonal 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? peed page 2 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No of Vital director, Be 25. Wes case referred to medical 28. Piece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA ## after dea... Aral Director; After u... ✓ in by the funeral dr 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division or Attending 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide Funeral 29e. Certifier Certifying Physician: To the bast of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner as stated.

[2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner stated. (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar Elliott R.

Goldstein 9410 Old Georgetown Road Bethesda, MD 20814 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene

96 31351

						Cert	ificate of		P R	leg. No.	30	2122
Г	Physic	an	Decedent's Neme (First, Middle,						2. Date of Dea Month		. Year	3. Time of Death
	/Medi		TRANCES						Oct	Day /2	1996	2:30 pm
À	Exami		4e. Facility Neme (If not institution,	give street end number))			4b. City, Town, or Lo	ocation of Deeth	4c. Coun	ty of Death	
			GOOD SAMARITAN HO	SPITAL				BALTIMORE		BALT	IMORE (CITY
	Funeral Director		5. Social Security Number 220–07–4368 Usual Residence of Decedent	. Sex 7. Ag	ge (In yrs. last 76	Yrs.	Months Deys		8. Date of Birth (Month, Day AUGUST 1	Year) 19,1920	9. Birthp Cour BALT	place (State or Foreigntry) IMORE, MARYLA
	and and		10a. State 10b. County		10c. City, T	own or Loca	ation				1	10d. Inside City Limits
	4 ah	0	MARYLAND BALTIMOF	Œ	RAI TT	MORE CO	INTV					1 ☐ Yes 2 ☐ No
	150 Ithe	Director	10e. Street end Number	N-a	CALIE	KI IL CO	10f. Zip Code		1	l0g. Citizen o	What Cou	ntry?
	3ª or		2300 DULANEY VALLEY	DOVU VDVDIMEN	T E 104		21204			U.S.A		
	Jeath 2	nera	11. Meritel Statua	12. Was Decedent	Ever in U.S.			Hispanic Origin? (Sp	ecify Yes or No-		ce - Americ	can Indian,
21215-0020	72 hours after death with the Manyand "netural", or items 23a or 28s-f show (Gest Examiner must be notified at	by Funeral	1 ☐ Never Married 2 XX Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces	,		Yes, specify Cut ☐ Yes 2 No	Hispanic Origin? (Spoen, Mexican, Puerto Specify:	Rican, etc.)	Spec	ack, White, ify: WHI	Y N. A.
Ŏ	2 ho	ted	15. Decedent's	Education	1	6a. Decede	nt's Usual Occu	pation		16b. Kind of		
215	를 등록	Completed	(Specify only highest (Elementary/Secondary (0-12)	completed) College (1-4or	54)	(Give ki	nd of work done O NOT use retin	during most of work ed)	ing			
2	3 6 5 Z	E O	12	N/A		COUNTY	CLERK			BALTIMO	RE COUN	VIY LIBRARIE
nd	be filed ital Hygle d other event, to	Be	17. Fether's Name (First, Middle, La	st)				18. Mother's Nam	e (First, Middle,	Maiden Sume	ıme)	
<u>a</u>		To	MATTHEW LIPA					BERNICE SE	RSEN			
, Maryland	d 2 sho th and 7 la m traum		19a. Informant's Name/Relationship HENRY HEPNER (HUS	1 31 1				t and Number or Rur LLEY ROAD AP				
Baltimore,	~ T = =		20a. Method of Disposition		20b. Place	e of Disposit	tion (Name of	ace)	Date	20c. Location	- City or To	own, State
Ë	Pages nent of I int: If its iny or o		1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spe					ETERY OCTOBE	R 15 1996	RAI TIM	ORF MAR	RYI AND
alti	구원주중		21. Signeture of Funeral Service Lic	ensee	UNIDL		Neme end Addr		11 10,1000	OFILIA	01123111	11212
m	Depariment of the population o		Malhard	Showsho		LAS	SAHN FUNE	FRAL HOME, I	NC.	N.D. 040	00 400	
	-		23a. Part1. Enter the disease, or or	mplications that cause	d the death. [740 Do not enter	the mode of dy	ROAD BALTIM	ORE, MARYL	AND 212	36-462	Approximate
	Physician		shock, or heart failure. List on	ly one cause on each li	ine.							Interval Between Onset and Death
7	/Medical		Immediate Cause (Finel	P	4/moi	nary	ed	ema				dove
	Examiner		disease or condition resulting in death)	а	Due to (or es			e7//oc			j	Cays
		ē			D00 10 (01 03	a conseque	Brida Or).					
	ifficate be executed g physician and as the burlal-transit	Examiner	Sequentially list conditions	b	Due to (or as	a conseque	ence of):				1	-
ó	an ar		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury									
68760,	ysici	edical	that initiated events	C	Due to (or as	a conseque	ence of):					
	5 O 0		resulting In death) Last									
Box	eath cer attendin for usa	N/N	•	d								
_, II	that the death cer led by the attendir detached for usa	Physician/N	Pert II. Other significant conditions	contributing to death b	out not resultin	g in the und	lerlying cause g	iven in Part I.	23b. Did to	obacco use o	ontribute to	o the cause of death
J. O.	by th	hy	COC DI	Imanala					1 U Y	es Mino	3 □ Pro	bably 4 Unknow
Ś	se de de de de de de de de de de de de de	by	- Coi po	mongie								
Records,	law requires that the death cer as been signed by the attendir s 2 should be detached for usa	Completed	Cor pu Metasta	tic Bre	ast (Canc	er		24a. Was a perfor	n autopsy med?	BV	fere autopsy findings rallable prior to empletion of cause death?
ř	The la	E							1 🗆 Y	es PXNo	1.6	Yas ZANO
<u> </u>	icien: The lav certificate has rector, page 2	Bec	25. Was case referred to medical					26. Place of Deat				V 2/
or Vital		To B	examiner?	Hospitel: Anpatie	ent 2 ER	/Outpatient	3□ DOA O	har	me 5 Resid		ther (Specif	(v)
sion of	inding Physiath. r: Aftar this ra funeral di		27. Manner of Death 128 Natural 2 Accident 5 Pending investigate	28e. Dete of Inju (Month, Da	лу 28	b. Time of fnjury	28c. fnju		28d. Describe h			,,
DIVIS	Directo	Certification:	3 Sulcide 6 Could not determine	20e. Place of In	jury - At home c. (Specify)	, ferm, stree	et, factory, office		28f. Location (S City or Town	treet end Nur n, State)	nber or Run	al Route Number,
<i>"</i>	Funeral ataly filled	edical C	29a. Certifying I (Check only one) Certifying I	Physician: To the best aminer: On the basis o and menner at	f examinetion	dge, death o end/or inve	occurred at the t stigation, in my	ime, date and placa, opinion, death occur	and due to the cred at the time, d	euse(s) end r late and place	nanner as s	itated. o the cause(s)
	within To the compla	Me	29b. Signeture end title of certifier		1 .		29c. Licen	se number	2	9d. Date sign	ned (Month,	Day, Year)
	- 3 - 0		Mohame	dK. Da	baja	. HD	PI	29301		Oct	12	1996
	14	}	30. Name and address of person wh		death (Item 23	la) (Type, Pr			1.12-			HD 21239
	Sta	te	31. Date filed (Month, Day, Year)		ar's Signature	672	W DOI	19 chie Ko	Apr SC	15 (00	rit,)	עו צובאץ
	Registr		OCT 21 1996	gulia Vivid	con-flore	telle						

For the detailed and the second of the

Diagon Tyme or Drint in Diagle Indulible Inte

	Dhuala	ion	Decedent's Name (First, Middle, Le				Health and M		ne (96 3	1355 ime of Death
	Physic /Med		KATHERINE L					00to 8		1110	0:05P
	Exami	ner	4a. Facility Name (If not institution, giv JOHNS HOPKINS P	SAYVIEW ME	DCE	NTER	4b. City, Town, or L BALTIMO	RE		TIMUR	25
	Funeral Director		5. Social Security Number 6. S 216-24-0128 Usual Residence of Decedent	ex	n yrs. last bir	Yrs. If Under 1 Ye Months Day		8. Date of Birth (Month, Dey, Y. Aug. 17,	1924	9. Birthplaca (S Country) VVLGAY	itete or Foreign ÚA
	the Maryland 28a-f show notified at	o	10a. State 10b. County	1/4	c. City, Tow	n or Location	Baltimore	Citu			Ide City Limits
	28a-	Director	10e. Street and Number	7		10f. Zip Code			Citizen of W	/hat Country?	
	h with		6206 Brown Avenu	0			21227			States	
020	2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. is marked other than "natural", or flerna 23a or 28a-f show aumotic event, the Mexical Examiner must be notified at	by Funeral	11. Marital Status 1 Navar Married 2 Married 3 X Widowed 4 Divorced	12. Was Decedent Evar Armed Forces? 1 ☐ Yes 2(12)No If Yes, Give Year or Dates:	in U,S.	13. Was Dacedent of if Yes, specify Control of the second	f Hispanic Origin? (Spuban, Mexican, Puerto		14. Race	- American Indi k, Whita, atc.	
15-0	72 hours "natural",	eted	15. Decedent's Ec (Specify only highest gre	lucation de completed)	16e.	Decedent's Usual Occ (Give kind of work dor life. DO NOT use reti	supation ne during most of work	king 16	. Kind of Bu	siness/Industry	
212	be filed within tal Hygiene. d other than event, the Man	Be Completed	Elementary/Secondary (0-12) 12 Years	College (1-4or 5+)		Tin Mill	red)		Stee	l Indus	tru
pu	other vent,	Se C	17. Father's Name (First, Middla, Last)			11010	18. Mother's Nem	e (First, Middia, Mei			
ylaı	2 should be filed end Mental Hygi is marked other aumetic event, i	To	William Thompsor	l			Lola T.	iller			
Var	s 1 and 2 should f Heelth end Men fem 27 is marke other traumetic		19a. Informent's Name/Relationship (í	Mailing Address (Stre					
0	Heelth em 27 I		Herbert W. Hawks/			1C 75 Box 1	46 C New				
Baltimore, Maryland 21215-0020	Pege nent o ant: If i		20a. Method of Disposition X⊠ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Othar (Specify	Ramoval from Stata	cem eter	Disposition (Nema of y, cremetory or other p Hill Mem.	1			City or Town, Ste River.	
Bal	permit. Peg Department Important: I eny Injury o		21. Signature of Funeral Sarvice Licen	Donole	death Death	7922 Wil	tress of Facility Lk Funeral Se Ave. Di	Home of 1	oundal vrulan	k, Inc. d 21221	2
	Physician		23a. Part1. Enter the disease, or comp shock, or heart failure. List only	one cause on each line.	daain. Do r	not anter the mode of d	ying, such as cardiac	or respiratory arrest,		Interva	ximate al Between and Death
1	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	. SEPSIS	S					20	MYS
_	led sit	Examiner		b. SEIZU		consequence of):				20	DAYS
,	e be executed rsician and e buriel-transit	Exar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		110000	consequence of):				VE	ARS
68	eath certificete be ex attending physician I for use as the burie	Medical	Causa (Disease or Injury that initiated events resulting In death) Last	•		onsequence of):	ISEASE			70,	
Box.	ath	by Physician/M	Part il. Other significant conditions co	antributing to don't but no	t requising to	the reded to a succession	hua la Danii	OOL Distanta			
P.0	by th	hys						1 Yes		tribute to the ca	
	8 50		PERIPHERAL VA	SCULAR DI	SPAS	E, COPD	1	7	10110	- I Tobaciy	V D OILLION
of Vital Records,	e law requires has been sign ge 2 should be	Completed	ASPIRATION Pr	FUMONIA	, 91	BLEED,		24a. Was an a performed	utopsy I?	24b. Ware auto available p completion of death?	
E B	The ate h page	Сош	DISCHEMIC L	E9				1 🗆 Yas	2 No	1 🗆 Yes	2) No
Vita	Physicien: The this certificate ral director, pag	Be	25. Was case raferred to medical exeminer?	Hospitel:			ther:	h (Check only one)			
To	this aldi	To	1 Yes 2 No 27. Menner of Deeth	28a. Date of Injury	2 ER/Out	patient 3LI DOA		me 5 Residence			
Division	After fune	ertification:	1 Neturai 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Dey Yee		ijury W	ork?	28d. Describe how i	iliary occurre	90	
Divis	or Attenater deaf Director: I in by the	ertific	3 Suicide 6 Could not be 4 Homicide determined	28e. Piace of injury - building, etc. (Sp	At home, far pecify)	m, straet, factory, offic	9	28f. Location (Stree City or Town, S		or or Rural Route	Number,

To the Hospital or Attending Physicien: The within 24 hours after death.

To the Funeral Director: After this certificate completely filled in by the funeral director, pa Be Co Medical Certification: To

Carolys Houle HD

29a. Certifier (Check only one) 29b. Signature and title of certifiar

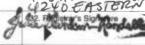
12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licensa number

96008

29d. Date signed (Month, Day, Year) atober 14th 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) TW 450 CENTER CAROLYN HOK MD JOHNS HOPKINS BAYVIEW BALTO, MD 21234

State Registrar

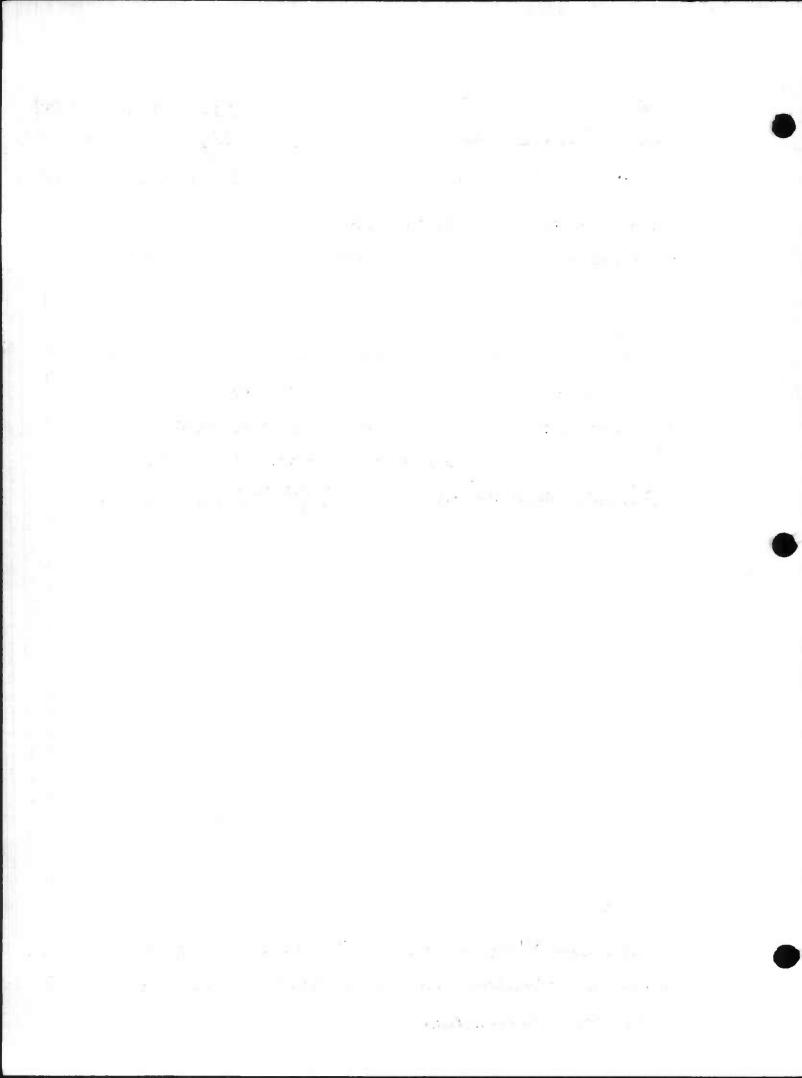


retent w to . and short of the Same in the Same

State of Maryland / Department of Health and Mental Hygiene

0	1	0	[0
J	1	J	C	O

					Ce	rtificate of	Death		Reg. No.		
Phys /Me	ician dical	11/11/025	■ond -K	NAUSS	Knauff	, SR.		2. Data of D Month	ber Day 10	1996	3. Time of Death 1749
Exam	niner	4a. Facility Nama (If not institu	ution, giva street and nu	AVE				or Location of Dec		of Death	70
Funer Direct		5. Social Security Number 212–30–8087 Usual Residence of Deceden	6. Sax 1 1 M 2 □ F	7. Age (In yrs. 64	last birthday Yrs.	If Under 1 Yaar Months Days		Min. (Month, L	Sirth Dey, Year) BER 25,193	9. Birthpia Countr 2 PENNS	aca (Stete or Foraign ry) YLVANIA
deeth with the Maryland ms 23a or 28a-f show r must be notited at	ctor	10a. Stete 10b. Cou MARYLAND BALT.	inty		ty, Town or L _TIMORE					100	d. Inside City Limits 1 ☐ Yes 2 ☐ No
with the	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of		λ.
ter deeth with terms 23s of ner must be	Funeral	8103 DUVALL AVEN.	12. Wes Dec	edent Ever in U	.S. 13.	Wes Dacedent of	Hispanic Origin	? (Specify Yes or N	U.S.:	A. ce - America	n Indian,
20 after or its	þ	1 Never Married 2 X	Armed For Married 1 ☐ Yas If Yes Gi	orces? 2 ZNo ve		If Yes, specify Cub 1 ☐ Yes 2 🔯 No	oan, Mexican, F	Puerto Rican, etc.)	Specifi	ck, White, et	
15-00: n 72 hours natural;	Completed	15. Dece (Spacify only high	dent's Education ghest grada complated)		(Give	edent's Usuai Occu e kind of work done DO NOT use retire	during most o	f working	18b. Kind of B	usinass/Indu	istry
2121 d within plene.	dwo	Elementary/Secondary (0-1	2) College (N/A		MILL V		<i>90)</i>		BETHLEH	EM STEE	3
	Be C	17. Fether's Nema (First, Mide	72.	1	I I'LL V	VILLOITI	18. Mother's	Nema (First, Midd			
Vlar uld b Menta rrked	To	BRUCE WILMER KN	PUFF				RUTH E	LIZABETH JO	HNSON		
ire, Maryland 2 is 1 and 2 should be filed v is 1 and 2 should be filed v is 1 and 2 is marked other to other traumatic event, in		19e. informent's Nema/Releti	onship (Type, Print)		19b. Meii	ing Address (Stree	t end Number	or Rural Routa Num	ber, City or Town,	Stete, Zip (Code)
5 5 5 7		NORMA J. KNAUFF	(WIFE)	200- 5			UE BALT.	IMORE, MARY	T	01	
Pages nent of H		20a. Method of Disposition 1 Disposition 2 Cremeti		State	cemetery, cre	osition (Neme of metory or other ple		Dete	20c. Location		
Baltimore, pemir. Pages 1 ar Department of Hee important: if item; any Injury or other		4 Donetion 5 Othe 21. Signeture of Funerei Serv		GAR		FAITH CEM. 2. Nema and Address		14, 1996	BALTIMOR	-, MARY	LAND
Ba Depe	Buce	Lessala) Demonal	Hone	- '	Lassahi	n Funer	al Home			
-		23e. Perfl. Enter the disease shock, or heart feiture.	, or complications that of	caused tha deat	th. Do not en			d. Baltin			Approximate
Physicia	n	shock, or heart feilure.	List only one ceuse on e	ech line.							interval Between Onset and Deeth
/Medica	al	immediate Cause (Finel disaasa or condition	C	bronic :	ischen	ric card	wrase	ulas dra	lape	1	5 mg.
Examine		resulting in deeth)	θ	Due to (d	or es e conse	quence of):				1	-
D . 25	Examiner		b								
68760, tificate be executed g physician and as the buriel-transit	Xar	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying		Due to (c	or as a conse	quence of):					
68760, ficate be ex physician as the burie	edical	Causa (Diseasa or injury thet initiated events	с	Due to (o	r es e conse	quence of):					
x 68 artificat ling phy	Med	resulting in deeth) Last	II.	250 10 (0	. 63 6 661136	qualito 017.					
Box 6876C death certificate be elementing physiciand for use as the burn	and		d							1	
P.O. BO: thet the death or ed by the ettend detached for us	by Physician	Part II. Other significant cond	ditiona contributing to de	eath but not res	uiting In the u	underlying cause gi	iven in Part I.	23b. Di	d tobacco una co	ntribute to f	the cause of death?
P.O.	P	Chronic ob	structure 6	Julmon	ary C	usease		1)	Yaa 2□ No	3 Probe	ably 4 Unknown
cords, P requires that been signed b should be deta	d by				0			24a. We	es an autopsy	24b. Wer	re autopsy findings
0 - 00	Completed								formed?	com	liable prior to apletion of causa eath?
I Rec The lew ate hes t	d w							10	Yas 2 No		Yes 2□ No
	0	25. Was case referred to med	lical				26. Piace of	Deeth (Check only	-		100 2010
Of Vita Physician: this certific ral director,	ToB	examiner? 1 D 1es 2 No	Hospitel:	Inpatient 2 🗆	ER/Outpatie	nt 3 DOA Ot	han	ing Home 5 Re		ner (Specify))
n of ng Phys fter this meral di		27. Mannar of Deeth 1 Netural 5 ☐ Per	28e. Data (Mon	of Injury th, Day Year)	28b. Time o	of 28c. Inju	iry et ork?	28d. Describ	e how injury occur	red	
Vision Attending or death. ector: After	cati	2 Accidant Invi	estigetion				Yes 2 No				
Division of or Attending efter death. Director: After d in by the fune	Certification:	4 Homicide det	ermined 28e. Piece buildi	of Injury - At he ing, etc. (Specif	ome, ferm, st	reet, fectory, office		28f. Location City or 7	(Street end Numl own, Stete)	er or Aural i	Route Number,
Division of To the Hospital or Attending Phy within 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral	edical C	29a. Certifier 1 Certifier (Check only one)	lying Physician: To the cat Examiner: On the be	best of my kno asis of examina ner steted.	wiedge, deet tion and/or in	h occurred at the ti vestigation, in my	ime, dete end p opinion, deeth	pleca, end due to the cocurred et the time	e ceuse(s) and me e, dete and piece,	anner as star and due to t	ited. the cause(s)
To th To th	×	29b. Signeture end title of cert	rifier . A			29c. Licen	se number		29d. Dete signe	d (Month, D	lay, Year)
^		J. Cloto	an Orbina	wan,	M.D.	20	7632	<u> </u>	Octob	en 11	, 1996
10		30. Nama end eddress of pers	1/2.				0 10		- 0	Λ. Σ	mh a
l		J-CROSS AN		,	1.0.	2112	DON DY	uk Av	B. E	14510	, 111) 21
Regis	tate	31. Dete filed (Month, Dey, Ye	4	legistrer's Signe							
DHMH 16 Bay		00121 1991	2 Jahra all	CHO! DAN	15						



State of Maryland / Department of Health and Mental Hygiene

31357 Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Data of Deeth 3. Time of Death Month **Physician** 09:51 m 19 1996 /Medical 4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hospita Battimore Pemorial Hospile

6. Sax 7. Aga (In yrs. last birthday) lnion If Under 1 Yaar 5. Social Security Number If Undar 24 Hrs. Birthplace (State or Foreign Country) **Funerai** 1⊠M 2□ F Months Deys 217-05-9316 Director Jan 2, 1919 Maryland Usuei Rasidance of Dacedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits ns 23e or 28a-f show 1 Yas 2 No Director N/A Maryland Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21211 613 West 36th Street U.S. A Funeral daath Hems 2 12. Was Decedant Evar In U.S. Armed Forcas? XM Yes 2 □ No it Yas, Giva Yaar or Datas: WW II Was Dacedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. traumatic avent, the Wedical Examiner Pages 1 and 2 should be filed within 72 hours after 1 ☐ Never Married 2 ☐ Married 21215-0020 6 1 Yas 2 No Specify: Completed by Specify: White 3 ☐ Widowed 4 ☐ Divorced "natural", 16a. Dacedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratirad) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grada completed) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Tire Builder 10th Schenuit Tire Co. marked other Baltimore, Maryland 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumema) Be Depentment of Health and Mental Important: if Item 27 is marked of any Injury or other traumatic ave Arthur Gorman Little, Sr Laura Green 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat end Number or Rural Routa Number, City or Town, State, Zip Coda) 613 West 36th Street, Baltimore, Md 21211 Agnes Little (Wife) 20a Method of Disposition

1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramovei from Stata 20b. Place of Disposition (Nema of cematary, cramatory or other plece) 20c. Location - City or Town, Steta 4 ☐ Donation 5 ☐ Othar (Spacify) Dulaney Valley Mem. Gdns: 10/22 Timonium, Md. 21. Signatura of Funaral Service Licenses 22. Neme end Addrass of Facility A. Alan Seitz, Jr. Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, shock, or heart teilure. List only one cause on each into 21211 Approximate Interval Between Onset and Death Physician /Medical Immediata Cause (Finei disaasa or condition rasulting in death) lmanan **Examiner** Due to (or es e consaduence ot) Examiner water / three The law requires that the death certificate be asscuted Sequentially list conditions, if eny, laading to immadiata cause. Enter Underlying Causa (Disaasa or Injury that initiated avants resulting in death) Last use as the burial-tran Dua to (or es a consequance ot) Box 68760, ettending physiclan for use as the buna Physician/Medical Dua to (or as a consequence ot): P.O. ed by the el datached fo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? ata has been signed by page 2 should be datac 3 Probably Unknown 1 Yee 2 No DARKINSONS SICOHOUC Division of Vital Records, þ Completed 24a. Was an autopsy performed? 24b. Ware autopsy tindings available prior to complation of causa of death? After this certificate has I 1 Yaa 2 No 1 ☐ Yas 2 ☐ No To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica complately filled in by the funeral director, I Be 25. Was casa reterred to medical axaminar? 26. Pleca of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 ☐ Yes 2 ☐ No Certification: To ↑ Inpatient 2 ER/Outpatient 3 DOA 27. Mannar ot Death 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Panding Invastigation 1 Natural 1 Yas 2 No 2 Accidant 6 Could not be datamined 3 Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, tarm, straat, factory, office building, atc. (Spacify) 4 ☐ Homicida 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the ceusa(s) and mannar as stated.

| Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and mannar steted. Medicai 29e. Cartifiar 29b. Signature and little of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 946-029 30. Nema and addressed person who complated cause ot deeth (Item 23a) (Type, Print) 201 E. WIV. PARKE STACKY SHERRY AMTHURE MD 21218 32. Registrer's Signatura 31. Data tiled (Month, Day, Year) State Registrar

DHMH 16 Ray 6/95

ad 17.49.72

96-5900-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

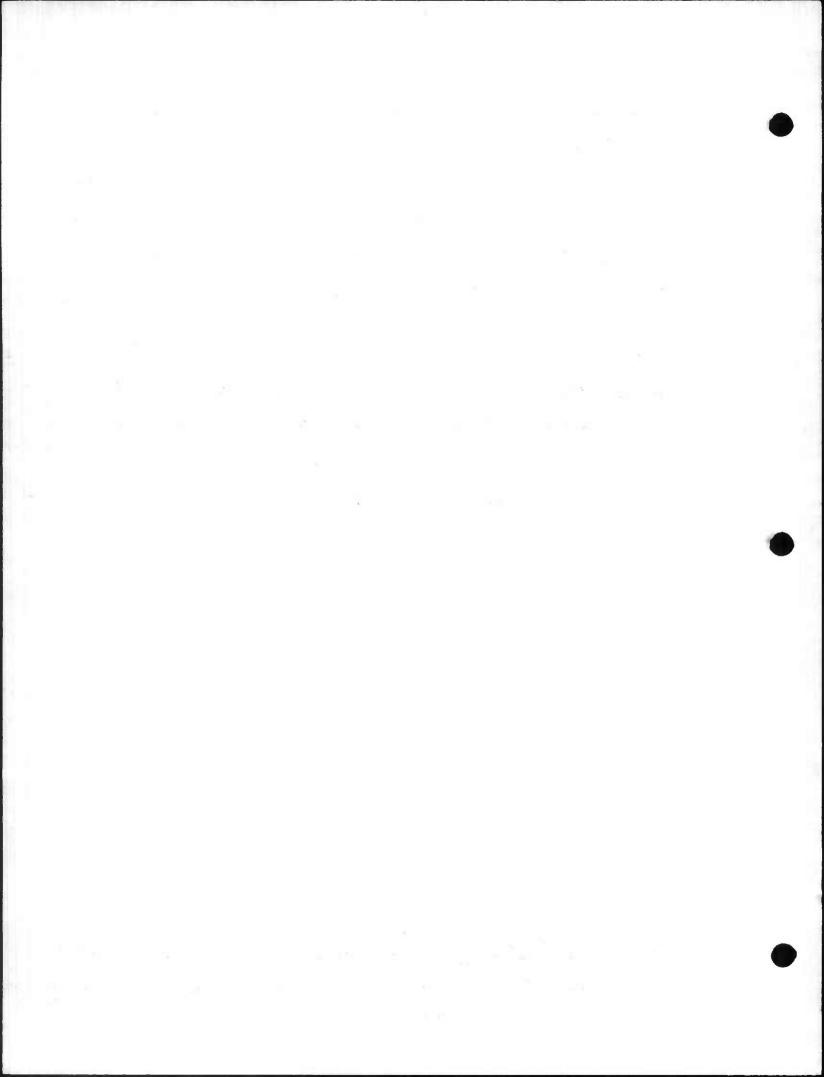
0.0	0.1	0	[0
96	31	J	J	Ö

				Ce	rtificate of	Death	R	eg. No.		01000
Dhanis	1	1. Decedent's Name (First, Middle, L	.ast)				2. Date of Dea Month		Year	3. Time of Death
Physic /Med		TODD	ERIC		MO:	SBY	OCTOB	Day ER 14,	1996	9:18P.1
Exam		4a. Facility Nama (If not institution, g	ive street end number)	5		4b. City, Town, or Lo	ocation of Daath	4c. County		
NUMBER OF		SHOCK TRAUMA C	ENTER			BALTIMO	RE		NIA	
Funera			Sex 7. Age (In	yrs. lest birthday)	If Under 1 Yaa Months Days		8. Date of Birth (Month, Dey	Yaer)	9. Birthpi Coun	niaca (Stete or Foreigntry)
Director		214-96-4297 Usual Residence of Decedent	/\	15			OCT. 2	0,1980	MAR	RYLAND
yend was	Director	10a. State 10b. County	10	c. City, Town or Lo	cation				16	0d. Inside City Limit
May 1		MARYLAND N/	7		RAI	TIMORE	CITY			Yes 2□Ne
-UUZU hours after death with the Marylend hours of tems 23s or 28s-f show at Examiner must be neathed at		10e. Street and Number			10f. Zip Code	ITTORE		0g. Citizan of V	What Coun	itry?
	a C	834 NORTH	BENTALOU	STREET	•	21216		us	SA,	
	Funeral	11. Maritai Status	12. Was Decedent Evan Armed Forces?		Was Decedent of	Hispanic Origin? (Sp. ban, Maxican, Puerto	ecify Yas or No-		e - Americ	
ours afte	b	1 Never Marriad 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 🕱 No If Yas, Give Year or Dates:		1□Yas 2AN		rnoan, oto.,		ck, White, o	
Z1Z15-00Z0 4 within 72 hours af jiene. r than "naturai", or	Completed	15. Decedent's I (Spacify only highast g	Education	16a. Deced	ient's Usual Occu	upation	ina	16b. Kind of Bu	usiness/Ind	dustry
within ene.	npie	Elementary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use ratin	e during most of work ed)				
yiana Z IZ buid be filed with Mental Hygiene. arked other than atic event, tre	S	8TH GRADE			TUDE.	NT		HIGH	SC	HOOL
Wall yiell of a should be filed a should be filed hand Mentai Hygin a should be filed to an a should be sh	Be	17. Fathar's Name (First, Middla, Las	0)	11. 100		18. Mother's Name	1			
should be filed and Mental Hygi marked other umatic event, it	10	TODD		MosB		CAROLY	N	и) ILLI	IAMS
12 sho h and r is me		19a. Informant's Name/Relationship	1			et and Number or Rura				
C = 0 -		WILLIE WILLIAMS 20a, Mathod of Disposition		Ob. Piace of Dispo	N. BEN	TALOU STA	REET, B	ALTIMO	RE M	0.2121
00- 2		1 💢 Buriai 2 □ Cremation 3	Removal from State	commutary, or on	natory or other pit	000)				
교 는 본론		4 Donation 5 Other (Spec	ify)	MT 2101	CEME	TERY 1	0-21-96	BALTI	MORE	MARYLAN
Depe mmpo mmpo mmpo		21. Signeture of Furieral Service Lice	N C	1 7	SEPH	H. BROU	UN JR.	FUNER	1 1AS	tomE, P. A
		A	1310	2	140 N.	TERY III PASS OF FACILITY H. BROW FULTON A	VE. BAL	LTIMOR	EME). 21217
		23a. Part1. Entar the disaasa, or cor shock, or heart failure. List only	nplications that caused that one cause on each line.	daath. Do not ant	er the moda of dy	ring, such as cardiac o	or raspiratory arr	est,		Approximate Interval Between
Physician /Medical		Immediate Cause (Final disease or condition as Gunshot wounds of head and alm							Orisat and Death	
Examiner		disease or condition rasulting in death)				head a	nd al	m	1	
200	ē		Dua	to (or as a consaq	uance of):					
icete be executed physician and s the burial-transit	Examiner	Seguentially list conditions	b. —	to for as a consen	uonon of\				i	
exec an an rial-tr		Sequentially list conditions, if any, leading to immediate cause, Entar Underlying Cause (Disease or injury								
ifficete be exe g physician a	cal	that initiated avants	c	to (or as a consequ	uence of):					
2 0 0	Medical	resulting in death) Last								
eath cert attendin for use		_	d							
the des by the a	Physician	Part II. Other significant conditions	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				23b. Dfd tobacco use contribute to the cause of death			
that the ed by th	Phy						1 🗆 Y	00 2 2 No	3□ Prob	ably 4 Unknow
res th	by									
ne law requires the second sec	Completed						24a. Was a perform		ava	ere autopsy findings aliable prior to
law les b	nple								of d	npiation of causa death?
F	S						12 Ye	s 2 No	15	Yes 2□ No
Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?				26. Placa of Death	(Check only on	Θ)		
Physic this c	2	1 X Yes 2 No	Hospitai:	2 XER/Outpatien	3LI DOA		me 5 Reside	nce 6 Othe	er (Specify	9
ding P. After Iuner	0	27. Manner of Death 1 □ Natural 5 □ Pending	28a. Date of Injury (Month, Dey Yea		28c. Inju Wo		28d. Describe ho		ed	
	Ca	2 Accident investigation 3 Suicide 6 Could not be	10 14			Yas 212 No	subjec			
or Attendate deat	专	4 Homicide datermined	building, etc. (Specify)			28f. Location (Street end Number or Rural Route Number, City or Town, Stete)				
Fillog and a	ဝီ	29a. Cartifier 1 Certifying Phyeician: To the best of my knowledga, death occurred at the tima, data and place, and due to the cause(s) and mannar as stated.						slen st		
24 h Fun etely	edical	(Check only one) 2 Medical Example one)	miner: On the basis of exar and manner stated.	mination and/or inv	estigation, in my	ma, data and place, a opinion, death occurre	and due to the ca ed at the time, da	iuse(s) and ma ata and piace, s	nnar as sta and dua to	ated. the cause(s)
To the Hospital of within 24 hours aff To the Funeral Discompletely filled	M	29b. Signature and title of certifier	A January States.		29c. Licens	sa number	25	d. Date signed	(Month, E	Dev. Year)
->-0			0/1/							
1		30. Nama and addrass of person who	completed cause of death	(item 23a) /T 1		C.M.E.	pc	TOBER	13,	TAAO
1			completed cause of daath			Street, E	Baltimo	re. M	arvl	and 2120
Sta	te	31. Date filed (Month, Dey, Year)	2 - 90 Banistrar's S	ignature -				20, 110	~- J -	2120
Registi		OCT 21 1996	Fria Dullson	andalle						

and the little contacts. The analysis of the same of Table 10 to [4] And the Control of the Control o

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Certificate of Death		leg. No.	31.	359			
F	Physic	an	1. Decedant's Nama (First, Middla, Last) ROSP J. MATTISON	2. Data of Daa Month	eh.	gar/ 3. Tin	ne of Death			
	/Medi	cal	4e. Facility Nama (If not institution, give street and number) 4b. City, Town, or Loc	1 O	4c. County of	10	130 P.h			
	Exami	ier	Union mem. Hosp Balto	md	V.	A				
	Funeral Director		5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. Months Deys Hours Min.	8. Dete of Birth (Month, Day	7 7	9. Birthplaca (St. Country)	ata or Foreign			
	and		Usual Residence of Decedant 10e. Stata 10b. County 10c. City, Town or Location			10d. Insid	da City Limits			
	th with the Merylar 23a or 28a-f show ust.be notified at	tor	Md. N.A. BALTO.				Yas 2□No			
	or 28a	lrec	10e. Street and Number 10f. Zip Coda	1	0g. Citizen of Wh	at Country?				
	23a	rai	455 TLChester AVE. 21218		4.5	. A				
Maryland 21215-0020	filed within 72 hours effer death with the Meryland Hygiene. ther than "natural", or itema 23a or 28a-f show int, the Medical Examinet must be noutled at	Completed by Funeral Director	11. Meritel Stetus 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Decedant of Hispenic Origin? (Specific Yes, specify Cuban, Maxican, Puarto Fit Yes, Size Yeer or Datas: 13. Was Decedant of Hispenic Origin? (Specific Yes, specify Cuban, Maxican, Puarto Fit Yes, Size Yeer or Datas:	cify Yas or No- Rican, etc.)		Amarican India White, etc.	n, K			
	within 72 hours ene. than "natural", he Medical Ex		15. Decedant's Education (Specify only highast grade complated) Elamantary/Secondary (0-12) Collaga (1-4or 5+) 16a. Decedant's Usual Occupation (Give kind of work dona during most of workin life. DO NOT usa ratired)	ng	16b. Kind of Business/Industry Se/F					
9		CO	17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama	(First, Middle,	Maidan Sumama,)				
ırylan	should b	To Be	MAJOT MAHISON 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rura)	hine	5m17	th				
N.	4150		WANDA Williams DAUghter 45-5 ILCheter AVE.				18			
Baltimore,	2 0 X		20a. Mathod of Disposition 20b. Place of Disposition (Nama of cametary, crametory or other place)		20c. Location - C	ity or Town, Stat	/			
Balt	permit. Pag Department Important: I any injury o		Signatura of Funaral Sarvica Licansee 22. Nama and Address of Fecility Lock Funeral Home 1304 n. Central at							
			23a. Rent. Entar tha diseasa, or complications that caused tha death. Do not antar tha mode of dying, such as cardiec or shock, or heart failura. List only one cause on each line.			Approx	imata Between			
	Physician /Medical Examiner		Immediata Causa (Final disaasa or condition resulting in death) Onsat and I EPILEPTICUS							
8	D =	ner	Dua to (or as a consequence of): b. CEREBROVASCUL AR A	2001	DENT	2	Houns			
68760,	icate be executed physician and s the burlal-transit	an/Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a consequence of): Dua to (or as e consequence of):		767					
Box 6	death certific e attending p ed for use as		d							
	0 0 %	ysic	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23b. Did tobacco use contribute to the cause of death?						
P.O.	es that the de igned by the be detached	y Ph	END STAGE RENAL DISEASE	1 Yes 2 No 3 Probably 4 1 Onknown			4 Onknown			
Vital Records,	aw requir	Completed by Physician/M	HEPATIC CIRRHOSIS	24a. Was a perfor		24b. Wara autop avellable pr complation of death?	rior to			
H	The ate h	Com		1 🗆 Y	as 20 No	1 ☐ Yes	2□ No			
Division of	ysicien: The	Be	25. Was casa rafarred to medical axaminar?	(Check only or	(a)					
	this ai di	<u>۲</u>								
	Attending Ph ir death. ector: After th by the funeral	ation	27. Mannar of Death 1 Matural 5 Panding (Month, Day Year) 2 Accident Invastigation 28a. Data of Injury 26b. Tima of Injury 4 Work? 2 Accident Invastigation M 1 Year 2 No	200. Dasonbe now injury occurred						
	i or Attendil after death. I Director: A d in by the fu	edical Certification:	3 Cultida 6 Could not be	8f. Location (Si City or Town	on (Street and Number or Rural Routa Number, Town, Stata)					
-	To the Hospital or Attank within 24 hours after deati To the Funeral Director: completely filled in by the		29a. Cartifiar (Check only one) 1. Certifying Physician: To the bast of my knowledge, death occurred at the time, data and piece, at the time, data and piece, and manner stated.	nd due to tha cod at tha time, d	ause(s) and manr ata and place, an	nar as stated. d due to the cau	180(s)			
1	To th To th comp	ž	29b. Signature and titla of certifiar PM451C170 29c. Licensa number	2	9d. Dete signed	Month, Day, Yes	er)			
			price D. Mulinsin ms D36835		10/	18/9	6			
	20		30. Name and addrass of person who complated causa of daath (Itam 23a) (Type, Print)	110	2					
	Sta	te	31. Data flied (Month, Day, Year) 0 32, Beglistrate Signature /	York	RD	BALT	1204			
	Registr		OCT 21 1996 Julia Landon Andre			-	,			



96-5775-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

G-740 10/31/96 reb

State of Maryland / Department of Health and Mental Hygiene

ITEMS:5,9,10g,11,12,15,16a,b,17,18,19a,b,20b,c per F.H. Certificate of Death

	Physici /Media Examir Funeral Director	an cal ner
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with Department of Health and Merital Hygiens. Important: If item 27 is marked other than "natural", or items 23s or any Injury or other traumatic event, the Medical Examiner must be once.	To Be Completed by Funeral Di

1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death OCT. 08 Pay MART PEEP 6:30 PM. 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death none 1311 NORTHVIEW RD. BALTIMORE If Undar 1 Yaar If Undar 24 Hrs. 7. Age (In yrs. last birthdey) 8. Data of Birth (Month, Dey, Year) 9. Birthplace (State or Foreign Country) ESTUNIA 15M 20F Days 54 Yrs. Dec. 26, 1942 unknown Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland 1 ☐ Yes 2 ☐ No none Baltimoer 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1311 Northview Road 21218 unknown Was Decedent Ever In U.S. Armed Forces? 1 ☐ Yes 2 £\(\text{Two bulk nown}\) if Yes, Give Yaar or Datas: 11. Marital Stetus unknown 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) **₩X** Nevar Married 2 Married 1 Yes 2 No Specify: White Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest greda completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) unknown ENGINEERING COMPANY unknown unknown ENGINEER unknown 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) unknown HANS PEEP unknown ILSE NOU 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) unknown ILSE PEEP / MOTHER unknown-616 S PONCA ST. BALTIMORE, MD. 21224

Physician /Medical **Examiner**

signed by the atter

certificate

director

funeral

the

in by

or Attending Physician: effer death. Director: After this certifica

To the Hospital or within 24 hours eff To the Funeral Di completely filled in

Box 68760,

Division of Vital Records, P.O.

Immediate Cause (Final disease or condition resulting in death) The law requires that the death certificate be executed the burial-tran

þ

Completed

Be

2

Certification:

Medical

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseasa or Injury that Initiated events resulting In death) Last Physician/Medical

20a. Method of Disposition

bole Baltimore, Maryland art1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, hock, or heart failure. List only one cause on each line.

20b. Place of Disposition (Neme of cemetery, cremetory or othar place)

Due to (or as a consequence of)

Dua to (or es a consequance of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

1 Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Mother (Specify) State rem. METRO CREMATORY, INC.

Director

Ronald S. Wade,

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

20c. Location - City or Town, Stata

BALTIMORE, . MD.

21201-1559

24e. Was en autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No

Approximete Interval Between Onset and Death

25. Was case referred to medical 1 XYas 2 No

Dete of Injury (Month, Dey Yeer)

1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of 28c. Injury at Work?

28e. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify)

Other: 4 Nursing Home 5 AResidence 6 Other (Specify)

26. Piece of Death (Check only one)

Date

10/31/96

22. Name and Address of Facility
State Anatomy Board-655 W. Baltimore Street

28f. Location (Straet and Number or Rural Route Number, City or Town, Stete)

28d. Describe how injury occurred

29a. Certifie (Chec

27. Menner of Death

Naturel 2 Accident

3 Suicida

4 Homicide

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(s) and manner as stated. 2 X Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

1 Yes 2 No

29b. Sign

5 Pending Invastigation

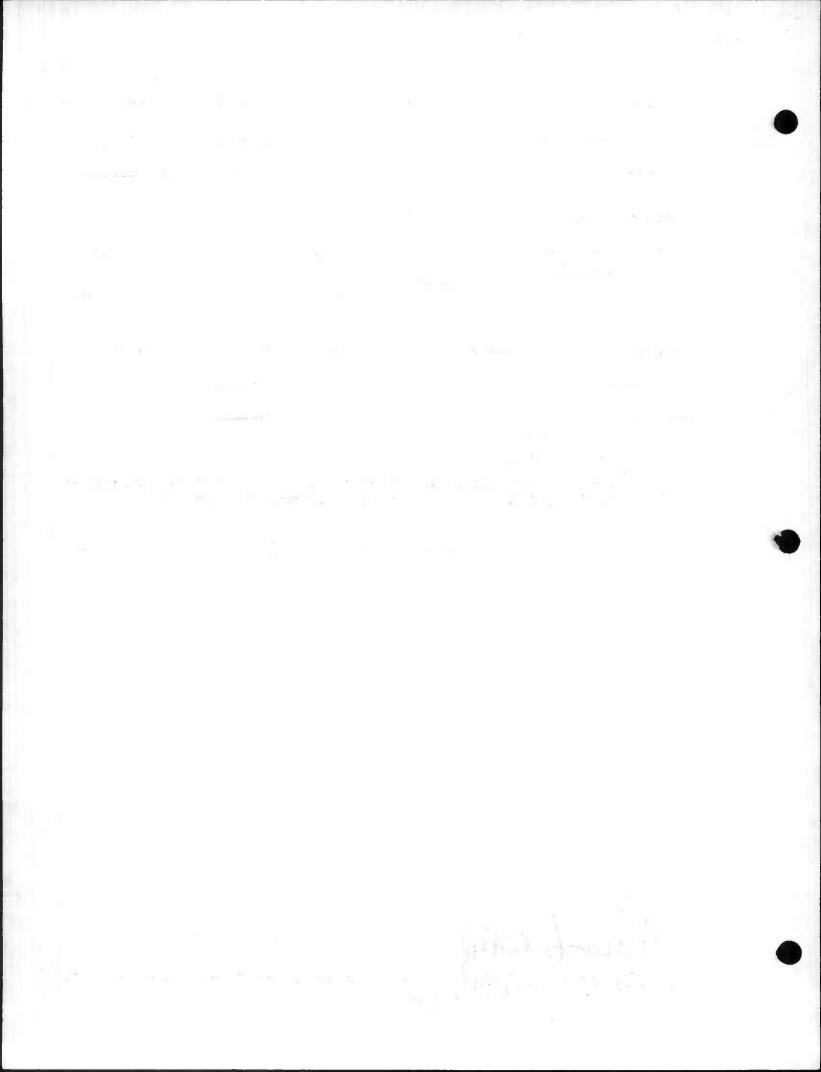
6 Could not be determined

29c. Licansa numbar O.C.M.E. 29d. Date signed (Month, Day, Year) OCT. 09, 1996

death (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

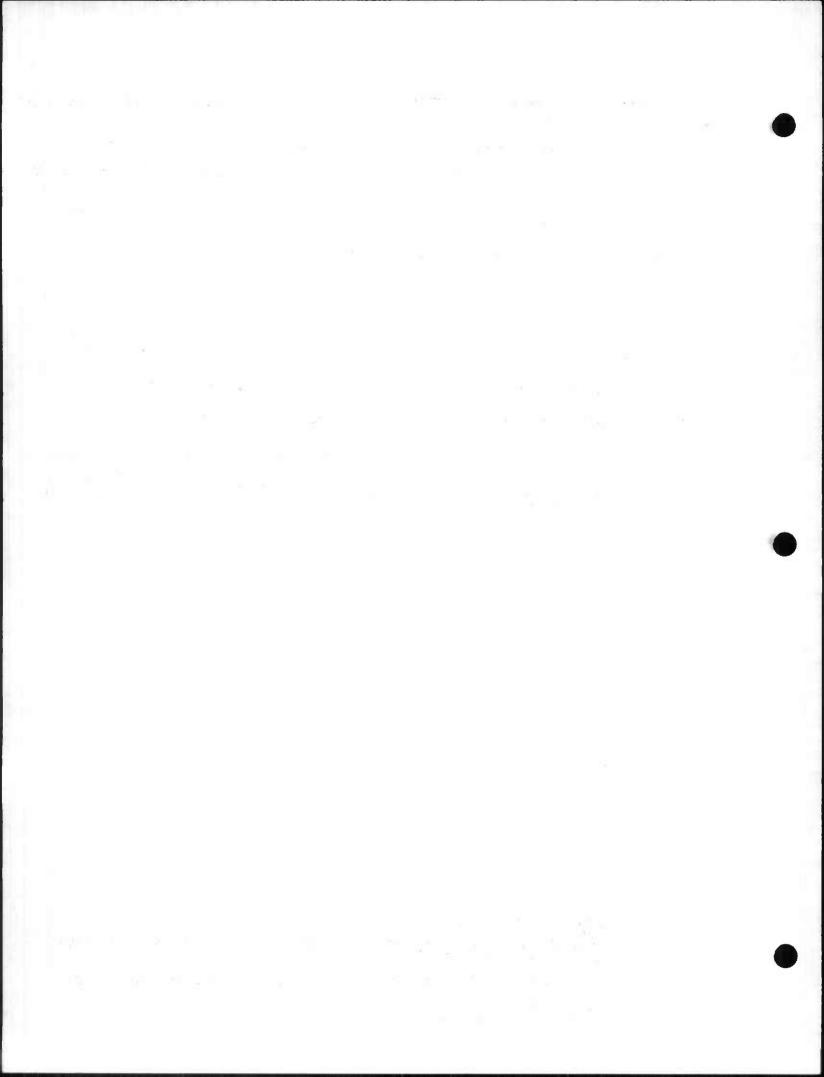
State Registrar 31. Date filed (Month, Dey, Year) QCT 21 1996



State of Maryland / Department of Health and Mental Hygiene 96

0	-	0	100	1
J		3	6	

						Cert	ificate o	f Death		Reg. No.		01001	
	Physic /Medi		Decedent's Name (First, Middle Eve]	Margaret	PERRE	RA			2. Date of		1 99 6	3. Time of Death 11:18 pt	
	Exami		4a. Facility Name (If not institution Franklin Squ	second and the second	1				or Location of De	Ba	of Death	re	
	Funeral Director		Franklin Squ 5. Social Security Number 234-40-5364 Usual Residence of Decedent	6. Sex 7. Ag	90 (In yrs. last 70	birthday) Yrs.	If Under 1 Yes Months Day		fin. 8. Dete of (Month, NOV.	Birth Year 1925	9. Birth	olece (State or Foreign (TV) Virginia	
	the Maryland 28a-f show notified at	Director	10a. State 10b. County Maryland Baltir 10e. Street and Number	nore	10c. City, To		ation			T. 0. 0		0d. Inside City Limits Ĉ∰Yes 2 □ No	
	23a or		Virginia Towers			enue	21286			U.S.		ntry?	
0050	72 hours after death with the Maryland natural, or thems 23a or 28a-f show acel Examinet must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Marri 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 1 1 Yes, Give 2 Year or Dates:	Ever in U,S. No		as Decedent of Yes, specify Cu		(Specify Yea or Jerto Rican, etc.)		ce - Americok, White,		
15-0	- 0 2	Completed	15. Decedent (Specify only highes	f grade completed)		(Give k	int's Usuel Occ ind of work don O NOT use reti	e during most of	working		b. Kind of Business/Industry reater Baltimore		
212	giene. Pr than	Comp	Elementary/Secondery (0-12)	Coilege (1-4or t		urse				Medical			
Maryland 21215-0020	iges 1 and 2 should be filled vit of Health and Mentel Hygie If Item 27 is marked other or other traumatic evant, the	To Be	17. Father's Name (First, Middle, I Thomas Lo	V2.5				100000000000000000000000000000000000000		de, Melden Suman tinstall	10)		
	1 and 2 shu Health and em 27 is m		19a. Informant's Neme/Relationsh Ruby Stafford (Rural Route Nur ppa, Mar	yland 2	State, Zip 1085	Code)	
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any injury or other to one.		20e. Method of Disposition ***XBurial 2 Cremation 4 Donation 5 Other (Sp.		ceme	tery, creme	tion (Name of elory or other p Forest	weterans	Date 10/23	20c. Location -		own, State S, Marylan	
Balt	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service L	licensee	22. Name end Address of Fecility A. Alan Seit. 3818 Roland Avenue, Baltimore								
	Physician /Medical Examiner	ner	23a. Part 1. Enter the disease, or shock, or heart feilure. List of the shock of th	Acute	infer	ior w		cardial	infarct			Approximate interval Between Onset and Death	
Box 68760,	thet the death certificate be executed of by the attending physician and detached for use as the burlet-transit	lan/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last	с	Due to (or as								
P.O.	requires that the des een signed by the a hould be detached for	y Physician	Pert II. Other algorificant condition Hypertensi		ut not resulting	In the und	lerlying cause (given in Pert I.		d tobacco use co	3 Pro	the cause of death?	
Records,	≥ 8 8 8	Completed by							24a. W	as an autopsy rformed?	SV CO	ere autopsy findings ailable prior to mpletion of cause death?	
	The ata h								10	Yes 2 No	10	Yes 2 No	
Z.	Physician: this certific	o Be	25. Was case referred to medical examiner? 1 Yes 2 No	Hospital:	«Y==»	Outpatient	2000	ther:	Death (Check on				
Division of Vital	Attending Physic death.	ation: To	27. Manner of Death 1 Netural 5 Pending 2 Accident Investig	28a. Dete of Inju (Month, Da)		. Time of Injury	28c. Inj	- Incini	1	esidence 8 Oth he how injury occur		y)	
Divis	al or Atter s after des il Director ed in by th	Certification:	3 Suicide 8 Could n 4 Homicide determi		ury - At home, c. (Specify)	farm, stree	at, factory, office	e	28f. Location City or	(Street and Numb Fown, State)	er or Rurs	I Route Number,	
_	To the Housital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai (29a. Certifier 1 Certifying (Check only one) 1 Medical E	Physician: To the best of earliner: On the basis of and manner sign	examination a	ge, deeth o and/or inve	occurred at the stigation, in my	time, date and ple opinion, death o	ace, and due to the	e, date and place,	anner as s and due to	teted. o the cause(s)	
	within 2 To the	M	29b. Signature and title of certifier	Fhil	1			D27315		29d. Date signe Octobe			
	(0		Vic.	nborg MD 900	00 Fran	klin		e Drive	Baltimor	e, Maryl	and 2	1237	
	Sta Registr		31. Date flied (Month, Dey, Year)	32. Registry	ar's Signature	R.	1						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

							ate of Death 2. Data of Death 3. Time of Death					
-11	Physic	an	Decedent's Nama (First, Middla, Last) Helen DeVeas P	rice				Month	Dey Y	ear /	na of Death	
	/Medi	cal	4e. Facility Nama (If not institution, giva si				4b. City, Town, or		14, 199		FAVI	
7	Examii	ner						Location of Deetin	4c. County of			
4			St. Joseph Hospit		yrs. last birthday)	If Under 1 Year	Towson if Under 24 Hrs	8. Date of Birth	Baltim		tata or Foreign	
	Funeral Director		-	M 2 TxF	78 Yrs.	Months Days			Year) 1917 1	Country) Marylan	tate or Foreign	
	tand tand		10a. State 10b. County	100	: City, Town or Lo	cation				10d. Insi	ida City Limits	
	death with the Maryland ms 23a or 28a-f show	ō	Maryland Baltimor	e	Towsor	1				10	Yas 20 No	
	h the	Funeral Director	10a. Street and Number			10f. Zip Code		10	og. Citizan of Who	nt Country?		
	th wit	alD	903 Dulaney Valle	y Court		2	21204		U.	S.A.		
		ner	11. Marital Stetus	2. Was Decedant Evar Armed Forcas?	in U,S. 13. V	Vas Decedant of I	Hispanic Origin? (S en, Maxican, Puar	pecify Yes or No-		American India Whita, atc.	an,	
Maryland 21215-0020	8 8 8	by	1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Datas:		Yas 25No		o riioari, ato.j	Specify:	White		
5-0	72 hours "natural", edical Ex	Completed	15. Decedent's Educi (Specify only highast grada	ation	16a. Deced	ant's Usuai Occup	pation during most of wo	rking	16b. Kind of Busin	nass/Industry		
21	within ene.	nple	Elemantary/Secondary (0-12)	Collega (1-4or 5+)	Naig.							
12	ygiene ygiene rt. tre	S		0		Own Hor						
pur		Be	17. Fether's Neme (First, Middle, Last)		ma (First, Middla, N							
7	should und Men marke	To	Franklin Ellswort					Frances k				
Mai	d 2 should h and Men 7 is marke traumatic		19a. informent's Neme/Ralationship (Type James M. Price-Hus					ıral Routa Number,	204			
	f Healt from 2 other		20a. Method of Disposition	-	Db. Place of Dispos		railey Co		Towson, Maryland 21204			
Baltimore,	permit. Pages 1 and 2 Department of Health s Important: If flow 27 is any injury or other tra pnce.		1 Burial 2 Cramation 3 Ra 4 Donation 5 Other (Specify)		cematary, cren	natory or other ple	ice)	Data	COC. LOCATION ON	ly of Town, Ste	10	
Balt	permit. Departiment import any inj		21. Signature of Fenarai Servica Licensae Ronald S				ess of Fecility atomy Boa e, Maryla	rd-655 W.	Baltime	ore Str	eet	
	H —		23a. Part1. Entar tha disaasa, or complice shock, or haart fellura. List only one	ations that causad the	deeth. Do not ante	ar tha moda of dyi	ng, such es cardia	or raspiratory arre		Approx	ximata al Between	
	Physician /Medicai Examiner	er	Immediate Causa (Final diseasa or condition rasulting in daath) a.	Arten		retic		Rendi		Onset	end Death	
	uted ansit	Examiner	b									
ć	ficate be executed physician and as the bunal-transit	Exa	Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Cause (Disaasa or Injury that initiated evants	Due	to (or as a conseq	uance or):				1		
68760,	cate be ex physician the buna	edical	Cause (Disaasa or Injury thet initiated evants	Dua t	o (or as a consequ	ance of):						
	S C S		rasulting in death) Lest									
Вох	death certified attending of for use a	an	d.							i		
	0 0 0	Physician/M	Part II. Other significant conditions contr	ibuting to death but not	rasulting In tha un	darlying cause gi	ven in Pert I.	23b. Dld tol	bacco use contri	bute to the ca	use of death?	
P.0	£ > 0	Phy						1 🗆 Ye	s 2□No 3	☐ Probably	4 Donknown	
Ś	w requires that the been signed by th should be detech											
Records,	equii	Completed by						24a. Was er perform		24b. Wara auto available p	prior to	
ec	2 s 2	nple								of death?	I DI GRUSO	
	The page	ပ္ပ						1 ☐ Ya	s 2No	1 🗆 Yas	2□ No	
of Vital	Physician: The this certificate ral director, pag	Be	25. Was case rafarred to medical examinar?	- 1-1				oth (Check only one	2)			
of	his his	10	TLI TAS ZLINO		2 DER/Outpatien	3LI DOA		loma 5 Rasida				
	ding Ph. h. After thi funeral	on:	27. Mannar of Death 1 ☑Natural 5 ☐ Panding	28a. Deta of Injury (Month, Day Yea	28b. Tima of Injury	28c. Inju Wo		28d. Dascribe ho	w injury occurred			
Division	To the Hospital or Attending P within 24 hours efter death. To the Funeral Director: After t completely filled in by the funeral	Certification:	2 Accidant invastigation 3 Suicida 6 Could not be 4 Homicide determined	28a. Piace of Injury - i	At homa, farm, stre]Yas 2□No	28f. Location (Str City or Town	reet and Number	or Rural Routa	Number,	
۵	pspital o hours of meral Di ly filled is		29a. Certifier 1 Certifying Physic	clan: To the best of my	me, date and plece	, end due to the ce	use(s) and mann	er es stated.				
	the Hin 24 the Fu	edical	(Check only 2 Medical Examine one)	r: On the basis of exan	nination and/or inv	astigation, in my o	opinion, daeth occu	rred at tha time, da	ita and place, and	dua to tha car	Jse(s)	
	To to to com	Σ	29b. Signatura and title of certifiar	-		290 Licens	se number	29	kd. Date signed //	Month, Day, Ye	der)	
			Meh acks	10200	nelllel	1 1)-0	19383	0	d 6 50	14,1	996	
		Ì	30. Hama and addrass of parson who com	pleted cause of daeth	(itam 23a) (Type, I	Print)		. /	BUITO	arl:	212/11	
			-Marlest.0	LONNE	(M(1)	0011	18-111	Hami	ETXII	1/Rd	, ,	
	Sta		31. Date filad (Month, Day, Year) OCT 2.1 1996	P. Registrar A	ignature							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 8. PER F'.HU F'ILN G-740 State of Maryland / Department of Health and Mental Hygiene 10/22/96 t.t Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Month 3. Time of Death **Physician** HRSon 40 PM 10 /Medical 4c. County of Deatl Facility Neme (If not institution, give street, and number) 4b City Town or Location of Death **Examiner** If Under 24 Hrs. 1570 Birthplace (State or Foreign Country) er)1913 **Funeral** Days Hours Director Peges 1 and 2 should be filed within 72 hours after death with the Menyland neat of Heelih and Mental Hyglene. In this if ferm 27 is marked other than "natural", or items 23a or 28a-f show any or other traumatic event, the Medical Experiment must be notified as State 10d. Inside City Limits Wes 2 No Director 10g. Clizen of What Country? Completed by Funeral 1400 Som Race - American Black, White, etc. 11. Meritel Status Was Decedent Ever In U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No Baltimore, Maryland 21215-0020 1 Yes 2 10 Specify 3 Widowed 4 □ Divorced 15. Decedent's Education 16a. Decedant's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use retired) 16b. Kind of Business/Industry Etementa/9/Secondary (0-12) College (1-4or 5+) Tcher 17. Father's Name (First, Middle, La Be ene 20b. Place of Disposition cemetery, crematory 20a. Method of Disposition Department of Important: If it any Injury or o 1 Burlal 2 □ Cramation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 10 21. Signature of Funerel Service Light Part1. Entar tha disease, or complications that glused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. end Death **Physician** /Medical tmmedtata Cause (Final Month disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner or Attending Physician: The law requires that the death certificate be executed bunal-transit Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Dua to (or as a consequence of): Box 68760. Physician/Medicai Due to (or as a consequence of) 980 be deteched for P.O. | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No Division of Vital Records, Completed by 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? should page 2 2 No certificate 25. Was cese raferred to medicel examinar? Be 26. Place of Death (Check only ona) Other: Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA Nursing Home 5 Residence 6 Other (Specify) funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of After 5 Pending investigation 1 Natural efter deeth. 1 🗌 Yes 2 🗆 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) in by 4 Homicide filled 24 hours e Hospital Descritifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

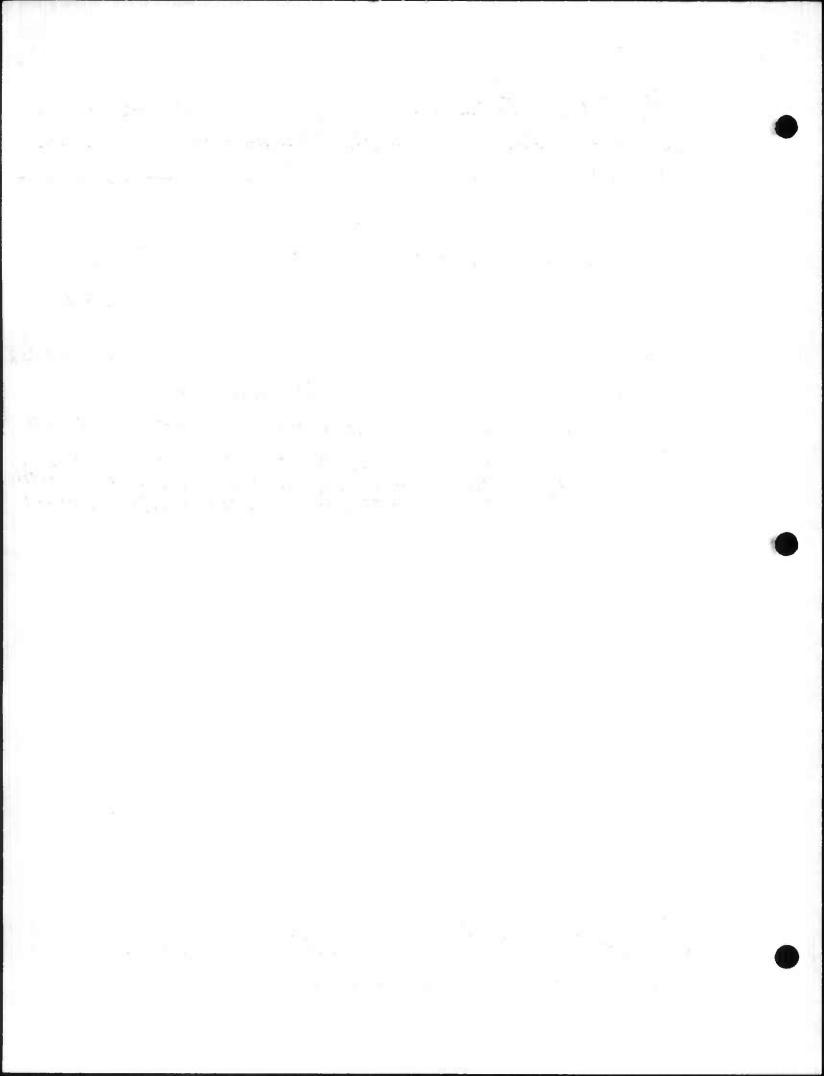
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner stated. 29a. Certifier (Check only Medical within 2 To the the 19th. Signature and title of o 29d. Dete signed (Month, Day, Year) 29c. License number AHEND WE 0 10/21

State Registrar 31. Date filed (Month, Day, Year) 32. Registrar's Survey S

Schu

SARTZM.P., 4000 Old Cont Rd Sinte 203

mss derson who completed cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene 31364 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 1996 **Physician** Month Tohn KO Fancki 3:00 PM October /Medicai 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Howard County General Hospital Columbia Howard 6. Sex 1ÅM 2□F If Under 1 Yeer If Under 24 Hrs. Hours Min. 5. Social Security Number 386-05-4969 8. Date of Birth County Payor 7. Age (In yrs. last birthday) **Funeral** Birthpiece (State or Foreign Country) Days 1913 83 Yrs Director Michigan Usuai Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits ns 23a or 28a-f show must be notified at Director 1 ☐ Yes 2 No Maryland Howard Columbia 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 10310 Twinedew Place 21044 USA Funerai 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, / Is marked other than "natural", or item treumstic event, the Medical Extra nor 1 and 2 should be filed within 72 hours after of Health and Mental Hygiena. Fin 27 Is marked other than "natural", or iter Black, White, etc. 1X Yes 2 No 1942 If Yes, Give Year or Dates: 1945 1 Never Married 2K Married Maryland 21215-0020 1 ☐ Yes 21 No þ 3 ☐ Widowed → ☐ Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiena. College (1-4or 5+) Elementary/Secondary (0-12) Internal Revenue Service Agent 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Stanley Rozanski Catherine Kulik 2 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Neme/Relationship (Type, Print) permit. Pages 1 and 2 a Department of Health ar Important: If Item 27 Is eny Injury or other treu once. Mrs. Mary Rozanski 10310 Twinedew Pl. Columbia, Maryland Baltimore, 20c. Location - City or Town, State Md. 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 1K Buriai 2 ☐ Cremation 3 ☐ Removal from State John's Cemetery 10-22-96 St. Ellicott City 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility M00544 Slack Funeral Home, P.A. lelel Ellicott City, Md. 21043 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** Immediate Cause (Finei disease or condition resulting in deeth) /Medical Ischemic Cardiomyopathy vears **Examiner** Due to (or as a consequence of): Examiner Coronary Atherosclerosis vears The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury and Due to (or as a consequence of) Box 68760, physician Physician/Medical thet initiated events resulting in death) Last Due to (or as a consequence of) the Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did lobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by 1 Yes 2 No 3 Probably 4 ⊠ Unknown Renal Insufficiency by 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of ceuse of death? certificata has 1 Yes 20 No 1 ☐ Yes 2 No Hospital or Attending Physician: The Abours after death.
Funeral Director: After this certificate stelly filled in by the funeral director, pa Be 25. Wes cese referred to medical 26. Piace of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 2 1 Yes 2 XNo 28c. Injury at Work? 27. Menner of Death Certification: 28b. Time of 28d. Describe how Injury occurred 1 Netural 5 Pending investigation 1 ☐ Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Funeral 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and menner stated. Medicai 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D38252 October 19, 1996 mD 0 30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

21044

11085 Little Patuxent Parkway Columbia, Maryland

State Registrar Andrew

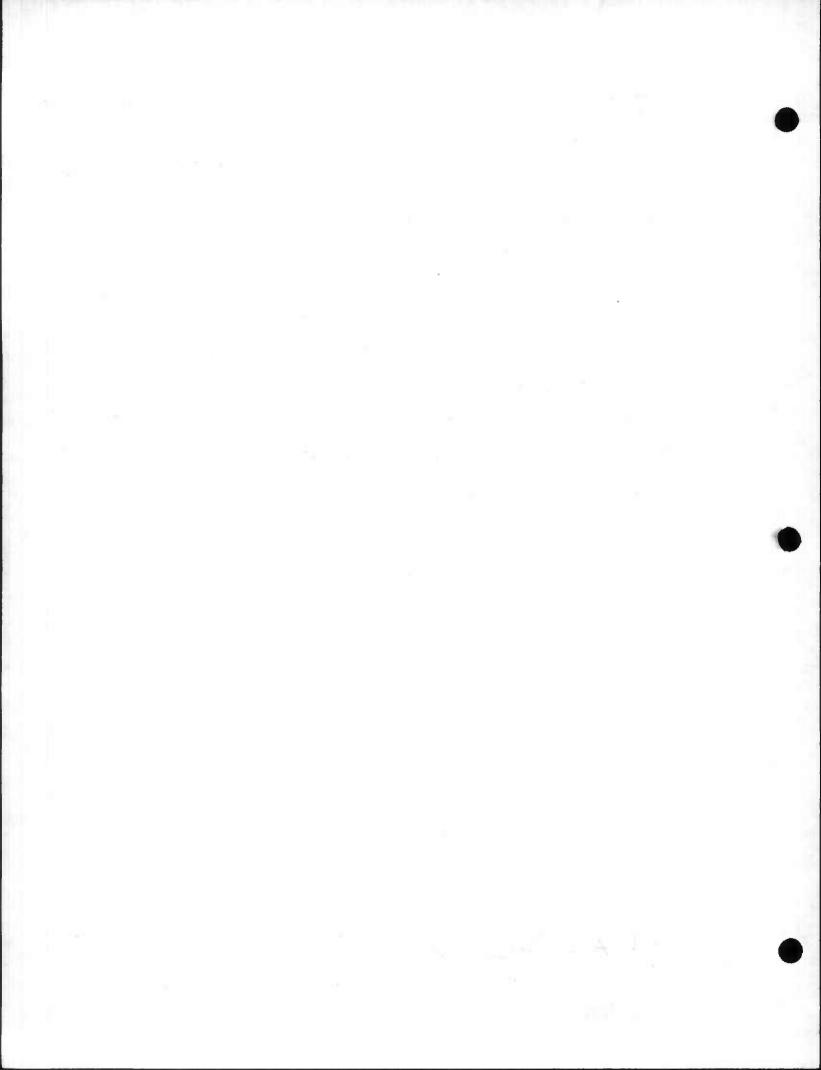
31. Date filed (Month, Dey, Year)

OCT 21 1996

Farb,

MD

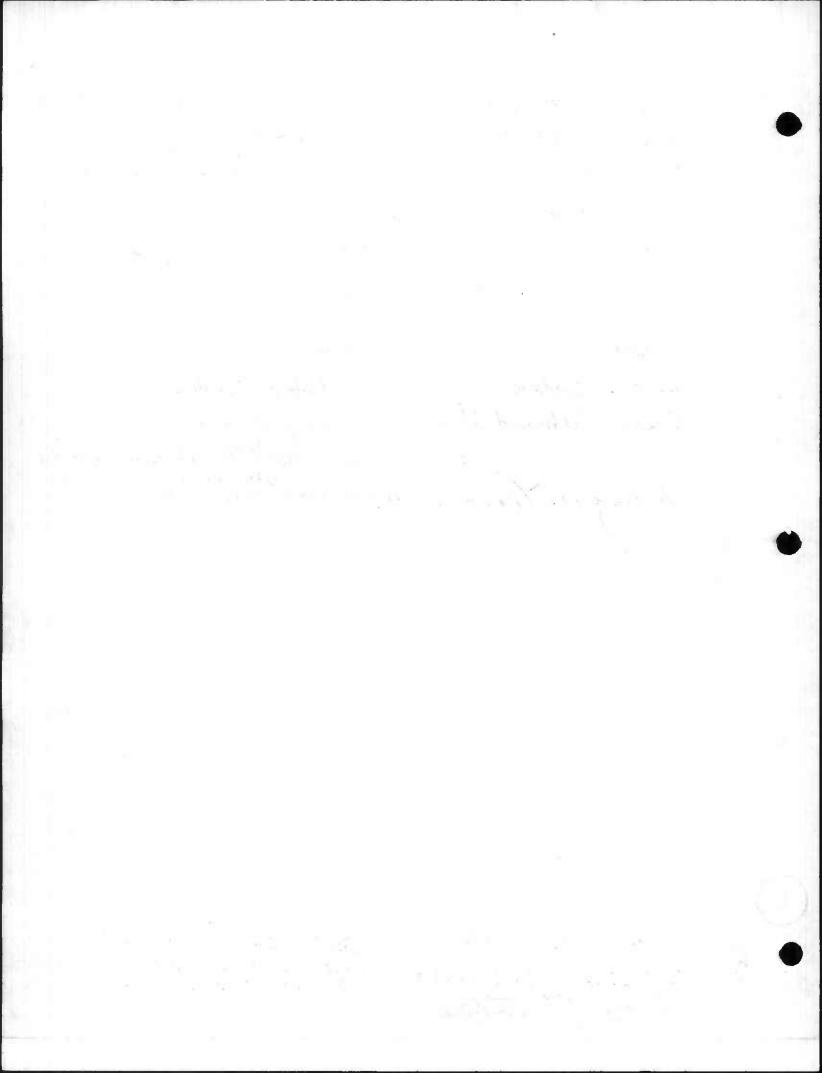
32. Registrag



State of Maryland / Department of Health and Mental Hygiene

96 31365

					Certini	cate of	Dealli		Reg. No.		
/sician	_	Decedent's Name (First, Middle, L						2. Dete of De	eeth Day	Year	3. Time of Deeth
ledicai		HELEN RICH						10	14	1996	3:50 PM
aminer		00 .2.	KFORD	bar)			FRANK		/	ty of Deeth	
erai Itor	2		Sax 1□M 2QXF	7. Age (In yrs. I	mot birtirday)	Undar 1 Yaar onths Deys	Hours Mi		th ey, Year) 2-19	9. Birthpl Count WES	aca (State or Foraig
	-	0e. State 10b. County		10c. City	y, Town or Location	n				10	Od. Inside City Limits
ō	5	MD non	e	BAL	TIMORI	1-					1⊠Yea 2□N
by Funeral Director		De. Street and Number	IANH	77		212 2	a		10g. Citizen of		try?
<u>8</u>	5	721		d	0 1000				NS		
ompieted by Funeral	2	Maritel Status Never Merried 2 Merried Merried 4 Divorced	12. Was Deced Armed For 1 Yes : If Yes, Give Year or Da	cas? 2 No		as 2 No	Specify:	(Specify Yea or No arto Rican, etc.)	Ble	ice - America eck, White, e ify: Bla	etc.
Completed		15. Decedent'a l (Specify only highest g	Education rede completed)		16e. Decedent's	Usuel Occup	etion during most of w	rorkina	16b. Kind of E	Business/Ind	ustry
igu		Elementery/Secondery (0-12)	Collega (1-	4or 5+)	life. DOIN	OT usa retired	1)	Orking			
Ö	5	1245			HO	men	naken		-	me	
Be	í	7. Fether's Neme (First, Middle, Las	st)				18. Mother's N	ame (First, Middle	1	me)	
2	-	JAMES SA	diere				Mattie	SAdi			
	19	9a. Informent's Neme/Relationship	1 1	18	19b. Melling Ad			Rural Route Numb			
	20	De. Method of Disposition	hmord	30h BI	leca of Disposition		ehigh "	St. BA			
	20	1 Burlel 2 Cremetion 3 4 Donetlon 5 Other (Spac		tete / CE	shel Mi	emova	il Park			more	e, nd
ğ	2	1 Signature of Funaral Servica Lice	ensee /		22. Nen	ne end Addre	ss of Facility L	VALLACE	fune	ral s	envices
ă	4	Maures M	2. 11.	000	340:	5 W. F.	eanklin !	St. BAH	more,	md	21229
เก	1							oo or respiratory a			Approximate Intervet Between
al er	di re	nmedlete Ceuse (Finel iseasa or condition ssulting In death)						ec or respiratory a			Onset and Death
al er	di re	iseasa or condition			res e de gueno School						Onset and Death
al er <u>j</u> e	di	iseasa or condition esulting In death)		Due to (or few i		Pen a of):					Onset and Death
al ier 	di re	iseasa or condition asulting In death) equentially list conditions, eny, leeding to immediate ause. Enter Underlying euse (Disease or injury		Due to (or few i	r es e de gueno. Schen	Pen a of):					Onset and Death
a la la la la la la la la la la la la la	Si Si if cas Ci th	iseasa or condition assulting In death) equentially list conditions, eny, leeding to immediate ause. Enter Underlying		Due to (or	r es e de gueno. Schen	Peu a of): 2 c a of):					Onset and Death
Medical Examiner	Si Si if cas Ci th	iseasa or condition assulting In death) equentially list conditions, eny, leeding to immediate ause. Enter Underlying euse (Disease or injury at Initieted events authing in deeth) Lest	6. Eu 6. Cev 6	Due to (or	r es e consequence	Peu a of): a of): of): of):	Car				Onset and Death
A Medical Examiner	Si if can Co the ra	iseasa or condition assulting In death) equentially list conditions, eny, leeding to immediate ause. Enter Underlying euse (Disease or injury aut Initieted events	6. Eu 6. Cev 6	Due to (or	r es e consequence	Peu a of): a of): of): of):	Car	L'ors	se ul d	ontribute to	Intervet Between Onset and Death
by Physician/Medical Examiner	di re	iseasa or condition assulting In death) equentially list conditions, eny, leeding to immediate ause. Enter Underlying euse (Disease or injury at Initieted events authing in deeth) Lest	6. Eu 6. Cev 6	Due to (or	r es e consequence	Peu a of): a of): of): of):	Car	23b. Did	sech de tobacco use co	ontribute to 3 Prob	the cause of death ably 4 Dinknov re autopsy findings (lable prior to nighting)
Physician/Medical Examiner	di re	iseasa or condition assulting In death) equentially list conditions, eny, leeding to immediate ause. Enter Underlying euse (Disease or injury at Initieted events authing in deeth) Lest	6. Eu 6. Cev 6	Due to (or	r es e consequence	Peu a of): a of): of): of):	Car	23b. Did	tobacco use co	ontribute to 3 Prob	Inferret Between Onset and Death Onset and Death the cause of death ably 4 Dinknov re autopsy findings (leble prior to
व हा Be Completed by Physician/Medical Examiner	Si if if ce CC th ra	iseasa or condition assulting In death) equentially list conditions, eny, leeding to immediate ause. Enter Underlying euse (Disease or injury at Initieted events authing in deeth) Lest	e. Su b. Qu c. contributing to dee	Due to (or	r es e consequence	Reuce a of): C a of): e of): lying cause give	en in Pert I.	23b. Did 10 24a. Wesperfo	tobacco use co	ontribute to 3 Prob	the cause of death the cause of death ably 4 Dinknov re autopsy findings itable prior to npletion of cause eeth?
व छ To Be Completed by Physician/Medical Examiner	Siff cc Ct th ra	equentially list conditions, eny, leeding to immediate ause. Enter Underlying euse (Disease or injury at Initiated events ausling in deeth) Lest art II. Other significant conditions We was asserted to medical exeminer? 1 Yas and No	e. Su b. Qu c d contributing to dee """ """ """ """ """ """ """	Due to (or Due to (or	res e consequence res e conseq	Peuca of): cl c a'of): e of): ying cause give	en in Pert I. 26. Plece of D. er: 4 D. Nursing	23b. Did 1 24a. Wes perfo	tobacco use cover 2 No an eutopsymmed? Yea 2 No one) dence 6 Ot	ontribute to 3 Prob	the cause of death the cause of death the cause of death ably 4 (Winknow re autopsy findings (lable prior to npletion of cause eeth? Yes 27 Ne
To Be Completed by Physician/Medical Examiner	Siff cc Ct th ra	equentially list conditions, eny, leeding to immediate ause. Enter Underlying euse (Disease or injury at Initieted events austrially list conditions). Bartil. Other significant conditions authing in deeth) Lest Fig. Wes case referred to medical exeminer? I yas Ale No Menner of Death I Enture 5 Pending investigation	e. Su b. Qu c	Due to (or Due to (or	res e consequence res e consequence res e consequence res e consequence res e consequence res e consequence res e consequence res e consequence	Peuca of): a of): a of): b of): DOA Other 28c. Injung Work	en in Pert I. 26. Plece of D. er: 4 D. Nursing	23b. Did 1 24a. Wesperfo	tobacco use co	ontribute to 3 Prob 24b. Wei eve com of d 1 I	the cause of death the cause of death ably 4 Dinknow re autopsy findings (leble prior to npletion of cause eeth? Yes 27 Ne
To Be Completed by Physician/Medical Examiner	Siff cc Ct th ra	equentially list conditions, erry, leeding to immediate ause. Enter Underlying euse (Disease or injury at initieted events ausling in deeth) Lest ert II. Other significant conditions Will australia australia australia eventiner? i. Wes case referred to medical exeminer? It yas alto No Menner of Death I Pineturel 5 pending	e. Such b. Contributing to dea contributing to	Due to (or Due to (or Due to (or Due to (or Ath but not resu Capatient 2 Injury, Day Year)	res e consequence res e conseq	Peuc a of): c a' of): e of): DOA Other 28c. Injun Word 1	en in Pert I. 26. Plece of D. 96: 4D Nursing / at (?)	23b. Did 1 24a. Wesperfo	tobacco use cover 2 No an eutopsymmed? Yes 2 No an eutopsymmed? Yes 2 No one) Street end Num	ontribute to 3 Prob 24b. Wei eve com of d 1 I	the cause of death the cause of death ably 4 Dinknov re autopsy findings (leble prior to npletion of cause eeth? Yes 27 Ne
Certification: To Be Completed by Physician/Medical Examiner	Siff CAC Charles and CAC Charl	equentially list conditions, ery, leeding to immediate ause. Enter Underlying euse (Disease or injury at initiated events authing in deeth) Lest and II. Other significant conditions Partia The significant conditions The si	e. Such b. Contributing to dea contributing to	Due to (or Due to (or Due to (or Due to (or Due to (or Ath but not rasu Carrier and the patient 2 E Injury Day Year) If Injury - At hoo, a cir. (Specify, est of my know is of exemination)	res e consequence res e conseq	Peuc a of): c a' of): e of): DOA Other 28c. Injun Word 1 1 2 actory, office	en in Pert I. 26. Plece of Der: 4 Nursing / at /? Yes 2 \(\) No	23b. Did 1 24a. West performance 1 24a. West performance 25b. Did 26b. Di	tobacco use co Yes 2 No an eutopsy med? Yea 2 No one) dence 6 Ot thow injury occu Street end Num wn, Stata)	ontribute to 3 Probe 24b. Wei eve com of d 1 I ther (Specify, irred	the cause of death the cause of death ably 4 Onknow re autopsy findings liable prior to apletion of cause leeth? Yes 2 Ne
To Be Completed by Physician/Medical Examiner	Siff ce Countries of the c	equentially list condition soulting in death) equentially list conditions, env., leeding to immediate ause. Enter Underlying euse (Disease or injury at initieted events austing in deeth) Lest ent II. Other significant conditions Partial The significant conditions We case referred to medical exeminer? Menner of Death 1 Menner of Death 1 Menner of Death 2 Accident 3 Suicide 4 Homicide 2 Medical Exeminer (Check only) 2 Medical Exeminer	e. Such the special of the property of the pro	Due to (or Due to (or Due to (or Due to (or Due to (or Ath but not rasu Carrier and the patient 2 E Injury Day Year) If Injury - At hoo, a cir. (Specify, est of my know is of exemination)	res e consequence res e conseq	Peuc a of): c a' of): e of): DOA Other 28c. Injun Word 1 1 2 actory, office	en in Pert I. 26. Plece of D. er: 4 Nursing / at /? Yes 2 \sum No	23b. Did 1 24a. Wes perfo 1 24a. Wes perfo 28d. Dascribe 28d. Dascribe 28f. Location (City or Tou	tobacco use co Yes 2 No an eutopsy med? Yea 2 No one) dence 6 Ot thow injury occu Street end Num wn, Stata)	ontribute to 3 Prob 24b. Weleve com of d 1 her (Specify, irred	the cause of death the cause of death ably 4 Donknow re autopsy findings (lable prior to noleth?) Yes 2 Discontinuous Roufa Number, ated. the ceuse(s)
ৰ ভ edical Certification: To Be Completed by Physician/Medical Examiner	Siff ce Countries of the c	equentially list conditions, env., leeding to immediate ause. Enter Underlying euse (Disease or injury at Initieted events ausling in deeth) Lest ent II. Other eignificant conditions The conditions of the con	e. Such the special of the property of the pro	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or All patient 2 = E Injury Day Year) Injury - At horo, etc. (Specify, desert of my known is of exemination of stated.	res e consequence res e conseq	Peuc a of): a of): b of): plocation of the time of th	en in Pert I. 26. Plece of D. er: 4 Nursing / at /? Yes 2 \sum No	23b. Did 1 24a. Wes perfo 1 24a. Wes perfo 28d. Dascribe 28d. Dascribe 28f. Location (City or Tou	tobacco use co	ontribute to 3 Prob 24b. Weleve com of d 1 her (Specify, irred	the cause of death the cause of death ably 4 Donknow re autopsy findings (lable prior to noleth?) Yes 2 Discontinuous Roufa Number, ated. the ceuse(s)
edical Certification: To Be Completed by Physician/Medical Examiner	Siff car Car Car Car Car Car Car Car Car Car C	equentially list conditions, env., leeding to immediate ause. Enter Underlying euse (Disease or injury at Initieted events austing in deeth) Lest ent II. Other eignificant conditions authorized avents authori	e. Such b. Contributing to dea contributing to dea contributing to dea contributing to dea contributing to dea contributing to dea contributing to dea contributing to dea contributing to dea contribution to	Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Due to (or Alth but not rasu Call Injury - At horizing the control of Injury - At horizing the contr	res e consequence res e conse	Peuca of): a of): a of): b of): Joan Other 28c. Injun Word 1 1 28c. Injun 29c. License Do of	en in Pert I. 26. Plece of D. er: 4 Nursing / at /? Yes 2 \sum No	23b. Did 1 24a. Wes perfo 1 24a. Wes perfo 28d. Dascribe 28d. Dascribe 28f. Location (City or Tou	tobacco use co	ontribute to 3 Prob 24b. Weleve com of d 1 her (Specify, irred	the cause of death the cause of death ably 4 Donknor re autopsy findings (lable prior to npletion of cause eeth? Yes 2 Discontinuous Route Number, ated. the ceuse(s)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Day 1996 **Physician** Edgar Roberts ay mond October 6:30 Am /Medicai 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Center Baltimore LchrisT If Undar 24 Hrs. B. I Hours Min. If Undar 1 Year 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) **Funerai** 1⊠M 2□ F Months Days 212-07-1164 Yrs. Director 84 June 19, 1912 Md. Usual Residence of Decedent the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is markad other than "natural", or items 23s or 28s-f shov traumatic event, the Medical Exampler must be notified at 1 ☐ Yes 2 ☑ No Directo Baltimore Md. Towson 10e. Street and Number 10f Zin Code 10g, Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after daath with 238 957 Radcliffe Rd. 21204 USA Funeral 12. Was Decedent Evar in U,S. Armed Forces? Was Decedent of Htspanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puerto Rican, etc.) 11. Marital Status 14. Raca - Americen indian, Black, Whita, atc. 1 ⊠Yes 2 □ No
If Yes, Give
Year or Dates: WW-II 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify. White þ 3 Widowad 4 Divorced natural Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Bustnass/Industry Hygiene. Elementery/Secondary (0-12) Cotlege (1-4or 5+) Carpentry Carpenter 8 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) h and Mental F William Eugene Roberts Selena May Williams 19a. tnforment'a Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Haalth ar Important: If item 27 is any injury or other trau 957 Radcliffe Rd. Towson, Md. Mrs. Thelma M. Roberts/Wife 21204 Baltimore, 20b. Piace of Disposition (Name of cemetary, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State Date Cemetary, crematory or other places

| Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Comparison | Compa 21. Signature of Funeral Service Licansee 22. Name and Address of Facility
Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Paty. Enter the disease of complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. It only one cause on each line. **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) prostate Cancer YCANS Examiner Examiner Attending Physician: Tha law requires that the death certificate be axecuted burial-tran Sequentially tist conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or trijury that initiated events resulting in death) Last and Due to (or as a consequence of) Box 68760, ed by the attending physician detached for use as the buria Physician/Medicai the Due to (or as a consequence of) P.O. Part fi. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yes 2 No 3 Probably 4 Unknown obstruction Division of Vital Records, þ 24b. Were autopsy findings available prior to compiation of cause of death? Completed 24a. Was an autopsy cartificate 1 Yes 1 Yaa 2 No 25. Wes case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Nother (Specify) Hospite 1 Yes 2 No Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA P After this 27. Manner of Death Certification: 28b. Time of 28e. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28c. tnjury at Work? 5 Pending Investigation 1 Naturet 2 ☐ Accident 1 ☐ Yes 2 ☐ No Director: 3 Suicida 6 Could not be determined 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medicai 1 Certifying Physicfan: To the best of my knowledge, death occurred et the time, date and plece, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Certifier with a To 29b. Signature and attile of dentifiar 29d. Data signad (Month, Day, Yeer) 29c. Ltcense number and address of person who p ath (item 23a) (Type, Print) N. Charles Street Balto. Md. 110

DHMH 16 Rev 6/95

State

Registrar

31. Dete filed (Month, Dey, Year)

DCT21

96-5655-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM 6-740 10/23/96 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician /Medical	Decedent's Nama (First, Middle HENRY	GA]
Examiner	4a. Facility Nema (If not institution	, giva s

HENRY GARLAND SCALES JR. 2. Data of Death OCT 03Day 2:45 PM

21213

Funeral Director

with the Maryland show ns 23a or 28a-f short death Hems ? r than "natural", or item the Medical Expression I Hygiene.

Funeral Director py Completed Be 2

filed within 72 hours efter i. Peges 1 and 2 should be filed with ment of Health and Mental Hygien trant: If Item 27 is marked other thours or other traumatic event, In permit. Peges 1 and 2 s Department of Health ar Important: If Item 27 is any Injury or other trau once.

21215-0020

altimore, Maryland

Physician /Medical Examiner

The law requires that the death certificate be executed pug Box 68760. physician the use es ettending | P.O. I signed by the id be deteched Division of Vital Records. peed hes this certificate Attending Physician: director, After death. after death Director: filled in by the within 24 hours a To the Funeral D completely filled

Physician/Medical

þ

Medical

4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death 1604 E. FEDERAL ST. BALTIMORE
If Under 1 Year If Under 24 Hrs. 8. Date of B
Months Days Hours Min. 8. (Month, D None 5. Social Security Number 6. Sax 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Yaar) Birthplaca (State or Foreign Country) 15xM 2□ F Yrs unknown 43 Nov. 28, 1954 unknown Usual Rasidance of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland none 1 Yas 2 No Baltimore 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3623 W. Lexington Street 21229 unknown 12. Wes Decadant Evar In U,S. Armed Forcas?unknown 1 □ Yas 2 □ No If Yas, Give Yeer or Dates: 11. Marital Status unknown Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Biack, White, etc. 1 Never Merried 2 Marriad 1 ☐ Yas 2 ☑ No Specify: **Black** 3 ☐ Widowed 4 ☐ Divorced Specify: 15. Decedent's Education Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry (Spacify only highest grada completed) Eiamantery/Sacondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fether's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Melden Surnama) unknown unknown 19a. Informent's Name/Relationship (Typa, Print) 19b. Meiling Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mr. Roy Joyner/Friend 1604 E. Federal Street-Baltimore, Maryland 20e. Mathod of Disposition 20b. Piece of Disposition (Nama of camatary, crematory or other placa) 20c. Location - City or Town, Steta 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 □ Donation 5 □ Othar (Specify State rem. 21. Signature of Funeral Service Licensee S. Wade, 22. Nama and Addrass of Facility Ronald S State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-1559 Director Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Baltimore, Maryland 21201
Ba Approximate Intarval Batween Onset end Death Immediate Causa (Final NARCOTIC AND COCAINE INTOXICATION diseesa or condition resulting in deeth) Due to (or as a consequence of): Sequentially list conditions, if eny, laading to immediate cause. Enter Underlying Causa (Disease or injury that initiated events resulting in death) Last Dua to (or es a consequence of): Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 Unknown 24b. Ware autopsy findings evailable prior to complation of cause of death? 24a. Wes an autopsy performed? 1 No as 2 No Yas 2 No

Completed Be 25. Wes casa refarred to medical 2 1X Yas 2 No Certification: 27. Mannar of Death 5 Pending 1 Netural invastigation 2 Accident 6XXCould not be datarmined 3 Suicida

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 28a. Data of Injury (Month, Dey Year) P M 10/3/96 2:35 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

28c. Injury at Work? 1 Yes 2XXNo

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ②(Other (Specify) 28d. Dascribe how injury occurred **UNKNOWN**

Location (Street and Number or Rural Route Number, City or Town, State) 1604 El. FEDERAL ST.

SCENE

29e. Cartifier (Check only one)

4 Homicide

FOUND: PRIVATE DWELLING BALTIMORE CITY, MD. 1 Certifying Physician: To the best of my knowledga, death occurred at tha time, dete end placa, and due to the causa(s) end manner as steted.

2 Medical Examiner: On the basis of axemination and/or invastigation, in my opinion, death occurred at tha time, dete and place, and dua to the cause(s) and manner stated.

29b. Signature an title of ceeling 29c, Licensa number O.C.M.E.

29d. Date signed (Month, Day, Year) OCT 04, 1996

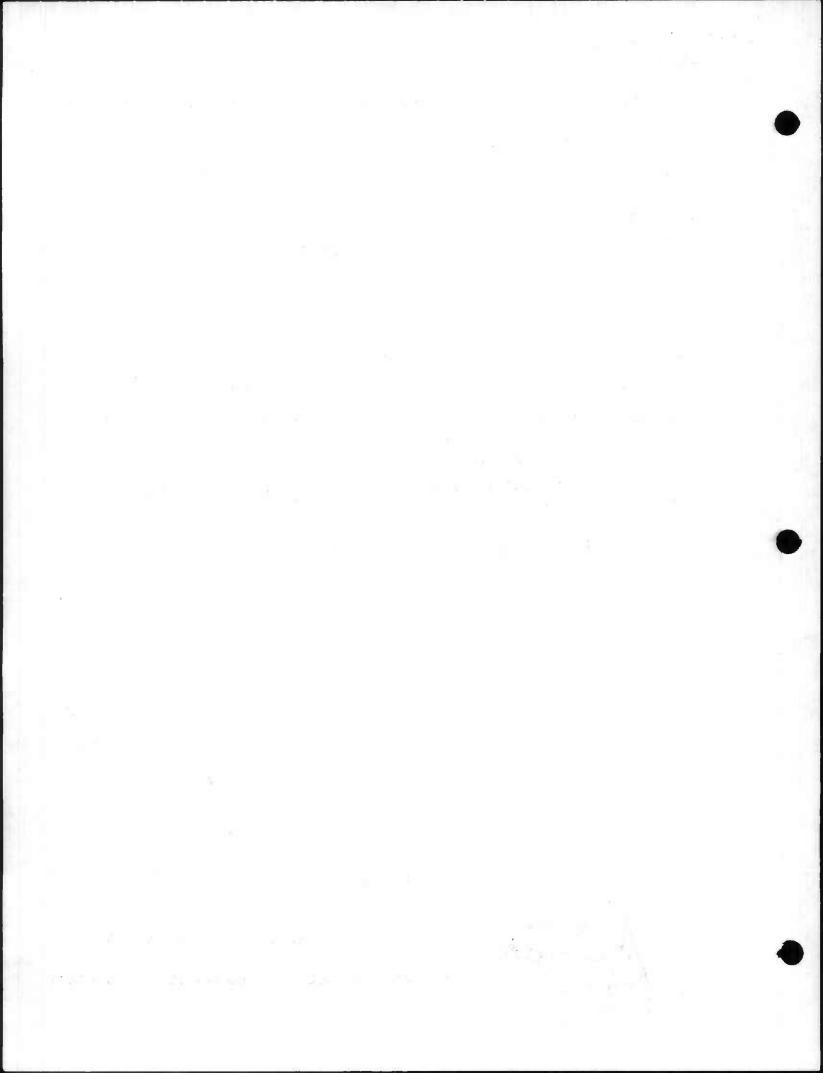
30. Name an is of person with fed cause of death (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

26. Place of Daeth (Check only one)

State Registrar

32. Registrar's Signatura Javeson



State of Maryland / Department of Health and Mental Hygiene Q.C. 2 1 2 C.Q.

Physician		1. Decedent's Name (First, Middle, La					2. Date of Dea		Year	3. Time of Deeth
/Medica		BLAN	NCHE		SEIDMAN		SEPT.	30 ^{°,} "1996	1 eal	9:50pm
Examine		le. Fecility Name (If not institution, gir	ve street and number)		4b. City, Town, or L	ocation of Death	4c. County	of Deeth	
	ı	PIKESVILLE NURS	ING HOME			PIKES	SVILLE	BAL	TIMOF	RE
neral ector		212-48-6805	Sex 7. A 1 □ M 2 □ ★ F	ge (In yrs. last birth 83 Y	Months Day		8. Dete of Birth (Month, Day MAY 25	1913	9. Birthp NEW	lace (State or Fore TORK
notified at	-	Usual Residence of Decedent 10a. State 10b. County		10c. City, Town	or Location				1	Od Inside Oit I Im
		,	12	100. Ony, 10mil					'	0d. Inside City Llm 1 X Yes 2 ☐ I
1		MARYLAND N,	/A			TIMORE				
out De	I I	6820 CHEROKEE DE			10f. Zip Code	21209		0g. Citizen of V USA	Whet Coun	itry?
1	2	1. Maritel Status 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forces 1 Yes 2 If Yes, Give Year or Dates:	?	13. Was Decedent of If Yes, specify C	of Hispenic Origin? (Spuban, Mexican, Puerto Specify:	ecify Yes or No- Ricen, etc.)		e - Americ ck, White, : WF	
Completed	200	15. Decedent's E (Specify only highest gra	ducation ade completed)	16a. D	ecedent's Usual Occ Give kind of work dor	cupetion ne during most of work ired)	ina	16b. Kind of Bu	usiness/Inc	lustry
100		Elementery/Secondary (0-12)	College (1-4or	5+)		ired)				
3	5	12		HC	DMEMAKER			OWN	HOME	2
2 0	0	7. Father's Name (First, Middle, Last	,			18. Mother's Nam	e (First, Middle, M			
F	2	HARRY	SCHEER					UNK	NOWN	
		19a. Informent's Name/Relationship (Type, Print)	19b. N	Malling Address (Stre	et and Number or Run	al Route Number	City or Town,	State, Zip	Code)
5		HARRIET SCHWART	Z (DAUGHTE	(R) 66	553 SANZO	ROAD BALTI	IMORE, MI	21209	Let	
	1	0a. Method of Disposition 1		cem etery,	Disposition (Name of crematory or other p		Date 10-1-19	20c. Location - 96 BALT		
eny injury		21. Signature of Funeral Service Licer		t-		ress of Facility				01000
-	-	23a. Part1. Enter the diseese, or com shock, or heart feilure. List only	ellestions that saves	diba dasib. Dasa		sterstown			e, Mi	Approximate interval Between
for use as the bunal-transit		Gequentielly list conditions, any, leeding to immediate ause. Enter Underlying Jouse (Disease or Injury het initiated events esulting in death) Last	b	Due to (or as a cor	nsequence of):	sula Ar				8 gens
eteched for use	F	ert II. Other significant conditions of	dontributing to death b	out not resulting in the	ne underlying ceuse	given In Part i	23h Did to	bacco usa cor	atribute to	the cause of dea
d be deteched for			none				23b. Did tobacco usa contribute to the ca			
2 shou							24e. Wes ar perform	n autopsy ned?	eva	re autopsy findings illable prior to npletion of ceuse leath?
Son Page							1 ☐ Ye	s 2 No	1	Yes 2□ No
		5. Was cese referred to medicel examiner?				26. Plece of Deat	h (Check only on	9)		
36			4.4			and the desired			er (Specify	
o Be	- [1 ☐ Yes 2 No	Hospital:	ent 2 ER/Outpa	atient 3 DOA	other: 4 Nursing Ho	me 5 Reside	nce tillum		•)
To Be			28a. Date of Inju	ry 28b. Tim	ne of 28c. in	4 Nursing Ho	me 5 Reside 28d. Describe ho)
y the funeral director,		1 Yes 2 No 7. Manner of Death 1 Natural 5 Pending	28a. Date of Inju (Month, Da	y Year) 28b. Tim Inju	ne of 28c. in	4/△Nursing Ho jury at ork? □ Yes 2 □ No		w Injury occurr	ed	
y the funeral director, floatlon: To Be	2	1 Yes 2 No 7. Manner of Death 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 9a. Certifier Certifying Ph	28a. Date of Inju (Month, Da	y Year) 28b. Tim Inju ury - At home, farm c. (Specify) of my knowledge, d	eath occurred at the	4/△Nursing Ho jury at ork? □ Yes 2 □ No	28d. Describe ho 28f. Location (Str. City or Town	w Injury occurr reet and Number, State)	er or Rurai	Route Number,
y the funeral director, floation: To Be	2	1 Yes 2 No 7. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide 9a. Certifier (Check only 2 Madical Exam	28a. Date of Inju (Month, Da 28e. Place of Inju building, et	y Year) 28b. Tim Inju ury - At home, farm c. (Specify) of my knowledge, d	eath occurred et the or Investigation, in my	ury at ork? Yes 2 No e time, dete end place, opinion, death occurr	28f. Location (Str. City or Town and due to the caed at the time, da	w Injury occurred and Number, State) use(s) and mete end place, a	er or Rurai	Route Number, sted. the ceuse(s)
pletely filled in by the funeral director.	2	1 Yes 2 No 7. Manner of Death 1 Natural 2 Accident 3 Suicide 4 Homicide 9a. Certifier (Check only one)	28a. Date of Inju (Month, Da 28e. Place of Inju building, et 28e. Place of Inju building, et 28e. Place of Inju building, et 28e. Place of Inju building, et 28e. Place of Inju building, et 28e. Place of Inju building, et	rry Year) 28b. Tim Inju urry - At home, farm c. (Specify) of my knowledge, d examination and/o ated.	eath occurred et the r Investigation, in my 29c. Lices	ury at ork? Yes 2 No e time, dete end place, opinion, death occurr	28f. Location (Str. City or Town	w Injury occurred and Number, State) use(s) and mete end place, a	er or Rurai	Route Number, ated. the ceuse(s)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Physician October 16. SAVAGE 1996 Tsobe1 Grace Cassi 8:15 am /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Rossville Baltimore If Under 1 Yaar 5. Social Security Number If Undar 24 Hrs. 7. Age (In yrs. lest birthday) Birthplace (Steta or Foreign Country) 8. Date of Birth (Month, Dev. Yea Funerai Months Days Hours 1 □ M 2 ☑ F 235-14-8908 80 Yre 1916 Director West Virginia Usual Residence of Decadent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Marylal Dependent of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the health Examiner must be nothed any bidge. Baltimore Dundalk 1 Yaa XX No Maryland Director 10e. Straat and Number 10f. Zip Code 10g. Citizen of Whet Country? 21222 8185 Mid Haven Road United States Funeral 12. Was Decedent Ever in U.S. Armed Forces? 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. 1 ☐ Yes 2 ② No If Yes, Give Year or Dates: 1 Never Marriad 2 Married 1 ☐ Yas 2 ☑ No Specify: þ Specify 3) Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Bualness/Industry Elementery/Secondary (0-12) College (1-4or 5+) Administrative Assistant Government Years 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Sumeme) Be August Cassi Assunta DiPietro 2 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 55014 19a. Informant's Name/Relationship (Type, Print) Harold F. Savage, Jr./Son 6963 West Shadow Lake Dr. Lino Lakes. Minnesota 20b. Placa of Disposition (Neme of cemetery, cremetery or other place) 20a. Method of Disposition 20c. Location - City or Town, State Data 1 DX Burial 2 ☐ Cremation 3 ☐ Ramoval from State East Oak Grove Cemetery 10/21/96 Morgantown. WV 4 □ Donation 5 □ Othar (Specify) 21. Signatura of Funeral Sarvice Licensee Buda-Ruck Funeral Home of Dundalk, Inc. Selevene 7922 Wise Ave. Dundalk. Maryland 23a, Part I Inter the disease, or complications that caused the death. Do not enter tha mode of dying, such es cardiec or respiretory errest, shock or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medicai Immediate Cause (Finel disease or condition resulting In deeth) Acute Leukemia with Blast Crisis 3 Weeks Examiner Due to (or es e consequença of): Examiner Hypertension 40 Years To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

Of the Funeral Director: After this certificate has been signed by the attending physician and confibelety filled in by the inneatin director, page 2 should be detached for use as the burlet-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): Chronic Obstructive Pulmonary Disease 10 Years Physician/Medical Dua to (or as a consequenca of): Diastolic Dysfunction 5 Years Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown Acute Renal Failure by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was en eutopsy Anemia 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospitei: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 🔯 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending investigation 1 TYes 2 □ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide Medical 29a. Certifier 1 🔀 Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner stated. 29b. Signature and title of certified 29c. License number 29d. Data signed (Month, Day, Year) RD 2115 October 16, 1996

State Registrar

31. Date filed (Month, Dey, Year)

30. Nama and address of person who completed cause of death (ttem 23a) (Type, Print)



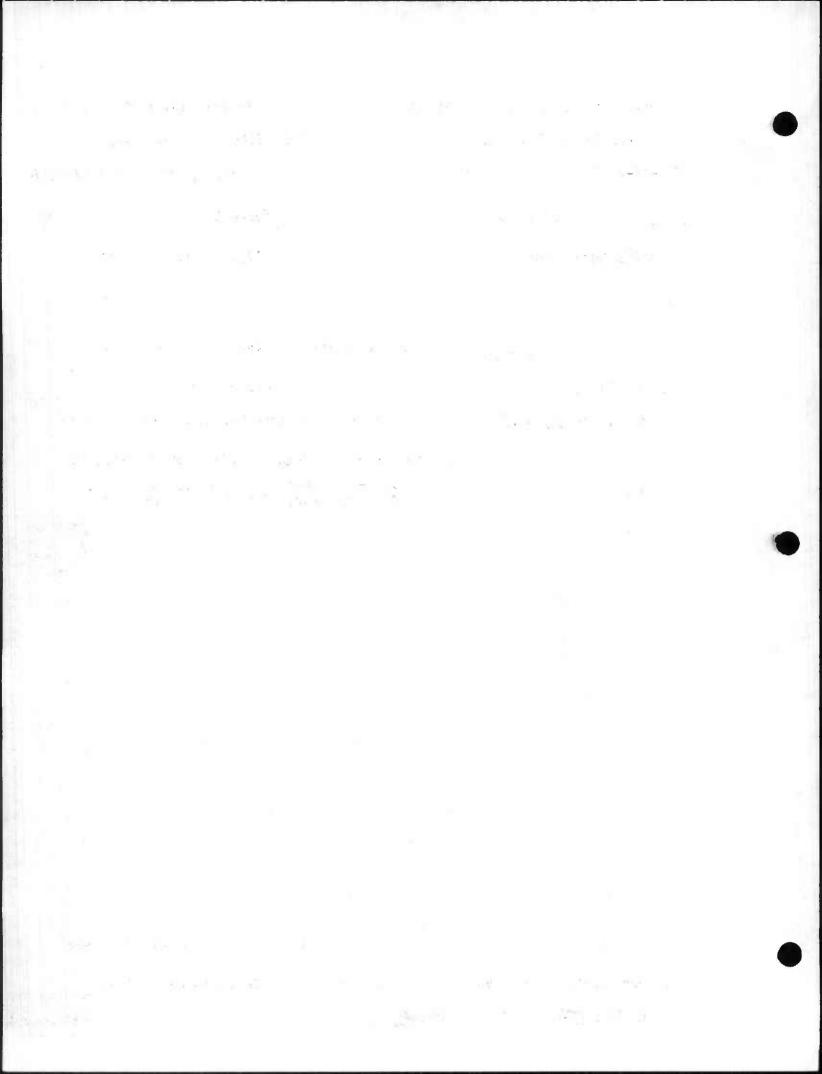
Baltimore, MD

21237

Baltimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.



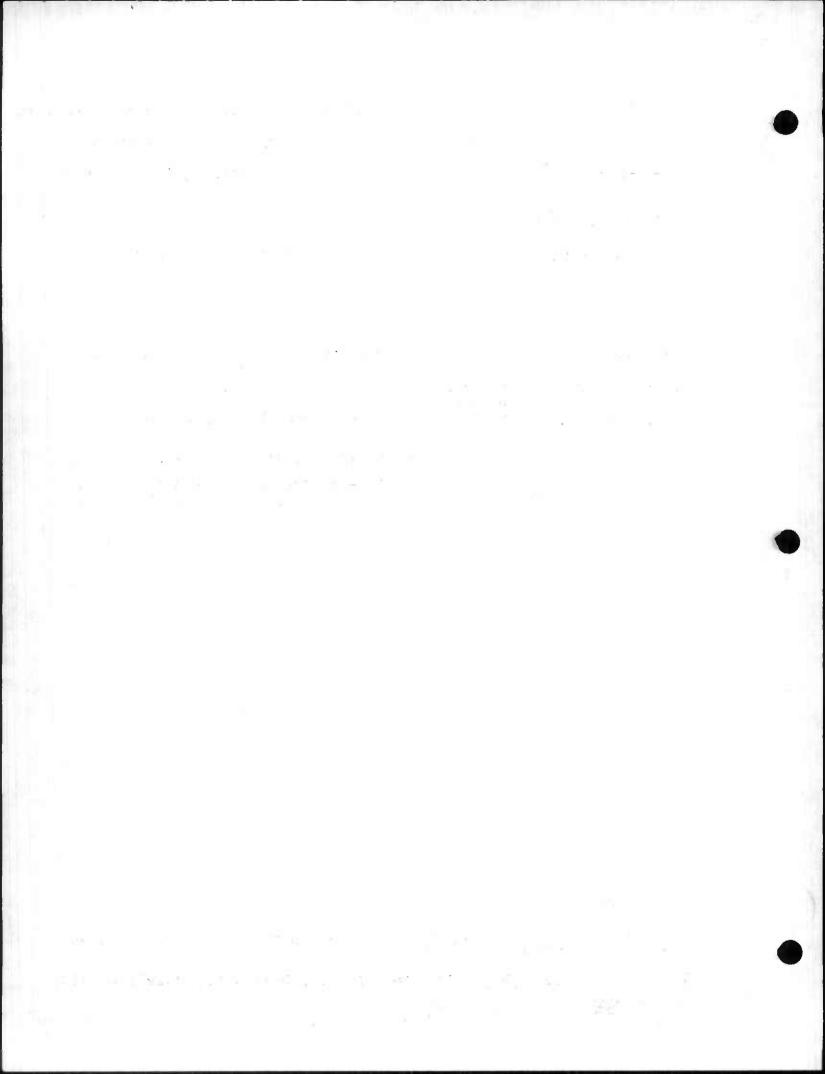
5918-005

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

0	-	0	1	0	-7	0
9	6	3	1	J	1	l

					Cei	rtificate o	f Death		Reg. No.	, ,	01070
Dhuelele	_	. Dacedant's Nama (First, Middla,	Last)				101	2. Data of De Month		Yaar	3. Tima of Death
Physician /Medical	_	CHARLES	EDWAR	D		SHIFF	LETT JR.				1:35 A
Examiner		a. Facility Nama (If not institution,	giva straat and number	r)			4b. City, Town, or				1.55
		25 CYPRESS D	R. APT.	A2			ESSEX		Be	altimo	ore
uneral	5.	Social Security Number 6		iga (In yrs. la	st birthday)	if Undar 1 Yas	ar If Under 24 Hrs		rth	9. Birthpla	ace (State or Foreig
irector	-	216-62-9596	1X M 2 F	39	Yrs.	MOILITS Day	ys Hours Min	8. Data of Bi (Month, Di Dec. 2	9, 1956	Mari	yland
	-	sual Rasidance of Decadant Da. Stata 10b. County		100 00	Town or Lo	**					
be notified at	_	,	Baltimore	Too. City,	TOWN OF LO	Cattori		Dundalk	2	10	d. Insida City Limits
or 28a-f	10	De. Street and Number				10f. Zip Code	a.		10g. Citizan of	What Counti	ry?
ai E		8104 Dukie Aven	ue				21222		Unit	ed Sta	ates
r ttems 23a	1	1. Maritai Status	12. Was Decedan Armed Forcas		. 13. \	Was Dacedant o	of Hispanic Origin? (Suban, Maxicen, Puar	Specify Yas or No	0- 14. Rad	e - Amarica	
ther is marked other than hattrain, or tems 23s or 28s4 show other traumstic event, the Medical Examiner must be notified at To Be Completed by Funeral Director		1 Nevar Married 2 Married 3 Widowed 4 Divorced		No		Tas, specily Ci		to nicen, atc.)	Specify	ck, Whita, a	ite
3		15. Decedant's		1	16a. Deced	lant's Usual Occ	cupation		16b. Kind of B		
nt, the Medical in the Medical in Completed		(Spacify only highast s Elamantary/Secondary (0-12)			(Giva lifa. L	kind of work dor DO NOT usa rati	na during most of wo ired)	rking			
E E		11 Years	Collega (1-4or	3+)	Me.	at Cutt	er		Foo	d Indi	ustru
marked other than imatic event, the M To Be Comp		7. Fathar's Nama (First, Middla, La	st)					ma (First, Middla	, Maidan Suman		
To B		Charles Edward	Shifflett.	Sr.			Franc	es L. Gr	uhhith		
T T	1	9a. Informant's Name/Ralationship			19b. Mailir	ng Addrass (Stra	at and Numbar or R		9.0	Stata. Zip C	Coda)
rtra		Mrs. Frances L.	Shifflett				Avenue D				
othe	20	Da. Mathod of Diaposition		20b. Pla	ce of Dispo	sition (Nama of		Data	20c. Location -	City or Tow	m, Stala
any injury or once.	VC Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata cematary, cramatory or other place)									maka	Maruland
를	4 □ Donation 5 □ Other (Specify) Gardens of Faith Cem. 10/19/96 Baltimo 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility Duda → Ruck Funeral Home of Dundals										
any ir		A 1 1 0	C.V.		22	Duda-Ru	ck Funera	e Home o	of Dunda	lk, I	nc.
		Johnny J. E	LLOCA				se Ave.				1222
iner	ra	nmadlate Causa (Final isaasa or condition isuiting In death)	a/	Dua to (or a	es a consaq	uanca of):	toxicotu	n		1	
se as the bunal-fransit	Sit	Sequentially list conditions, if any, leading to immediate cause. Exhault ledder in the second secon									
sicia bur		ausa. Entar Undarlying ausa (Disaasa or Injury at initiated evants	c	5		-				1	
ang physicises as the bu	ra	sulting In death) Last		Dua to (or a	s a consequ	Jance ot):					
			d								
o for a	-	A II O II - II - II - II - II - II - II								1	
eteched for u	. "8	rt II. Other significant conditions	contributing to death b	out not rasulti	ing in tha un	idariying ceusa (givan in Part I.		Α.		the cause of death
								1 🗆	Yes 20 No	3 Probe	ably 4 Unknow
								24a Was	an autopsy	24h War	a autopsy findings
page 2 should	_							perfo	ormed?	com	lable prior to
36.2 mp								Λ.		of de	eath?
Com								1/4	Yas 2□No	火	Yas 2□ No
director,	25	 Was cesa rafarred to medicel axaminar? 	44					ath (Check only	ona)		
-	-	XX as 2 No		ant 2 EF		3LI DOA	Other: 4 Nursing h	loma 50 Raal	dance 6 □Oth	ar (Specify)	
- L	2/	. Mannar of Death 1 □ Natural 5 □ Panding	28a. Data of Inju	ury 2 ay Year) 2	8b. Tima of injury	28c. Inj		28d. Daacribe	how injury occur	red	
5 0	2 Accident Invastigation WK M 1 Yas 2 No Subject (N)								inject	el ar	USS
the fur		3 Suicida 4 Homicida 6 Could not be datarmined 28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Right of Town, State)								er or Rural i	Routa Number,
rtificatio					HON	E		25 Cut	press Dr.	AZ ,	21220
lled in by the funera Certification:					de de la late	annumed at the	time, data and place	and dua to the	causa(s) and ma	annar as stat	ted.
tely filled in by the fur ical Certification	29	Check one 120 Medical Exa	hysician: To the best	of my knowle	edga, daarn n and/or inv	astigation. In my	opinion, daath occu	rred at the time	data and place	and due to t	ha ceuse(s)
mpletely filled in by the fur Medical Certification		(Check only 3CMMedical Exa	hysician: To the best minar: On the basis o and manner st	axamination	n and/or inv	astigation, in my	opinion, daath occu	irred at tha tima,	data and place,	and dua to t	ha ceuse(s)
completely filled in by the funer		(Check only 30 Medical Exa	minar: On the basis o	axamination	edga, daarn n and/or inv	astigation, in my	opinion, daath occu	irred at tha tima,	data and place,	and dua to to d (Month, De	ay, Year)
Completely filled in by the fun		(Check only 3CMMedical Exa	minar: On the basis o	axamination	edga, daarn n and/or inv	astigation, in my	opinion, daath occu	rred at the time,	data and place,	and dua to to d (Month, De	ay, Year)
completely filled in by the fune Medical Certification	29	(Check only 3CMMedical Exa	ominar: On the basis of and mannar st	axamination ated.	n and/or Inv	29c. Lices Control	opinion, daath occu	arred at the time,	29d. Data signed OCT • 1	and dua to to do (Month, Do	ha ceuse(s) ay, Year) 996



State of Maryland / Department of Health and Mental Hygiene 0 6

						C	Certificate	of Death		Reg. No.	0	010/1
	Physic /Medi		1. Decedant'e Nema (First, Middla, L Silver S. Spann	ast)					2. Data of D Month Octobe	er 19, 19	Year 96	3. Time of Death 11:00 A
	Exami		4e. Facility Nama (If not Institution, gi Fairfield Nursing		ber)			4b. City, Town, o	r Location of Dec		of Death	
	Funeral Director			Sax 7 1 √2 M 2 □ F	. Aga (In yrs. 73	iast birtho	Months D	eer If Under 24 Hays Hours Mi	n. (Month, L	irth Day, Year) 31, 1922	9. Birthi Cour	place (State or Foreigntry)
	P .		Usual Rasidance of Decedant		T							
	ahow	5	10e. Stete 10b. County Maryland Anne Ar	nndo1		y, Town o en Bu	or Location				1	10d. Insida City Limit 1 ☐ Yes 2 ☑ N
	the N	Director	10e. Street and Number	under	GIE	:II Bu	10f. Zip Co	da		10g. Citizen of	What Cour	
	3a or		502 Stanholme Dri	.ve			210			United		
020	72 hours after death with the Meryland "natural", or flams 23s or 28s-f show folics! Examinet must be notified at	by Funeral	11. Maritel Stetus 1 Never Married 2 Marriad 3 Widowad 4 Divorced	12. Wes Deced Armed Ford 1 [XYas 2 If Yes, Giva Yaar or Dat	es? □ No		13. Wes Decedant If Yes, specify (of Hispanic Origin? Cuban, Maxican, Pus No Specify:	Specify Yas or Ninto Rican, etc.)		ce - Amaric ck, Whita,	can Indian,
Maryland 21215-0020	within 72 ene. than "nat	Completed	15. Decedant's E (Specify only highest gr Elamentery/Secondary (0-12)		for 5+)	(C	ecedent's Usual Od Giva kind of work de fa. DO NOT usa re patcher	ccupation ona during most of w otired)	orking	16b. Kind of B		
yland;	a la b	To Be C	17. Fathar's Nama (First, Middle, Last William Spann	")					ama <i>(First, Middl</i> IcKerney	a, Meidan Surnar		
, Mar	d d d d d d d d d d d d d d d d d d d		19a. Informant's Name/Relationship Jane M. Spann /					reetend Number or I				
Baltimore,	permit. Peges 1 and Department of Healt Important: if Item 2 any Injury or other once.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		ata	ematary,	isposition (Name of crematory or other Park Cen	plece) Oct	ober , 1996		Location · City or Town, Stete	
Balt	permit. Departr Importr any Inj											
	Physician /Medical		23a. Part1. Enter tha disaasa, or con shock, or haart fallura. List only Immediata Cause (Finel									Approximate Interval Between Onset and Death
	Examiner	ler	disease or condition resulting in death)	a	Dua to (c	or as a con	nsequanca of):	heiner	3 6.0.) Esta E		7 7
,00	tificate be executed g physician and as the burial-transit	i Examiner	Sequantially list conditions, if any, laading to immadiate cause. Entar Underlying Cause (Disaasa or injury	b. ————	Dua to (o	or as a cor	nsequance of):				1	
x 68760,		//Medical	that initiated evants rasulting in deeth) Last	d	Dua to (o	r as e con	sequance of):					
, P.O. Box	that the death	by Physician/I	Part II. Other significant conditions of	contributing to deal	th but not res	ulting in th	a underlying cause	e given in Part I.		i tobacco uss co Yss 2ko No		o the cause of death
Records,	aw requi	Completed b							24a. Wa	s an autopsy formed?	av	ara autopsy findings vallabla prior to empletion of cause death?
	The ate h	Сол							10	Yes 2⊠No	10	□Yas 2□No
Viita	Physician: The this certificate rall director, page	Be	25. Was casa refarred to madical axaminar?	Hospital:				28. Place of D	eath (Check only	ona)		
ō	iling Phys h. After this funeral di	ation: To	1 Yes 2 No 27. Mannar of Death 1 Naturel 5 Panding 2 Accidant invastigatio	28a. Data of (Month,		28b. Tim Inju	a of 28c.	Injury et Work? 1 Yes 2 No		sidance 6 Oth how injury occur		(Y)
Division	or Att	Certification:	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicida determined	28a. Place of	Injury - At ho , atc. (Specify		, streat, factory, off	ice		(Street end Numb own, Stete)	per or Rura	al Routa Number,
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai	29a. Cartiflar 1⊠ Cartifying Pt (Check only one) 1	nysician: To the be niner: On the basi and manna	s of axaminat	wledga, d tion and/o	aath occurred at the rinvastigation, in r	e tima, data and plac ny opinion, daath occ	ea, and dua to the curred at the time	a causa(s) and ma , data and placa,	annar as s and dua to	tated. o tha causa(s)
	Tot	Σ	29b. Signature and titla of certifiar	/ann				anse number U/75/9		29d. Data signe		

Registrar

State

31. Data filed (Month, Dey, Year)

30. Nema and eddrass of person who completed causa of daath (Itam 23a) (Type, Print)

Mirza M. Nusairee, M.D., 7845 Oakwood Rd., Glen Burnie, Maryland 21061

Items2,3,10a-10g,11,12,13,14,15,16a,16b,17,18,19a,19b,20a-20c ,22 10-21-96 FilmG740 W.H.Per Doctor Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth Month Physician 6:30AM Rex FRANCES CHRISTABEL SAMPSON /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3 Weedthermern Court #4 Owings Mills BALTIMORE If Under 1 Yaer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthplece (Steta or Foreign Country) 1□M 25√F 229-09-3824 80 Yrs Oct. 11, 1915 S. Carolina Usuei Residence of Decedent 10a. Stete 10c. City, Town or Location 10b. County 10d. Inside City Limits Maryland Baltimore Owings Mills 1 Yea XXX No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3 Woodthorne Court 21117 USA Funeral 12. Was Decedent Ever In U.S. Armed Forcas? Waa Decedent of Hispenic Origin? (Specify Yas or No-if Yas, apecify Cuban, Maxican, Puerto Rican, etc.) 11. Meritei Stetua 14. Race - American indian, Black. White, etc. ☐ Yas 2XXNo Yes, GivaX 1 Never Merried 2 Married 1 Ves 2 No Specify Specify: Black g 3 Widowed 4 □ Divorced Yaer or Detes: Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Buainess/Industry Elementery/Secondery (0-12) College (1-4or 5+) Cafeteria Worker 10th Grade 17. Fether's Neme (First, Middle, Last) Balto. City School 18. Mother's Neme (First, Middle, Meiden Surname) Be Elliott McMullen. Della. White 19e. tnforment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Elizabeth J. Lester (Niece) 3 Woodthorne Court, Owings Mills, MD. 21117 20b. Piace of Disposition (Neme of cematary, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Deta 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Crownsville, Maryland Crownsville Cemetery 10-10-96 21. Signature of Funarai Service Licensee 22. Neme and Address of Facility Joseph H. Brown Jr. Funeral Home P.A. 23a. Part 1. Enter the disaesa, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Intervei Between Onsat and Deeth Immediate Cause (Finel disease or condition resulting in deeth) Congestive Heart Failure Due to (or es a consequence of): Ischemic & Valvular Heart Disease Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Physician/Medical Due to (or es a consequence of): Pert il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Malnutrition þ 24b. Were autopsy findings available prior to completion of causa of death? Completed 24e. Wes an autopsy performed? Genito Urinary Infection 1 Yas 2000 1 Yas 2 No 25. Wes cese referred to medical exeminer? Be 26. Piece of Deeth (Check only one) 2

Physician /Medical **Examiner**

Funeral

Director

r 28a-f show

7 is marked other than "natural", or items 23s or traumstic event, the Medical Exemptor inside

permit. Pages 1 and 2 should be filed within 72 hours after death v
Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or itema 23a, and Injury or other traumatic event, the Medical Exporter Instate once.

Baltimore, Maryland 21215-0020

with the Maryland

physician and the burial-transit 60 USB signed by the a d be detached f has page 2 certificate

the death certificate be executed Attending Physician: funeral director, this or Attending after death. Director: Aft the Hospital of thin 24 hours a the Funeral D within 2

Division of Vital Records, P.O. Box 68760.

Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify)
Injury at 28d. Describe how injury occurred 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28h Time of 28c. Injury at Work? t Metural 5 Pending

investigetion 6 Could not be determined

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No 28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) end menner es stated.

2 Medicel Examiner: On the basis of examinetion end/or invastigetion, in my opinion, deeth occurred et the time, data and plece, end dua to the cause(s) end menner stated.

29b. Signetura and title of certifier >hawarda. 29c. Licansa number D20252

29d. Data aigned (Month, Day, Year)

30. Neme and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

Shamsuddin, M.D. 20 Crossroads Dr. Owings Mills, Md. 21117

State Registrar

Certification:

Medical

2 Accident

4 Homicide

(Check only one)

3 Suicide

29e. Certifier

31. Deta filed (Month, Dey, Year) OCT 21 1996



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 31373 Certificate of Death 1. Dacadant's Nama (First, Middle, Last) 2. Data of Daath 3. Time of Daath Day 1996 **Physician** Month James Archabald Shriver Oct. 19, 7:30 a.m. /Medical 4a. Facility Nema (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Randallstown Baltimore Genesis Eldercare 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Jan. 2, 1936 7. Age (In yrs. last birthdey) **Funeral** 9. Birthpieca (State or Foreign 1 □ M 2 □ F 214-32-9745 60 Maryland Yrs. Director Usuai Rasidance of Dacedani the Maryland 10a. Stata 10b. County 10c. City, Town or Location show 10d. Insida City Limits r than "naturel", or items 23e or 28e-f short or Wedical Example: must be notified at Baltimore Director Md. Reisterstown 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan ot What Country? 60 Pendragon Ct. Funerai 21136 U.S.A. 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No 11. Maritel Status Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - American Indien, Black, Whita, etc. filed within 72 hours after 1) Naver Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: White by 3 Widowed 4 Divorced Yaar or Datas:1956-1961 Completed 15. Dacedant's Education 16a. Dacedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Hygiene. Elamentery/Secondary (0-12) Collega (1-4or 5+) Farming 11 Farmer permit. Pages 1 and 2 should be filed Department of Health and Mental Hygic Important: If Item 27 Is marked other eny Injury or other traumstic event. 17. Fathar's Nema (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Surname) Be James A. Shriver Linda Engelskirch 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Route Number, City or Town, State, Zip Code) Linda Stamm 60 Pendragon Ct., Reisterstown, Md. 21136 20b. Placa of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval trom Stata 4 ☐ Donetion 5 ☐ Othar (Specify) Maryland Veterans Cem. 10/22/96 Owings Mills, Md. 21. Signatura of Fylner 22. Nama and Address of Fecility Eckhardt Funeral Chapel 23a. Part1. Entar the disaasa, or complications that caused tha death. Do not entar the mode of dying, such as cardiec or raspiratory errast,

Approximeta **Physiclan** Immadlata Ceuse (Final diseasa or condition resulting in daath) /Medical Examiner Physician/Medical Examiner as the burial-tran Sequantially list conditions, if any, leading to Immadieta cause. Entar Underlying Causa (Diseesa or injury Dua to (or as a consequance of): Records, P.O. Box 68760. The law requires that the death certificate be thet initiated avants Dua to (or as a consequence ot) rasulting in death) Lest for use ed by the a Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 □ Unknown 1 Yee 2 No signed t by 24b. Wara autopsy findings available prior to completion of causa of daath? page 2 should Completed 24a. Was en autopsy performed? 1 Yes 2 No Division of Vital Physicien: 25. Was casa referred to medical axeminar? Be 26. Piace of Death (Check only one) Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) Certification: To 1 ☐ Yes 2 ☐ No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manng ot Daath 28a. Data of Injury (Month, Day Year) After 28b. Tima ot 28c. injury at Work? 28d. Describe how injury occurred Attending 1 Natural 5 Panding invastigation Mostlitter An.

A hours effected ab.

eral Director: Ah.

eral Director: Ah. 1 Yas 2 No 2 Accidant 6 Could not be detarmined 3 Suicida 28a. Place of Injury - At homa, farm, straet, tactory, office building, atc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida 10 Certifying Phyeician: To tha best of my knowledga, daeth occurred at tha time, deta and place, and dua to tha causa(s) and mannar as steted.
2 Medical Examiner: On tha basis of axaminetion and/or investigation, in my opinion, daath occurred at tha tima, date and place, and due to tha cause(s) and manner stated. 29a. Cartifian Medicai To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signetur 29c, Licanse number 29d. Date signed (Month, Day, Year)

death (Itam 23a) (Type, Print)

4000 OD Court No

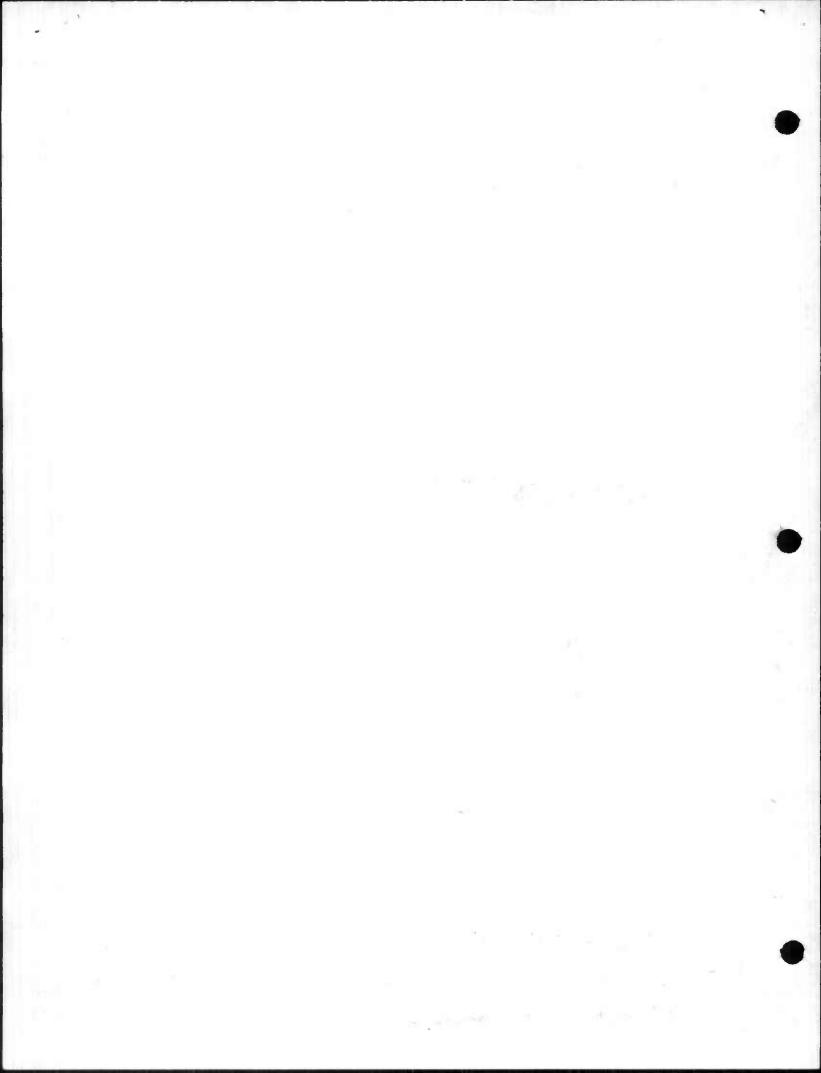
State Registrar

11 1 1 1 1 1 1 1 1 1 - 11 - 12-164 Berther 15 f. J. and . 73 (_300.0 The state of the s to began is test too. Interfal is a collegion.

State of Maryland / Department of Health and Mental Hygiene 96 31374

hysici					CE	rtificate	of D	eath		Rag. No.				
	an	1. Decedent's Neme (First, Middle Joseph Serafi:							2. Dete of D Month OCTOb	eeth	-Xear	Time of Death		
/Medic		4e. Fecility Neme (If not Institution		h and l			45	City Town		-	.,	:20 m		
xamin	er			ber)					or Location of Dee		y of Deeth			
		1911 Old Frede				lf Florier 4		altimo		N/A				
eral		5. Social Security Number	6. Sex 7	. Age (In yrs.			Deys		lin. (Month, L	lay, Year)	Country)	(Stata or Foraig		
or:		217-14-9619	X		74 Yrs.				Apr 2	3, 1922	Maryla	nd		
		Usuel Residence of Decedent 10e. Stete 10b. County		10o Cit	, Town or Lo	nontine				10d toolds Ob. Limb				
	2					e City						nside City Limit		
	cto	MD N/A		Da	I CIMOI	.c orey					1	ĎYes 2□N		
-	Director	10e. Street end Number				10f. Zip Co	ode			10g. Citizen of	Whet Country?			
		1207 Cooksie St	treet			2123	0-			Unites	States			
	Funeral	11. Maritel Stetus	12. Wes Deced	ent Ever in U,	S. 13.	Was Deceden	t of Hisp	penic Origin?	(Specify Yes or Nerto Rican, etc.)	o- 14. Rad	ce - American In	dien,		
		1 Never Merried 2 Merri	ed 1 Yes 2	. No					ierto Hican, etc.)		ck, White, etc.			
	by	3 ☐ Widowed 4 ☐ Divorcad	If Yes, Give Yeer or Del			1 ☐ Yes 2 🛭	No P	Specify:		Specif	y: Whit	е		
	Completed	15. Decedent	's Education		16e. Dece	dent's Usual C	Occupati	on		16b. Kind of B	usiness/industr	,		
	pie	(Specify only highas	T		(Giva	kind of work of DO NOT usa	don <i>a d</i> ur ratired)	ning most of i	working	Shippi				
	E	Elementery/Secondary (0-12)	Coilege (1-	for 5+)		r Boy								
		17. Fether's Name (First, Middla, L	ast)				1	R Mother's t	Neme (First, Middl	e Maiden Sumer	nel			
	Be										itaj			
	2	Frances Biedr						Mary	Masloska					
1		19e. Informent's Neme/Reletionsh	nip (Typa, Print)						Rural Routa Num			•		
		Frances M. Bie	drzycki /S	Sister	1911	Old F	rede	erick :	Road, Bai	Ltimore,	MD 212	28		
		20e. Method of Disposition		20b. P	leca of Dispo	sition (Nama matory or othe	of r piece)		Date	20c. Location	- City or Town, S	Stete		
ı		1 DeBurlai 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp		ete		coss Ce			1996	Baltim	nore, MI			
		21. Signature of Funerel Service L		П					1					
Important: If it any injury or suce.		Charles L. Stevens Funeral Home, Inc. 1501 E. Fort Avenue Baltimore, MD												
J	_													
	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury	b	Due to (or es e consequence of): Due to (or es e consequence of):										
l	n/Medical	thet initiated events resulting in deeth) Lest	d	Due to (or es e consequence of):										
	Physician	Part II Other elanificant condition	e contribution to don	th hut not recu	Mina ia Mari	adad daa aasa		to Dood I	non mi	l Anhana				
	hys	Pert II. Other significant condition	to contributing to dea	ar out not resu	iting in the u	ndenying caus	e given	in Pert i.		tobacco usa co				
									1>	Yes 2 No	3 Probably	4 Unknow		
н	d by								240 Wo	s en eutopsy	24h Ware au	Itopsy findings		
	ete								per	ormed?	eveilable	prior to		
	0										of death			
	=								1 🗆	Yes No	1 🗆 Yas	2□₹10		
	Com						2	8. Plece of D	Deeth (Check only	ona)				
	Be Completed	25. Wes case referred to medical					Other:	4 Nursing	Home 5□ Hes	idenca 6 □Oth	ner (Specify)			
	Be	25. Wes case referred to medical exeminer? 1 Yes 2 No	Hospitel: 1 🗆 Ing	atient 2 1	ER/Outpetien									
	To Be	exeminer? 1 Yes 2 No 27. Menger of Deeth	28e. Dete of		28b. Time of		Injury e	t	28c, Injury et Work? 28d. Describe how injury occurred					
	To Be	exeminer? 1 Yes 2 No 27. Menger of Deeth 1 Naturel 5 Pending	28e. Dete of (Month,		-				28d. Describe	how injury occur	160			
	To Be	exeminer? 1 Yes 2 No 27. Menper of Deeth 1 Naturel 5 Pending 2 Accident Investigs 3 Suicide 6 Could no	28e. Dete of (Month, ation of be	Injury Day Year)	28b. Time of injury	28c.	1 🗆 Ye	t s 2 🗆 No				ta Number		
	To Be	exeminer? 1 Yes 2 No 27. Menper of Deeth 1 Asturet 5 Pending investige	28e. Dete of (Month, ation of be	Injury Day Year)	28b. Time of injury	28c.	1 🗆 Ye		28f. Location	(Street and Number, State)		ta Number,		
	Certification: To Be	exeminer? 1	28e. Dete of (Month, ation of be hed) 28e. Placa o building	Injury Day Year) Injury - At ho , etc. (Spacify	28b. Time of injury me, farm, str	M 28c.	1 ☐ Ye	s 2□No	28f. Location City or To	(Street and Numb wn, State)	per or Rural Rou	ta Number,		
	Certification: To Be	exeminer? 1	28e. Placa o building Phyelcian: To the baxeminer: On the bas	Injury Day Year) Injury - At ho, etc. (Spacify est of my knows of exemineti	28b. Time of injury me, farm, str	M 28c.	1 ☐ Ye	s 2 No	28f. Location City or To	(Street and Number), State)	per or Rural Rou			
	ledical Certification: To Be	exeminer? 1	28e. Dete of (Month, ation of be hed) 28e. Placa o building	Injury Day Year) Injury - At ho, etc. (Spacify est of my knows of exemineti	28b. Time of injury me, farm, str	M 28c. M eet, fectory, of a occurred et tivestigetion, in	1 Yes	dete end ple	28f. Location City or To	(Street and Number, State) cause(s) end mand dete end pieca,	per or Rural Rou anner as steted, and due to the o	csuse(s)		
	ledical Certification: To Be	exeminer? 1	28e. Placa o building Phyelcian: To the baxeminer: On the bas	Injury Day Year) Injury - At ho, etc. (Spacify est of my knows of exemineti	28b. Time of injury me, farm, str	M 28c. M eet, fectory, of a occurred et tivestigetion, in	1 ☐ Ye	dete end ple	28f. Location City or To	(Street and Number, State) cause(s) end many, dete end pieca, 29d. Dete signe	anner as steted, and due to the old (Month, Day,	csuse(s)		
	ledical Certification: To Be	exeminer? 1	28e. Placa o building Phyelcian: To the baxeminer: On the bas	Injury Day Year) Injury - At ho, etc. (Spacify est of my knows of exemineti	28b. Time of injury me, farm, str	M 28c. M eet, fectory, of a occurred et tivestigetion, in	1 Yes	dete end ple	28f. Location City or To	(Street and Number, State) cause(s) end mand dete end pieca,	anner as steted, and due to the old (Month, Day,	csuse(s)		
	Medical Certification: To Be	exeminer? 1	28e. Dete of (Month, ation of be and 28e. Placa or building physician: To the base and menne	Injury Day Year) Injury - At no , etc. (Specify est of my knows of exemineting steed.	28b. Time of injury me, farm, str. viedge, deeth on end/or Inv	M 28c. M 28c. M 28c. M 28c. Line cocurred et the restigetion, in 29c. Line 2	1 ☐ Yestiffice The time, my opinion occurse in the time, my	dete end ple lon, deeth ocumber	28f. Location City or To	(Street and Number, State) cause(s) end many dete end pieca, 29d. Dete signe	anner as steted. and due to the o	esuse(s) Year)		
	Medical Certification: To Be	exeminer? 1	28e. Dete of (Month, ation of be 28e. Placa or building Phyeician: To the baxaminer: On the base and menne	Injury Day Year) Injury - At no , etc. (Specify est of my knows of exemineting steed.	28b. Time of injury me, farm, str.) riedge, deeth on end/or Inv.	M 28c. M 28c. M 28c. M 28c. Line occurred et the vestigetion, in 29c. Line D 28c. Line occurred et the vestigetion of the vesti	1 ☐ Yestiffice The time, my opinion occurse in the time, my	dete end ple lon, deeth ocumber	28f. Location City or To	(Street and Number, State) cause(s) end many dete end pieca, 29d. Dete signe	anner as steted. and due to the o	esuse(s) Year)		
	Medical Certification: To Be	exeminer? 1	28e. Dete of (Month, ot be ned 28e. Placa or building) Physician: To the be xaminer: On the bas end menne the completed cause	injury Day Year) Injury - At ho , etc. (Spacify est of my knows of exeminetic steted.	28b. Time of injury me, farm, str. viedge, deeth on end/or Inv	M 28c. M 28c. M 28c. M 28c. Line cocurred et the restigetion, in 29c. Line 2	1 ☐ Yestiffice The time, my opinion occurse in the time, my	dete end ple lon, deeth ocumber	28f. Location City or To	(Street and Number, State) cause(s) end many dete end pieca, 29d. Dete signe	anner as steted. and due to the o	esuse(s) Year)		
	Medical Certification: To Be	exeminer? 1	28e. Dete of (Month, ot be ned 28e. Placa or building) Physician: To the be xaminer: On the bas end menne the completed cause	Injury Day Year) Injury - At ho etc. (Specify est of my knows of exeminetic steted.	28b. Time of injury me, farm, str. viedge, deeth on end/or Inv	M 28c. M 28c. M 28c. M 28c. Line occurred et the vestigetion, in 29c. Line D 28c. Line occurred et the vestigetion of the vesti	1 ☐ Yestiffice The time, my opinion occurse in the time, my	dete end ple lon, deeth ocumber	28f. Location City or To	(Street and Number, State) cause(s) end many dete end pieca, 29d. Dete signe	anner as steted. and due to the o	esuse(s) Year)		

DHMH 16 Rev 6/95



Σ
d)
Baltimore,
ĕ
<u></u>
m
>
£
00
7
8
Y
0
$\mathbf{\omega}$
o.
9
D.
Ś
5
0
90
ď
=
#
>
7
5
ō
S
-
>
S
Division of Vital Records, P.O. Box 68760,

Physicia /Medic	al	BEYLA			SAS			Month OCT.	Day 15	Year 1996	3. Time of Death 6:23 AM			
Examin	er		BROOK I	PARK DR.,		1-B				wn, or Lo	cation of Dea	110	of Deeth	E
Funeral Director		5. Social Security Num 218-45-05 Usual Residence of Do	537	. Sex 7 1 □ M 2 □ M=	. Age (In yrs	. lest birtho	Month	ler 1 Year s Deys		24 Hrs. Min.	8. Date of B (Month, D	irth Pey, <i>Year)</i> 8, 1918		iace (Stete or Forei try) UKRAINE
Maryland H show	tor		Ob. County BALTI	MORE		ity, Town o	or Location MORE						10	0d. inside City Limit
er death with the Manjan Hems 23s or 28s-f show Net. must be notified as	al Director	10e. Street and Number 6944 MILE		ARK DR.,	APT.	1-B	10f. 2	Zip Code 2121	5			10g. Citizen of UKRA		try?
urs aft	by Funeral	11. Maritei Stetus 1 Never Married 3 Widowed 4		12. Was Deced Armed Ford 1 Yes 2 If Yes, Give Year or Dat	es? !⊠No	J,S.		cedent of I becify Cub			ecify Yes or N Rican, etc.)		14. Race - Americen Indian, Black, White, etc. Specify: WHITE	
within within then.	Completed	15 (Specify Elementery/Seconda		Education rede completed) College (1-4	1or 5+)		ecedent's Us Give kind of s fe. DO NOT ENGINE		pation during mos d)	t of worki	ing	16b. Kind of B	usiness/Ind	37
ylanc buid be fil Mental H arked ott	To Be C	17. Father's Name (Fir WOLF	st, Middle, La	st)			SAS		(CHAR	NA	e, Meiden Sumen	MIL	
e, M6		19a. Informant's Name SARRA KOY	FMAN 9			694		BROOK			, APT.		TO.,	MD 21215
it. Pages itment of rtant: If Ik		4 Donation 5	Oremation 3 ☐Other (Spec	**	ate	cemetery,	ON (CE	other ple	AMUN		Date D/16/19	20c. Location -	,	
Depa limpo		21. Signature of Juner	45M	actt	In		SOL 890	LEVI O REI	STERS	& BR	OS., I	PIKESVII	LE, N	1D 21208 Approximate intervel Between
	sician/Medical Examiner	Immediate Cause (Fin disease or condition resulting in death) Sequentially list condit if any, leading to Imme cause. Enter Underlyi Cause (Disease or injuthat initiated events resulting in death) Lest	tions, sdiate ng	a. Meta b	Due to (or as e cor	nsequence of	f): '):	CAN	ICE	۷			Onset and Death 2 years
v requires that the decomposition of the analysis of the analy	by Physic	Part II. Other significar	nt conditions	contributing to deat	h but not res	sulting in th	e underlying	ceuse giv	ren in Part I.			Yes 2 No	ntribute to	
The law requires t are has been signe page 2 should be	Completed D										perf	s an autopsy ormed?	ava	re autopsy findings illable prior to appletion of cause leath?
an: Tr difficate stor, pa		25. Wes cese referred	to medical						26. Piace	of Death	(Check only	Yes 20 No	1 🗆	Yes 2□No
hysic his co	0	2 Accident	Pending Investigation			ER/Outpa 28b. Tim- injui	e of	28c. Injur Wor	er: 4 Nu	rsing Hon	ne 5 Res	Idence 8 Oth)
vital or Att urs after d ral Direct	Certification:	4 ☐ Homicide	Could not l	building,	, etc. (Speci	y) 					City or To	(Street and Numb wn, Stete)		
the Hosp thin 24 ho the Fune mpletely fi	ledic	one)	Medical Exa	hysician: To the be miner: On the basis and manner	s of examina	wledge, de tion and/or	rinvestigatio	n, in my o	plnion, deat	d piace, a h occurre	nd due to the	dete and place,	and due to	the cause(s)
F 8 7 % 4		29b. Signature and little	of person who	m)	of death (iter	n 23a) (Tyj	pe, Print)	D46	9 749			october		
State Registra	2 :	J-M POIT. 31. Date filed (Month, D	CAS, MI	1015	Belved Istrar's Sign	ere k		3467	0. M	D 2	21215			

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

31375

Item26 10-21-96 Film6740 W.H.Per Doctor

Item19a

and the contract of the contract of the contract of

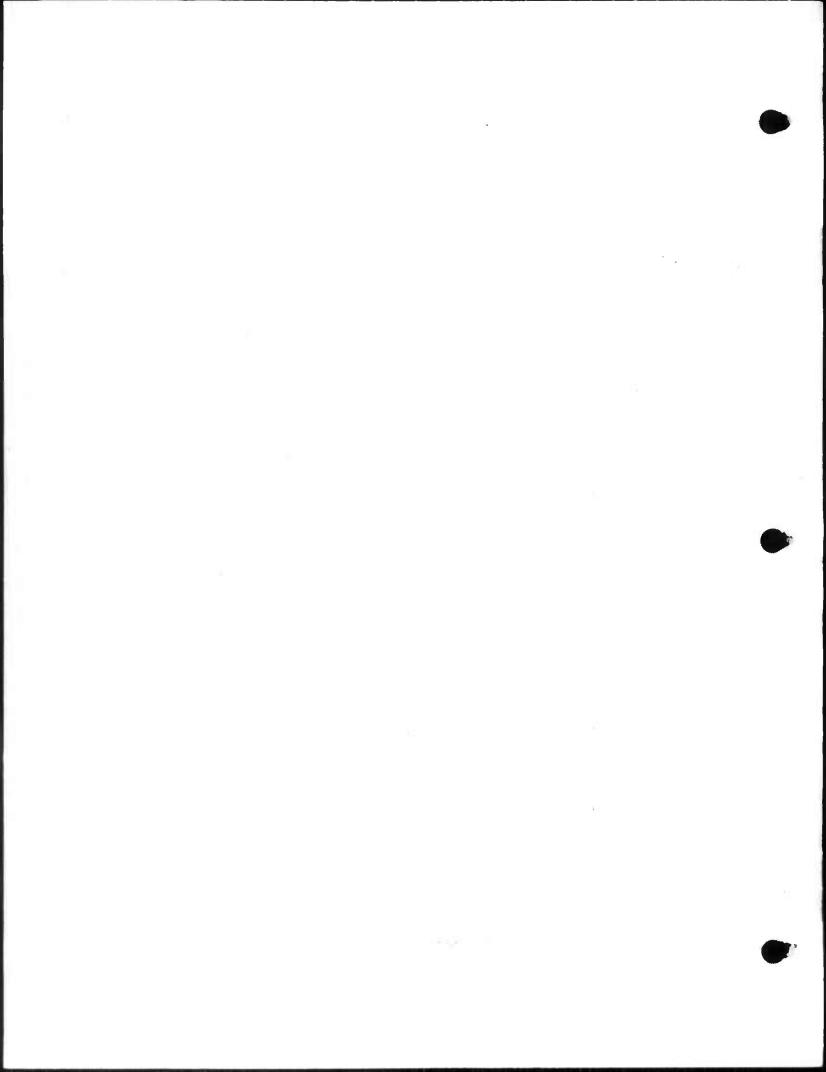
BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

examiner must be notified at once.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 s
-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	be filed within 72 hours after death with the State Dept.
e funeral director, page 5 should be detached for use as the	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	TO THE FUNERAL DIRECTOR: After this certificate has be
death, Page 6 may be retained by the hospital or attending	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law I

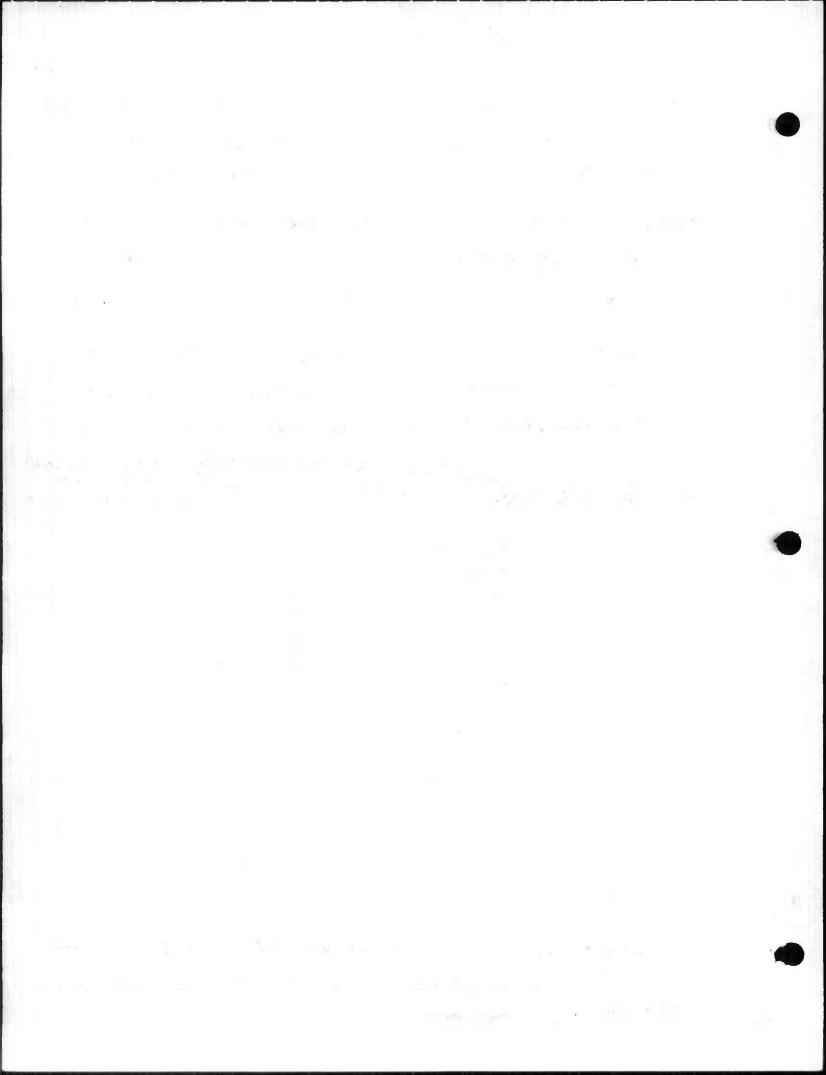
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.					
	1. DECEDENT NAME (FIRE MICHIE LES!) MAYY Elizal		Thornt	on .	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH 96 3.35 PM				
тов		M 2707F		UNDER 1 YEAR F UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BURTH (Month, Day, Nee) MAY 28, 1908 8. BURTHPLACE (State or Foreign DANVILLE, VA					
	9a. FACILITY NAME (If not institution, give street of GOLDEN OAKS N. RESIDENCE OF DECEMENT		96	LAUREL ,	DEATH BC. CO	MARYLAND				
DIRECTOR	10e. STATE 10b. COUNTY	/ a		WASHINGTON		10d. INSIDE CITY VMITS? 1 1 YES 2 NO				
FUNERAL	3636 16 th	ST. N	1.W.	101. ZIP CODE		TIZEN OF WHAT COUNTRY?				
В	1 V News Married 2 Married F	MAS DECEDENT EVER IN 1 FORCES? 1 TYES FYES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 MO Speci		14. RACE — American Indian, Black, White, etc. Specify: BLACK				
COMPLETED		N leted) lege (1-4 or 5 +) Years	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re-	done during most of working ired.)	166. KIND OF BUSINESS/INDUSTRY SCHOOL SYSTEM					
COM	17. FATHER'S NAME (First, Middle, Last)		127011		AME (First, Middle, Melden Surname					
B	WADE THORNTO	N	19h MAILING AD	MAI	RY WILSON Route Number, City or Town, State,	7-0-11				
5	DEBORAH HAY	ES	8929	PEMBROOK W		LAUREL, MD				
	26a. METNOD OF DISPOSITION 1 X Xuriel 2 Cremetion 3 Removal fr 4 Donation 6 Other (Specify)	rom State cemet	PLACE AND DATE OF DI fery, crematory or other I	olecei		- City or Town, State BUNDALK, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSES		IUSHELL		Baltimore					
	· true m	. Amil	the	WM.C. March	n FH 1101 E.	NorthAvenue				
CERTIFICATION	23. PART Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, hock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL (PART II. Other aignificant conditions con	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO								
	DID TOBACCO USE CONTRIBU				N 🗆					
PHYSICIAN:		26 SPITAL: Inpetient 2 - ER/Outpet		HER: Nursing Home 5 - Residence	€ □ Other (Constitut					
PHY	27. MANNER OF DEATH	OCCURED								
ED BY	1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined detarmined City or Town, Stelle) 1 Natural 5 Pending Investigation M 1 YES 2 NO 26e. PLACE OF INJURY — At home, ferm, strest, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stelle)									
COMPLET					to the cause(e) and manner as a	tated. the cause(s) and manner so atated.				
E 00	29b. SIONATURE AND TITLE OF CERTIFIER	The same of examination?	and any any and any any	29c. LICENSE NU		ATE SIGNED (Month, Day, Year)				
TO B	/ Myuna	Mus		D-32	332 1	0/7/06				
	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEAT	N (ITEM 27) (Type, Prin	19 Aug 1 27	- Silve, Con	up And Dago				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE OCT 9 1 1000									



State of Maryland / Department of Health and Mental Hygiene 96

					Certificate	of Death		Reg. No.	0 0	1011			
	11.		1. Decedent's Name (First, Middle, Le	st)			2. Date of De	eth		ime of Death			
	Physic /Medi		Dorothy J.	Thomas			Month	- Day 18	96 C	205/			
٠,	Exami		4a. Fecility Name (If not institution, give	street end number)		4b. City, Town, or	Location of Death	4c. County o	Death				
			ST. AGNES	HOSPITAL.		BALTI	HARE	N	/A				
Т	Funeral	Г	5. Social Security Number 6. S	ex 7. Age (In yrs.	lest birthday) If Under 1	Yeer If Under 24 Hrs	8. Date of Birt	h .	9. Birthplece (5	Stete or Foreign			
	Director		218-56-1462 1	□M 200F H	Yrs. Months	Deys Hours Min.	APRIL G	y, Year) 1952	MARV 1.1	AND			
	p ,		Usuel Residence of Decedent					1117					
	anylar show		10a. State 10b. County		ly, Town or Location					ide City Limits			
	h the Meryland r 28a-f show	Sch		(A	BAL	TIHORE	CITY		1/2	Yes 2□No			
	ith th	Director	10e. Sfreet end Number			Code		10g. Citizen of Wi	net Country?				
20	23a		514 MT. HOLL	Y STREET		2122		45	A.				
	teme	Funeral	11. Maritel Status	12. Was Decedent Ever in U Armed Forces?	,S. 13. Was Decede If Yes, specif	nt of Hispenic Orlgin? (S y Cuben, Maxican, Puer	specify Yes or No- to Rican, etc.)	14. Rece Black	- American Indi , White, etc.	ien,			
	ours efter death with ai', or items 23a or Examinet must be	by F	1 Never Married 2 Merried	1 ☐ Yes 2 No	1□ Yes 2∫	. *			BLAC	V			
21215-0020		D D	3 ☐ Widowed 4 🖾 Divorcad	Year or Dates:						-			
75		Completed	15. Decadent's Ed (Specify only highest gre	ucation de completed)	16e. Dacedant's Usual	Occupation done during most of wo retired)	rking	16b. Kind of Bus	iness/Industry				
12	within lene. than	m d	Elemantary/Secondary (0-12)	Collaga (1-4or 5+)				Aund	14000				
	Hygi other	ŏ	17. Fether's Neme (First, Middle, Last)		HOMEM		me (First Middle	OWN Maiden Sumeme	HOME				
Maryland		Be C	GEORGES	GRAVE	<								
Z	should b nd Ments marksd imatic e	2	19a. Informant's Neme/Relationship (7			GLOR (Streat end Number or Ri			MAX				
Ma	0 0 0												
e,	1 and Health em 27		CUNTITIA GRAVE 20a. Mathod of Disposition		514 MT. He Place of Disposition (Neme	OLLY SIKEE	Date	IMORE M.	D, 210	227			
OU.	Pages nent of nrt: if its		1 Burlal 2 □ Cremation 3 □	Removel from State	emetery, crametory or our	er precar)							
Baltimore	permit. Pages 1 a Department of He- important: if item any injury or othe		4 □ Donation 5 □ Other (Specify 21. Signature of Funeral Service Licen) K1	NG MEMORIA 22 Name and VOSEPH	4L CEMETERY	0-23-76	WOODLI	tWN, MI	ARYLAND			
Ba	permit. F Departm importar eny injur			500	JOSE PI	H H. BROW	UN UR. 1	-UNGRAL	- Home,	P. A.			
_		1	23a. Part LEfter life disease, or companion, or heart failura. List only o	unh	21401	V. FULTON	AVE. A	BALTINO	RE, HD.	21217			
		(shock, or heart failura. List only	plications that caused the deat one cause on each line.	h. Do not entar tha mode	of dying, such as cardia	or respiretory ar	rast,	Appro	ximata al Between			
	Physician /Medical	1							Onset	and Death			
	Examiner		disease or condition rasulting in deeth)	a. Gram M	egative :	Sepsis			20	lays			
		-	radding in doding	Due to (c	or es a consequenca of):	1							
	ped lisit	ulu u		b. Hepatiz	Circho	513			12~	1200s			
	icate be executed physician end s the buriel-transit	Examiner	Sequentially list conditions, if any, leading to Immediate causa. Enter Underlying Cause (Disease or injury	Dua to (o	r as e consequence of):								
9	be e	alE	Causa. Enter Underlying Cause (Diseese or injury	c									
68760,	entificate be executed ding physician end se as the buriel-transit	edical	thet initiated events resulting in death) Lest Due to (or es a consequence of):										
×	0 2 3	3		d									
ă	atter for u	clar							1				
o	that the death on the by the attend deteched for us	Physician	Part II. Other significant conditions co	ntributing to death but not rase	uiting In the underlying cau	isa givan in Part I.	23b. Did t	obacco use conti	ributs to the ca	use of death?			
۵.	that ed b						101	res 2 No 3	Probably	4 Unknown			
Vital Records,	The law requires that the death at the has been signed by the atterpage 2 should be deteched for u	d by					24a Was	an eutopsy	24b. Wera auto	oney findings			
Ö	beer should	Completed						med?	availabla p	prior to in of cause			
Re	The lay ate has page 2	m m						.,	of death?				
e			00.11				1 D Y	es 2 No	1 ☐ Yes	2 No			
\$	ysician: The is certificate director, pag	Be	25. Was case referred to medical examiner?	Hospitel:		Other	ath (Check only o						
ō	Phys this ral di	5	1 ☐ Yes 2 ☑ No 27. Manner of Death	1 ⊈Inpatient 2 ⊔	ER/Outpetient 3 DOA	4 Unursing H		enca 8 Othar					
Division of	Attending Physician: or death. ector: After this certific. by the funeral director,	- Co	1 Naturel 5 ☐ Panding	28e. Date of Injury (Month, Dey Year)	28b. Time of Injury M	work?	280. Describe n	ow injury occurred	1				
S	death ctor: / y the f	Ca	2 ☐ Accidant investigation 3 ☐ Suicide 6 ☐ Could not be	200 Place of Injury At he		1 Yas 2 No	204 Leasties /C	Cont. Leaving (Christian d. Landson, David David Allandson					
2	after deat Director:	Certification:	4 ☐ Homicide determined	28e. Place of Injury - At he building, atc. (Specify	/)	эпсө		Location (Street end Number or Rurel Route Number, City or Town, State)					
1	Depital hours uneral ily filled		29a. Certifier 1 Certifying Phy	elaien: To the boot of my know	uloden doeth convert at	the time date and stars							
	the Rospita hin 24 hours the Funeral npietoly filled	edical	(Check only one) 2 Madicat Exami	alcian: To the best of my knowner: On the basis of examinated and manner stated.	wiedge, death occurred at lon and/or invastigation, in	my opinion, daath occu	, and due to the d rred at tha time, d	ause(s) and menr leta end piace, an	d dua to the ca	use(s)			
1	To the within To the somple	Me	29b. Signeture and title of certifier	one member stated.	29c. L	icense number		29d. Date signed (Month Day Ya	ear)			
	- *-		- 120										
r	5			no	Dia Dia			001,1	0,11	10			
	1		30. Nama and address of person who co	ST ACAIC	23e) (Type, Print) HoSPITAL	GAAA A	1 1	2	110 1	1030			
	-640	10	31. Dete filed (Month, Dey, Yeer)	32. Registrer's Signal	TOSPITAL,	TUULATOR	V TIVE.	CALTO,	MD, 2,	1227			
	Sta Registra	_	OCT 21 1996	icha Dandson-Ran	1,00								
	3		~ + 1000 (I	- A COM ON THE CONTRACT OF THE	-								



96-4217-510 AM UNK.96-169

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Cambillanda	- 6 D 4h
Certificate	or i learn

Reg.	No.	

96 31378

	HEAT S		1. Decedent's Name (First, Midd	lle, Last)							2. Date of D			3. Time of Death	
ı	Physic /Medi									JULY	29.199	29,1996 unknow			
	Exami		4a. Facility Neme (If not institution	on, give street a	and number)					4b. City, Town, o		T	y of Death	HIRITOWII	
1			SINAI HOSPITAL							BALTI	MORE				
	Funeral		5. Social Security Number	6. Sex	7. Ag	e (In yrs.	last birthday)	If Under		If Under 24 Hi			none	place (State or Foreig	
	Director		unknown	1 □M 2	□ F	inkno	Vre	Months	Deys	Hours Mi			Coun	ntry)	
			Usual Residence of Decedent			IIIKIIO	WII		-		unkno	VII	un	known	
	dance day		10a, State 10b. County	/		10c. Cit	y, Town or Lo	cation					1	0d. Inside City Limits	
	Many Hard	ō	unknown ur	1			1							1 ☐ Yes 2 ☐ No	
	tha 288	Director	10e. Street and Number	ıknown			unkn	OWN 10f. Zip (`ode			10g. Citizen of		unknown	
	with a	Ö						Ton Lip				rog. Onzen or	Wilet Cour	lity r	
	s 23	era	unknown	40 14/0	a Dana dant	Francia II	C 40.1	Mar David		nknown			unkno		
	tar death with the Merylan Heme 23e or 28e-f show her man be notified	by Funeral	11. Marital Stetus unknown	1 12. vva	s Decedent ned Forces?] Yes 2 ☐ f	unkn	own 13. V	Was Decedent of Hispanic Orlgin? (Specif If Yes, specify Cuban, Mexican, Puerto Ric		Specify Yes or Norto Rican, etc.)	IO- 14. Ha	ce - Americ ck, White,			
20	ral', or		1 Never Merried 2 Mar 3 Widowed 4 Divorced	. If Y	es, Give	NO	1	I□Yes 2	No No	Specify:		Specia	y: B1.	ack	
21215-0020	n 72 hours after death with the Maryland "natural", or frems 23a or 28a-f show salcel Examiner mart be notified at				ar or Dates:										
5	hin 72 h s. nn "natu Mexical	Completed	(Specify only highe	nt's Education est grade comp	ducation 16a. Decedant's Usual (Give kind of world)			done	pation during most of w d)	orking	16b. Kind of E	lusiness/Ind	dustry		
12	2552	E	Elamantary/Secondary (0-12) unknown		lege (1-4or 5	i+)				a)					
	77 75 6		17. Father's Name (First, Middle,		known	·	u u	nknow	1	40 14-15-1-1	(Final 1814)		nknow	n	
an	bed per per per per per per per per per per	Be	unknown	Lasty								a, <i>Maiden Sum</i> ai	ne)		
Ž	should be and Mental I marked or umatic eve	2									nknown				
Maryland	C1		19a. Informant's Name/Raiations	ship (Type, Prii	nt)		19b. Mailin	g Address	Street	and Number or F	Ru <i>rai Route N</i> um	ber, City or Town	, State, Zip	Code)	
	s 1 and 2 of Haalth Itam 27 I		unknown							u	nknown				
altimore,	or of		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion	in 3 DRemove	from State	20b. P	laca of Dispo: em <i>etary, cren</i>	sition (Name natory or ott	of er pla	ce)	Date	20c. Location	- City or To	wn, State	
<u>=</u>	Pages nent of I ant: If its ury or of		4 Donation 5 NOther (S	Specify) Sta	te ren	n.					1				
at	permit. Pages Department of Important: If is any injury or		21. Signature of Funeral Service	Licensee	D.1		22	. Name and	Addre	ss of Facility					
m	SEEG		Ronald S	. Wade	pire	ctor				tomy Boa			nore	Street	
			23a Part I. Enter the disease, or	complications	that caused	the death	Bo not ente	altimo	re,	Maryla	nd 2120	1-1559		Approximate	
	Physician		shock, or heart failure. List	only one ceus	e on each lir	ne.	i. Do not one	J. 1110 1110 Q0	or uyn	ng, suon as cardi	oc or respiratory	arrest,	- 1	Interval Batween Onset and Death	
?	/Medical		Immediete Cause (Final	3.0			0.00						1		
	Examiner		disease or condition resulting in death)	a. AC	ACUTE NARCOTIC INTOXICATION WITH COMPLICAT						TION	S			
		e			Due to (or as a consequanca of):										
	peti nsit	Examiner		b	0								i		
_	ath certificate be asscuted ittending physician and for usa as tha bunal-transit	X	Sequentially list conditions, if eny, leading to immediate		Dua to (or as a consequence of): Due to (or as a consequence of):										
9	be a buni		cause. Enter Underlying Cause (Disaase or Injury that Initiated events	C								i			
Box 68760,	phys tha	9	resulting in death) Last									i			
×	ding sa as	Me	ian/Medical	d							İ				
8	ath c	lan													
o	law requires that the de as been signed by the a 2 should be datached i	Physic	Part II. Other significant condition	ons contributing	g to death bu	ut not resu	ulting in the un	derlying ce	ıse giv	en in Part I.	23b. Did	l tobacco use co	ntributs to	the causs of death	
<u>.</u>	d by	Phy									1□	Yss 2□ No	3 Prot	pably Mulnknow	
Ś	igne bed	by											т		
Record	v require been si should	Completed										s an autopsy ormed?	24b. We	ere autopsy findings allable prior to	
ပ္ထ	has be	ple											cor	mplation of cause death?	
=	The I	E									142	Yes 2 No	1/19	Sves 2□ No	
	ician: The certificata rector, pag	Bec	25. Was case referred to medica	1			-			26 Place of De	eath (Check only			2400 20100	
>	Physician: The L this certificate he ral director, page	To B	examiner? 1 X Yas 2 □ No	Hospital:	1 🗆 Inpatie	nt 2 Th	ER/Outpatient	3 DOA	Oth	or:		idence 6 Ott	ar (Casaih	al.	
	문 등 등		27. Manner of Death	28a.	Data of Injur (Month, Day		28b. Time of		. Injur			how Injury occur		,	
	After After funa	ertification:	ion	1 Natural 5 Pendir				Injury	1.4						
			3 Sulcide 6 ☑ Could not be					AA		11027	unknown 28f. Location (Street and Number or Rural Route Number,				
	deat deat tor:	flca	3 ☐ Sulcide 6 ☐ Could	not be					office				ber or Rum	/ Route Number	
ivision	or Attendent flar deat frector: in by tha			not be		iry - At ho	me, ferm, stre	et, factory,	office		28f. Location City or To	(Street and Numi own, State)	ber or Rura	I Route Number,	
ivision	deat deat tor:	ical Certifica	3 ☐ Sulcide 6 ☐ Could determ	not be inad 28e.	Place of Injubuilding, etc	iry - At ho	me, ferm, stre	et, factory,		ne, date and piac	28f. Location City or To	(Street and Numi own, State)			

29c. License number

111 Penn Street, Baltimore, Maryland 21201

OCME

who completed cause of death (Item 23a) (Type, Print)

29d. Date signed (Month, Day, Year)

JULY 30,1996

State Registrar 29b. Signature end title of certifier

DHMH 16 Rev 6/95

Bit in the second of a minor of as 2

State of Maryland / Department of Health and Mental Hygiene 96

				Ce	rtificate o	of Death		Re	g. No.		
		1. Decedent's Name (First, Middle, La	ast)					Date of Death	1		3. Time of Death
Physic		Naomi Edna Vin	son					Month	Day	Yaar 496	11:55 81
/Med		4a. Facility Name (If not institution, gir	ve street and number)		4b. City. Tox	wn, or Location		4c. Count		111.22 44
Exam	ıner	Union Memorial					more C		40. Goding	NIA	
				- Marine to a historia	If Under 1 Ya						
Funera			Sex 7. A 1 □ M 2 X F	ga (In yrs. last birthday	Months Day		Min. 8.1	Date of Birth (Month, Dey, 16, 10,	Year)	9. Birthp Coun	lace (Stata or Foral
Directo	r	212-30-7944		62 11s.			AL	16,10,	1434	VIR	GINIA
pu k		Usual Residence of Decedent 10a. State 10b. County		10c. City, Town or L	postion					Т.	0d. inside City Limit
aryla	<u>-</u>		10	Too. Only, Town of E						,	1 X Yes 2 □ N
88 F	5		IA		BALIL	HORE	C17	γ			TAN THE ZUN
er it	능	10e. Street and Number		4	10f, Zip Code	Э		1 10	g. Citizen of	What Coun	itry?
23a	a	2825 CHESTE	e FIELD I	AVENUE		2121	13		1	16A	
72 hours efter death with the Maryland "natural", or items 23a or 28a-f ahow solical Examiner must be neutried at	Funeral Director	11. Marital Status	12. Was Decedent Armed Forces	Ever in U,S. 13.	Was Decedent o	Hispanic Orig	gln? (Specify	Yes or No-		ce - Amaric	
ofter A		1 ☐ Never Married 2 ☐ Married	1 ☐ Yes 2 📉	No			i, Fuarto Filoa	iri, 016.)	Bia	ck, White,	atc.
el.	by	3 ☑ Widowed 4 ☐ Divorced	If Yes, Giva Yaar or Dates:		1□ Yes 2XN	lo Specify:			Specif	y: BL	ACK
2 ho	Completed	15. Decedent's E	ducetion	16a. Dece	dent's Usual Occ	cupation		1	6b. Kind of B	usiness/Inc	dustry
C 1 2	음	(Specify only highest gri	Coilege (1-4or	life.	kind of work dor DO NOT use reti	ne during most ired)	t of working				
filed within Hygiene. ther than	E	6+HGRADE	College (1-40)	5+)	Hom	EMAK	ER		NWO	Ho	ME
be filed tal Hygid other event,	Be C	17. Father's Nama (First, Middle, Last)	, , , , , , , , , , , , , , , , , , , ,					laiden Surnar		
0 5 0	To B	WILLIAM		WALK	FD	MAR	2 11	E .	CTO, B	1	
d 2 should by and Menta 7 is marked traumatic ex	1	19a. Informant's Name/Relationship	Turne Print)		ing Address (Stre			E. C	STRIB	Class 7	Corto
		MALE O. =	11000000	Day 6) 111/55	Ing Address (Stre	or end runibe	or nutal no	2 a	City of Town	, Siele, Zip	Code)
of Heelth Item 27		VALERIE	VINSON	DAUG.) 1457 20b. Place of Disposements, com	MOUNT	MOR K	OAD, C	JALTI	HORE, I	40.0	11217
80 -		20a. Method of Disposition 1	Removal from State	comololy; or	matery of carer p	naco)	1				
		4 □ Donation 5 □ Other (Special		KING ME	MORIAL	PARK	10-1	8-96	WOODL	AWN	HARVLAN
permit. Pag Department Important: It any injury o		21. Signature of Funeral Service (1)		2	2. Name and Add	dress of Facility	y !	70 E	HALFO.	41 H	THE PA
SOE S			12)		SEPH	H. 101	pwn	OK. I	CNCIN		71.11.
_		23a. Part1. Enter the disaasa, or com shock, or heart failure. List only	plications that cause	d the death. Do not en	ter the mode of d	HULTON	V AVE	BALT	IMORE	MD.	21211
		shock, or heart failure. List only	one cause on each l	ine.	101 1110 111000 01 0	iying, soon as t	OUTUINE OF THE	apiratory erre	οι,		Interval Between Onset and Death
Physician /Medical	_				-						Officer and Death
Examiner		Immediate Cause (Final disaase or condition resulting in death)	a 0 v	er whelmi, Due to (or as a conse	ng ink	ction	and	ourt	Sho	ck	2 week.
		resouring in death)		Due to (or as a conse	quenca of):					1	
D #	Examiner		, Ch	Due to (or es e conse	hal	failus					8 mouths
acute tren	me	Sequentially list conditions, if any, leading to immediate	U	Due to (or es e conse	quenca of):		W. Nam.				0 0 1 1 0 1 0 1
e exe ian a		r any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury	Ne	tabolic	A-! 1.					1	Lucale
certificate be executed ding physician and ise as the burial-trensit	//Medical	thet initiated events resulting in death) Last	C	Due to (or as a consec	quence of):	212					CONTRACTOR OF THE PARTY OF THE
certifica nding ph use as th	8	resulting in death) cast		,	,						
6 9 3	2		d							-	
atter d for u	<u>S</u>	Port II Other eleminant conditions	and the sales and a sale to		1.1.						
that the death ed by the atte deteched for	Physician	Part II. Other eignificant conditions of	ontributing to death b	out not resulting in the u	inderlying ceuse	given in Part I.					the cause of deat
								1 🗆 Ye	• 22 No	3 Prob	oably 4 Unkno
8 5 8	by										
v requires been sign should be	Completed							24e. Was en perform		ave	ere autopsy findings allable prior to
S S S	9										mpiation of ceuse death?
9 F B	E							1 🗆 Va	s 208(No	1.	Yas 2□ No
ficat or, p		25. Was case raferred to medical							-	1	1145 20140
Physician: The this certificate ral director, peg	Be	examiner?	Hospital:		6	Whee		neck only one			
this aldi	10	1 Yas 2⊠No	10±9-Inpatie		II SLI DOA	4 🗆 1401			nce 6 Oth)
ng f	0	27. Manner of Deeth 1. SNatural 5 ☐ Pending	28a. Date of Inju (Month, De	y Year) 28b. Time o	f 28c. Inj	ork?	28d.	Describe hov	w injury occur	red	
Attanding ir death. bctor: After by the fune	at	2 ☐ Accident invastigation			M 1[Yes 2 N	No				
or Attending effer death. Director: After I in by the fune	Ě	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined	28e. Plece of Inj	ury - At home, farm, str	reet, factory, offic	9	28f. l	Location (Stre	eet and Numb	er or Rure	/ Route Number,
oltal or Attanding lars efter death. eral Director: After filled in by the fune	Certification:		January, V.	o. (opeony)				ony or round	0.0.07		
hours hours y filled		29a. Certifier Certifying Ph	ysician: To the best	of my knowledge, deat	n occurred at the	time, dete and	piace, and o	due to the cau	use(s) and me	enner as st	ated.
14.14	edical	(Check only 2 Medicai Exam	ninar: On the basis of and manner st	i exemination and/or in	vestigetion, in my	y opini <i>on</i> , deetl	h occurred at	the time, dat	te and place,	and due to	the cause(s)
100	Σ	29b. Signature and title of certifiar			29c. Lice	nse number		290	d. Data signe	d (Month, L	Day, Year)
1		hus "	Day	M.D.	AT	7479	745	1	1.4.1	14	iaal
1-					MI	24399		()ctoker	- 171	1-1-10
(Y)		30. Name and address of person who		leath (item 23e) (Type,	Print)	1	1	1.			
		DANY THAMO	UN, M.	D. Un	ion 1	Monori.	al	Mospi's	tof.		
St	ate	31. Data filed (Month, Day, Year)	32 Registr	ar's Separature as				/			
Regist	rar	OCT 21 1996	Turner balliage	1							

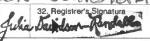
counts to the time is good but the fit. makes to street on on The same of the sa Typical and a part of the design of the state of the stat

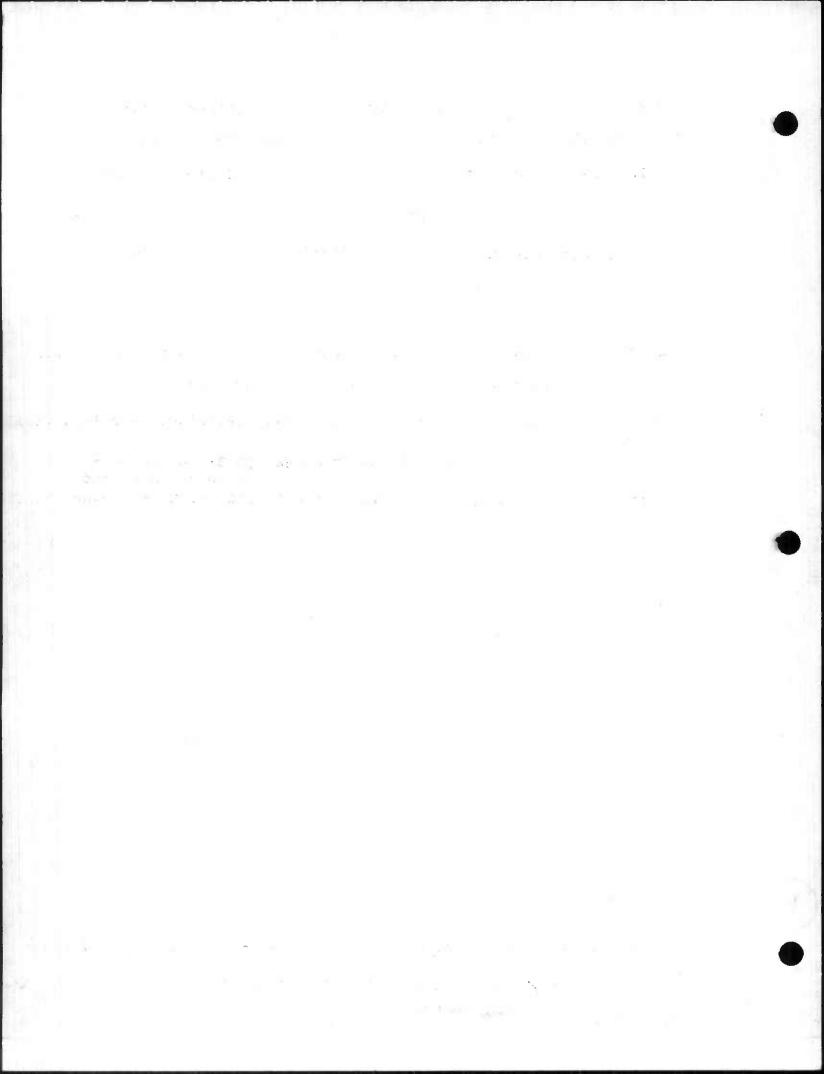
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Last) 2. Data of Daath **Physician** Month ALICE WEST 8:44 IM OCTOBER 16. 1996 /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. Clty, Town, or Location of Daath 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY Na 5. Social Security Number If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Dey, Year) 12-01-10 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country)
 MD • **Funeral** Days 10 M 20 F 85 218-76-8912 Vrs. Director Usual Rasidanca of Dacadant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show "natural", or items 23a or 28a-f shov adical Examiner must be notified at Baltimore ¥¥as 2□No Director MD Na the 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21213 USA 2627 LLewelyn Avenue Funeral 12. Was Dacedant Evar In U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. filed within 72 hours after 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Datas: 1 □ Navar Marriad 2 □ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify. Black by 3€Widowed 4 Divorced Completed the Medical 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry lith end Mental Hygiene. 27 is marked other than "r r traumatic svent, tre Wed Elementery/Secondary (0-12) 6th Grade Collaga (1-4or 5+) Maintenance Johns Hopkins Hosp. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meidan Sumama) . Peges 1 and 2 should be fill ment of Health end Mental Hant: If item 27 is marked oth lary or other traumatic sven Be Unknown Unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Maiting Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Coda) Cornelia E. Jones 2627 LLEWELYN AVE. Baltimore, Maryland 21213 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) pemit. Pege Department of Important: If any injury or Voshell Memorial Gar. 10-21+96 Dundalk, MD. 21. Signature of Femeral Service License 22. Nama and Addrass of Facility Baltimore, Maryland WM, C. March FH 1101 E. North Avenue 21202 the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, eart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death **Physician** /Medical Immediete Causa (Final hours disease or condition rasulting in deeth) Examiner Examiner LLMONARY Sequentially list conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disease or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of). P.O. Box 68760, requires that the death certificate be Physician/Medical 4 Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 700 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wara autopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? The law 1 ☐ Yes 2 ☐ No 25. Was casa rafacred to medical axaminar? Be 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 1 Yes 2DNo 1 Nipatiant 2 ER/Outpatient 3 DOA 2 27. Mapnar of Death 28e. Data of Injury (Month, Day Year) cai Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Attect Naturat 5 Panding Invastigation death. 1 ☐ Yas 2 ☐ No 2 Accident il or Attend after death Director: 6 Could not be 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stete) B 4 I Homicide To the Hospital o within 24 hours all To the Funeral Di Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha cause(s) and menner as stated.

I Madical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to tha cause(s) 29a. Cartifian Medic and mannar statad. 29b. Signatura and title of certifier 29c. Licansa number 30. Name and addrass of parson who complated cause of death (Itam 23a) (Type, Print) Johns HOPKINS HOSPITAL LOON WOLFE Street Beltimory MS 21957 ROBUN ANDERSON 31. Data fited (Month, Day, Yeer) State

Registrar





ITEM: 10d per F.H G-740 1 1. Decedent's Name (First, Middle, Last)

JOSEPH

WILLIAMS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			-3				
State of Maryland	/ Department of Health and M	fental Hygiene	96	31	2	0	-
0-21-96 eoh	Certificate of Death	Reg. No.	30	0	0	0	l

2. Data of Death

SEPT.

3. Tima of Death

2123 PM

1996

SEPT. 28, 1996

Physician /Medical Examiner

Funeral Director

the Marviand ns 23a or 28a-f show must be notified at Items 23a the Medical Examiner 72 hours after 'natural', or than permit. Pages 1 and 2 should be filed v Department of Health and Mental Hygid Important: If teen 27 is marked other:

Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

6

Examiner The law requires that the death certificate be executed physician and is the burial-trans P.O. Box 68760. Physician/Medicai USe as attending for use as P signed b Records, þ page 2 should Be Completed peen has certificate or Attending Physician: Certification: To this within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral Hospital

Division of Vital

the

4a. Facility Name (If not institution, giva straet end number) 4b. City, Town, or Location of Death 4c. County of Death 925 NORTH DURHAM STREET BALTIMORE none 7. Age (In yrs. lest birthdey) | H Under 1 Yaar | H Undar 24 Hrs. |
78 | Yrs | Months | Days | Houra | Min. | 5. Social Sacurity Number Birthplaca (State or Foreign Country) 15 M 20 F unknown unknown unknown Usuai Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits Maryland none 1 X Yes AND No Director Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 925 N. Durham Street 21205 unknown 11. Marital Status unknown 12. Was Decedant Evar in U.S. Armed Forces? Unknown 1 □Yas 2 □ No If Yes, Give Year or Dates: 13. Was Dacadant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Black þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15 Decedent's Education 16e, Decedent's Usuai Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondary (0-12) unknown College (1-4or 5+) unknown unknown unknowhn 17. Fathar's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Malden Sumema) Be unknown unknown 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) unknown 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crametory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 □ Donation 5 □Other (Specify) State rem 21. Signature of Funeral Service Licensee Ronald S. Wade, Director 22. Name and Address of Facility State Anatomy Board-655 W. Baltimore Street 10 Jalle march Baltimore, Maryland 21201-1559 23a. Part 1. Enter the disaasa, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximete Interval Between Onsat and Death Immediate Causa (Final diseasa or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted eventa resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of ceuse of death? 18 Yes 2 No 25. Was cese referred to medical 26. Plece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Nesidence 6 Other (Specify) 1√yes 2 No 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Invastigation T ₩ Naturei 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide edicai 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) end manner as steted.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one 29b. Signature and title of certifian 29c. Licansa number 29d. Date signed (Month, Day, Year)

O.C.M.E

30. Name and address of person who completed ceuse of whath (Item 23a) (Type, Print)

The Street, Baltimore, Maryland 21201

32. Registrar's Signature

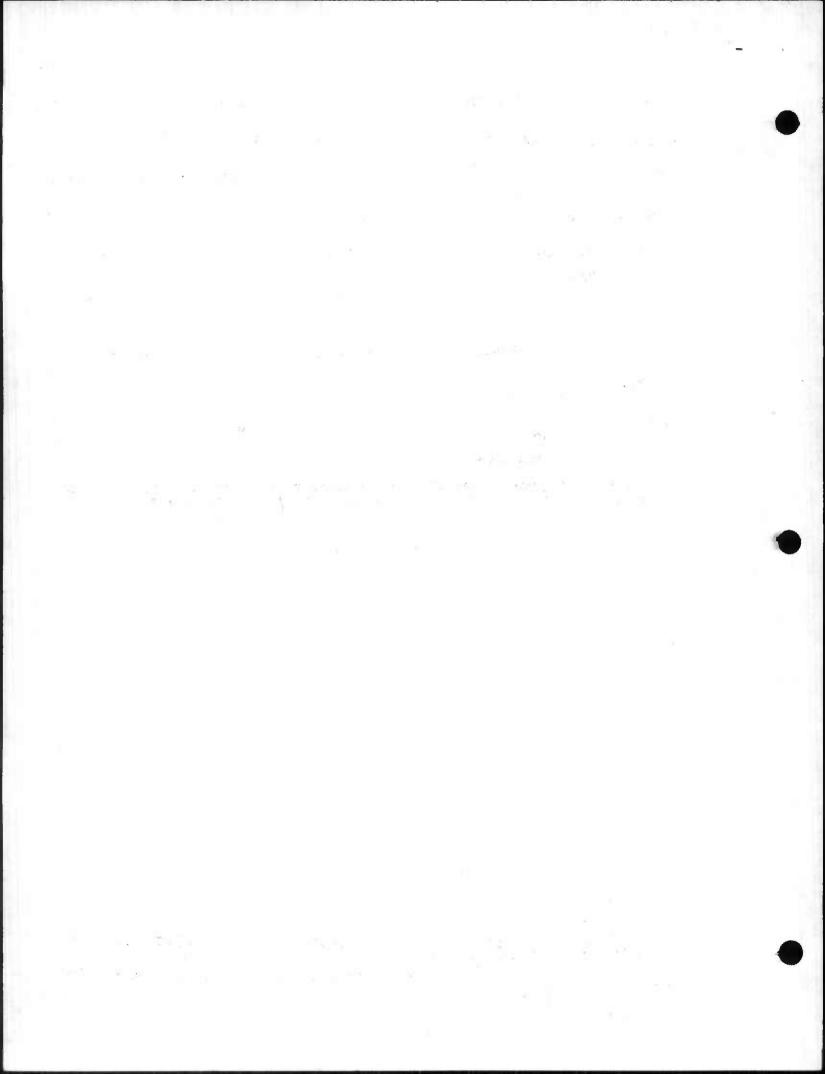
State Registrar

HEUDORE MIKE

31. Date filed (Month, Day, Year)

OCT

DHMH 16 Ray 6/95

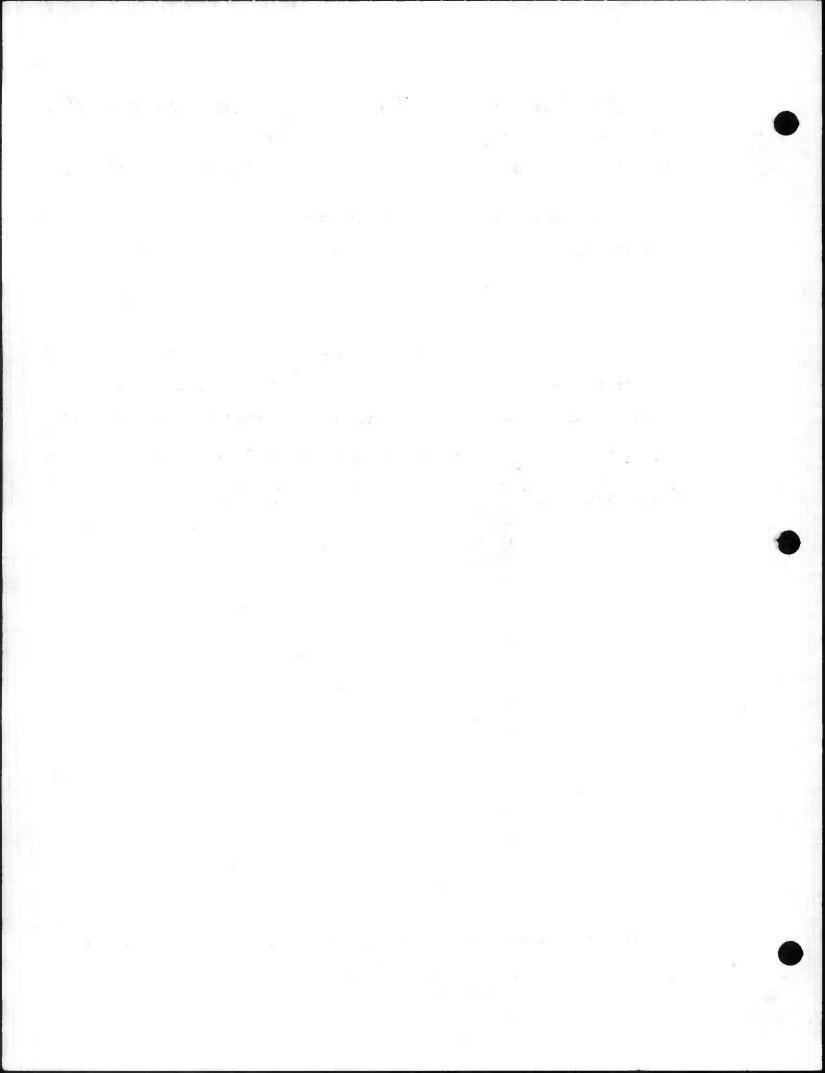


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Data of Death **Physician** 16 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner St. Agnes Hospital Baltimore N/A | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Months | Days | Hours | Min. | January 5,1948 5. Social Security Number 217-50-8555 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funerai** 1 M XXF 48 Frorida Yrs. Director Usual Residence of Decedent the Marviand r 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore County Ellicott City 1 Yas 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Examiner must be y 445 Oella Avenue 21043 USA Pages 1 and 2 should be filed within 72 hours efter death nent of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or Items 23 ury or other traumatic event, Ite Maulcol Examinational. by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ď No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yas or Noti Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. 1 Nevar Married 2 Marriad Maryland 21215-0020 1 ☐ Yes 2 No Specify: 3♥Widowed 4 □ Divorced Specify: white Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Cotlege (1-4or 5+) teachers aide church school 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be Norman Halvorsen Evalyn Louise Brandenburg 19a. tnformant's Name/Relationship (Type, Print) 19b. Malting Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ms. Stacey Nibali/daughter 445 Oella Avenue, Ellicott City, Maryland 21043 Baltimore. 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Dete 1 ☐ Buriat 2℃ Cramation 3 ☐ Removal from State permit. Page Department of Important: If any Injury or Baltimore Washington Crematory 10-19-95 Laurel, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Si ure of Funeral Service Licensee 22. Name and Addrass of Facility Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043 and Inc. Enter the disease, complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, lock, or haar failure. List only one cause on each line. Approximate Intervat Betw Onset and Death **Physician** /Medical Immediete Cause (Final MENINGITIS 10 DAYS disease or condition resulting in death) **Examiner** Due to (or as a consequence of): Examiner The law requires that the death certificete be executed buniel-trensit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseasa or injury that initiated events resulting in death) Last pue Due to (or as a consequence of): Box 68760, physician Physician/Medical the Due to (or as a consequence of) use signed by the et P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings avaitable prior to completion of ceusa of death? Completed 24a. Was an autopsy performed? certificate has 2 0 No 2 No Division of Vital or Attending Physician: Be 25. Was cese referred to medicel examiner? 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) To 1 Yes 2 No 1 Minpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28c. Injury at Work? Certification: 28b. Time of After 5 Pending invastigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident Director: the 3 Suicida 6 Could not be determined 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) filled in by 4 ☐ Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated. To the Hospi within 24 hou To the Funer completely fil Medical 29e. Certifier 29b. Signature and titla of certifier 29c. License number 29d. Date signed (Month, Day, Year) Oct. 16. 1996. D0050833 30. Neme and address of person who completed ceuse of death (ttem 23e) (Type, Print) DR.K. VENEATARAM. HOSPITAL. BALTIMORS. ST. AGNIS 31. Date filed (Month, Day, Year)
OCT 21 1996 22 Registrar's Signature State

DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene 96

96 3 | 383

				Certificate of Death	Reg. No.	U
			Decedent's Neme (First, Middle, Last)		2. Deta of Deeth 3. Time of Death	n
	Physici		JAMES TOWNSEND	ANTHONY JR.	SEPTEMBER 16, 1996 7:00 F	M
N	/Medic		4e. Fecility Nama (If not institution, give street and number)	4b. City, Town, or L		
4	Examir	ıer				
_			215 MOUNT VERNON AYE			
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. lest	Months Deys Hours Min.	(Month, Dey, Year) Country)	ign
	Director		X18 04 6888 //	113.	October 7, 1918 MD	
	Pu a		Usual Residence of Decedent 10a. State 10b. County 10c. City, T	own or Location	10d Applie City I in	14-
	aho	-	115		10d. tnside City Lim	
	No T	5	MD KENT CH	ESTERTOWN	1 ¥Yas 2□	40
	E 25	Director	10e. Street and Number	10f. Zip Code	10g. Citizen of What Country?	
	h w		215 MOUNT VERNON AVE	NUE 21620	U.S. A.	
	72 hours efter deeth with the Maryland natural, or Items 23s or 28s-f show	Funeral	11. Marital Stetus 12. Was Decedant Evar in U,S.	13. Wes Decedant of Hispanic Origin? (Sp. If Yes, specify Cuben, Mexican, Puarto	pecify Yas or No- 14. Raca - American Indian,	
0	at a		1 Naver Married 2 Merried Armed Forcas? 1 Naver Married 2 Nerried 1 Yes 2 □ No	5.4	Rican, etc.) Black, White, atc.	
21215-0020	urs of	þ	3 ☐ Widowed 4 ☐ Divorced If Yes, Give Year or Detas:	1 ☐ Yes 2 ANo Specify:	Specify: WHITE	
9	72 hours	P	15. Decedent's Education 1	6a. Decedent's Usuel Occupation	16b. Kind of Business/Industry	
212	⊆ ₫	Completed	(Specify only highest grade completed)	(Give kind of work done during most of work life. DO NOT use retired)	ring	
217	filed within Hygiene. ther than "	E	Elementary/Secondery (0-12) College (1-4or 5+)	RURAL MAIL CARR	IER POSTAL SERVICE	1
	H T T		17. Fathar's Name (First, Middle, Last)		e (First, Middle, Meldan Sumeme)	
an		o Be	JAMES TOWNSEND ANTHONY	SR. ALLYE	CARTER	
7	should nd Mer merke imetic	Ĕ			CHRIER	_
Maryland	0 0 0 0				ral Route Number, City or Town, State, Zip Code) 2162	-0
-	Health tem 27 other tr				WE. CHESTERTOWN HD	
Ore	of the		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removel from Stete	e of Disposition (Name of elery, crematory or other place) Septemb	Date 20c. Location - City or Town, Stata er 17, 1996	
2	Peges nent of I int: If the iry or o		4 Donation 5 Other (Specify)	SAPEAKE CREMATION CHE	CHESTER MD.	
Baltimore	permit. Peg Department Important: I any Injury o		21. Signeture of Funerei Service Licansaa	22. Name and Address of Fecility PO BOX 223 CHE		
œ	Depa Impo any ir		M/2 1/1/10		the state of the s	
Ė	_	_	23a Part Faller the disease or complications that agreed the death. (MARVIN U. WILLIA	TI JR. FUNTER SERVICE	
100			23a. Part Estate the disease, or complications that caused the deeth. I shock or heart feilure. List only one cause on each line.	50 not enter the mode of dying, such as cardiac	or respiretory arrest, Approximate Interval Between Onsat and Death	
	Physician / /Medicai		1	+		
74	Examiner		tmmediate Ceuse (Final disease or condition resulting in death) e.	ao - asstrica	derocareinase 6 m	5
			Due to (or as	go - astric a		
	D 45	Ine				
	certificate be executed ding physician and se as the buriel-transit	Examiner	Sequentially list conditions, Due to (or es	e consequence of):		
Ó,	e exe ian a uriel-		Sequentially list conditions, leading to immediate cause. Enter Underlying			
68760	nysic he b	edical	Cause (Disease or Injury thet initieted events rasulting in death) Last Due to (or es	a consequence of):		-
	certifica ding pl	Aed	Tabulany and Cast			
XO	0 2 3	In/M	d			
ă	death of attended for u	Cla	Part ft. Other eignificant conditions contributing to death but not resulting	or in the underhalos seures siven in Deut f	22h Did tahana usa agatehuta ta tha causa of dan	45.9
0	that the de ad by the deteched	Physician	Tatti. Other eignineant conditions contributing to death out not fastitut	g in the underlying causa given in Part I.	23b. Did tobecco use contribute to the cause of dea	
4	requires that the ween signed by the hould be deteche		Coronary Arlein	Liseas	1 Yes 2 No 3 Probably 4 Unkn	own
ds	signed be def	d by			24e. Wes en eutopsy 24b. Were autopsy finding	
0	requir been s should	Completed			24e. Wes en eutopsy performed? 24b. Were autopsy finding available prior to completion of cause	
Records,	aw 2 s b	현			of death?	
		ő			1 Yes 2 1 Yas 2 No	
Vital		Be (25. Was case referred to medical	26. Place of Dee	th (Check only one)	
2	5 00	To	examiner? 1 Yes 2 No Hospitel: 1 Inpatient 2 ER	Other:	ome 5 Thesidence 6 Other (Specify)	
10			27. Menner of Death 28e. Dete of Injury 28	b. Time of 28c. tnjury at	28d. Describe how Injury occurred	
0	Attending I r deeth. octor: After by the funer	100	1 ☐ Naturei 5 ☐ Pending (Month, Dey Year) 2 ☐ Accident investigation	tnjury Work? M 1 Yes 2 No		
S	deeth ctor: A y the f	2	3 Suicide 6 Could not be 28e. Plece of Injury - At home	ferm street fectory office	28f. Location (Street end Number or Rural Route Number,	-
-	305 >	None 1	4 Homicide building, etc. (Specify)	, 15, 51.55, 155.57, 515	City or Town, State)	
DIV	or At	ertif				
Division	or At	il Certification:		des death seemed at the street of the	and due to the consectition of the consection of	
DIV	or At	_	29a. Certifler (Check only Check only C	idge, death occurred et the time, data and place, and/or Invastigation, in my opinion, deeth occur	end due to the cause(s) and manner as steted. red et the time, dete and place, and due to the cause(s)	
Divi	or At	edical	29a. Certifier (Check only one) 1 □ Certifying Physician: To the best of my knowlad 2 □ Medicat Examiner: On the basis of axaminetion and menner stetad.	and/or Invastigation, in my opinion, deeth occur	red et the time, dete and place, and due to the cause(s)	
Divi	Hospital or At 24 hours effer of Funeral Direct stely filled in by	_	29a. Certifler (Check only Check only C	dge, death occurred et the time, data and place, and/or Invastigation, in my opinion, deeth occur	end due to the cause(s) and manner as steted, red et the time, dete and place, and due to the cause(s) 29d. Date signed (Month, Day, Year)	
Divis	or At	edical	29a. Certifier (Check only one) 1 □ Certifying Physician: To the best of my knowlad 2 □ Medicat Examiner: On the basis of axaminetion and menner stetad.	and/or Invastigation, in my opinion, deeth occur	red et the time, dete and place, and due to the cause(s)	
Divi	To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one) 1 □ Certifying Physician: To the best of my knowlad 2 □ Medicat Examiner: On the basis of axaminetion and menner stetad.	and/or Invastigation, in my opinion, deeth occur 29c, License number 29d, 31979	red et the time, dete and place, and due to the cause(s)	0
Divi	or At	edical	29a. Certifler (Check only one) 1 Certifying Physician: To the best of my knowled 2 Medical Exeminer: On the basis of axaminetion and menner stetad. 29b. Signeture and title of certifler 30. Name and address of person who completed cause of death (them 23)	and/or Invastigation, in my opinion, deeth occur 29c, License number D 3 19 19 a) (Type, Brint) Kent + Q U	29d. Date signed (Month, Day, Year) 9/17/96 A WNE'S HOSA	0
Divi	To the Hospital or At within 24 hours effer of To the Funeral Direct completely filled in by	Medical	29a. Certifler (Check only one) 1 Certifying Physician: To the best of my knowlad 2 Medical Examiner: On the basis of axaminetion and menner stetad. 29b. Signetura and title of certiflar	and/or Invastigation, in my opinion, deeth occur 29c, License number 3 19 19 a) (Type, Brins Kant + Qu CHESTER	red et the time, dete and place, and due to the cause(s)	0

State of Maryland / Department of Health and Mental Hygiene

Certific

ent of fleath and we	ental riygiene	06	2.1
ate of Death	Reg. No.	20	01
	2. Dete of Deeth		3. Tim

Physician /Medicai Examiner

Director

g

Completed

Anna Elizabeth Allspach September 27, 1996

3. Time of Death 1:45 a.m.

4e. Fecility Neme (If not institution, give street end number) Chestertown Nursing and Rehabilitation Center 5. Sociel Security Number

Chestertown

4b. City, Town, or Location of Deeth

4c. County of Deeth

Funeral Director

ŏ

'natural', or items 23a

should be filed within 72 hours after and Mental Hygiene. marked other than "natural", or its

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any lollury or other traumatic event QREs.

Physician /Medicai

Examiner

burial-transit

the

á

Be Completed

Certification: To

Medical

Bud

The law requires that the death certificete be executed

Records, P.O. Box 68760.

Division of Vital or Attanding Physician:

this

Affer

death.

within 24 hours after deat To the Funeral Director:

Hospital

the

filled in by the funeral

completely

Baltimore, Maryland 21215-0020

220-32-1415

7. Age (In yrs. last birthdey) 1 ☐ M 2 💢 F 83

if Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year) Kent 9. Birthplece (State or Foreign Country)

Usuel Residence of Decedent

10b. County

10c. City, Town or Location

February 1, 1913 Maryland

10e Stete 28a-f show the Medical Examiner must be notified at

Maryland Kent

1. Decedent's Name (First, Middle, Last)

Chestertown

10d. Inside City Limits 1 Yes 2 No

10e. Street end Number

10f. Zip Code

10g. Citizen of Whet Country? U.S.A.

102 Water Street

11. Marital Stetus 1 ☐ Never Merried 2 ☐ Married 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No It Yes, Give Yeer or Detes:

 Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 ☐ Yes 2 No Specify:

21620

14. Rece - American Indien, Black, White, etc. Specify: White

3 ₩ Widowed 4 Divorced

15. Decedent's Education (Specify only highest grede completed)

16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementary/Secondery (0-12) 12

College (1-4or 5+)

Realtor

Real Estate 18. Mother's Name (First, Middle, Meiden Sumeme)

17. Fether's Neme (First, Middle, Last)

Benjamin Franklin Gardner

Margaret Meekins

19e. Informent's Neme/Reletionship (Type, Print)

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 400 Cannon Street, Chestertown, Maryland 21620

John A. Allspach/Son

20e. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) 20b. Piece of Disposition (Name of cametery, cremetery or other piece) September 27, 1996 Chesapeake Cremation Center, LLC

21. Signeture of Funeral Se

Stevensville, Maryland _22. Name end Address of Fecility
Fellows, Helfenbein & Newnam Funeral Home, P.A.

130 Speer Road, Chestertown, Maryland 21620 23a. Pert Enter the disease, or come cations that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart teilure. List one one sech line.

Immediete Ceuse (Finel disease or condition resulting in deeth)

Due to (or es e consequence of)

Onset end Deeth 3 years

Physician/Medical Examiner

Due to (or es e consequence of):

Due to (or es e consequence ot):

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieled events resulting in deeth) Lest

Pert II. Other significant condit	tions contributing to death b	out not resulting in the ur	iderlying ceuse given in Pert I.
Reval-Fo	rilare		

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings evalleble prior to completion of ceuse ot deeth?

1 🗆 Yes 2 PNo 1 ☐ Yes 2 ☐ No

25. Was cese reterred to medical 1☐ Yes 2☐ N6

29b. Signeture end title of certifier

5 Pending investigation

8 Could not be determined

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

26. Piece of Deeth (Check only one)

28t. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only

27. Menner of Deeth

1 ANeturel

2 Accident

3 ☐ Sulcide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner stated.

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

29c. License number

29d. Dete signed (Month, Dey, Yeer) September 27, 1996

Feller aren

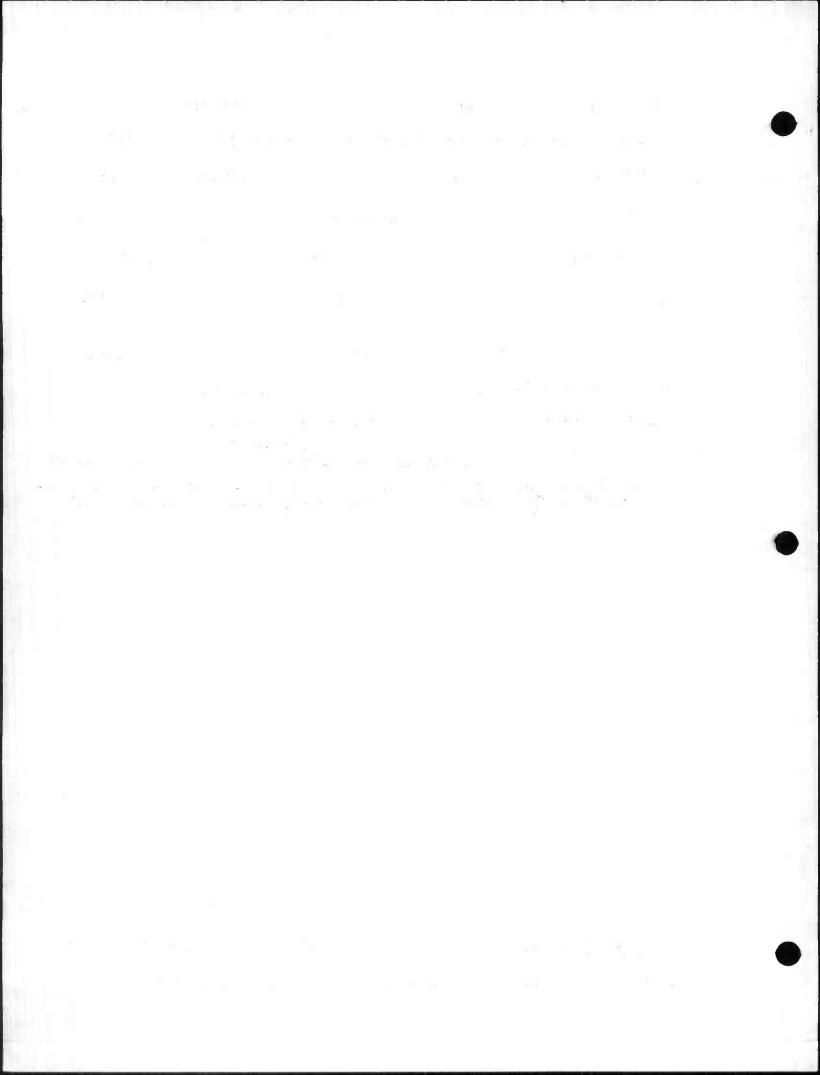
D-00354

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 6

C. Gottfried Baumann, 100 Brown Street, Chestertown, Maryland 21620

State Registrar 31. Dete filed (Month, Day, Year)

32. Registrer's Signature Julia Davidson



State of Maryland / Department of Health and Mental Hygiene

9	C	2	1	0	0	
7	O	3	-	J	0	J

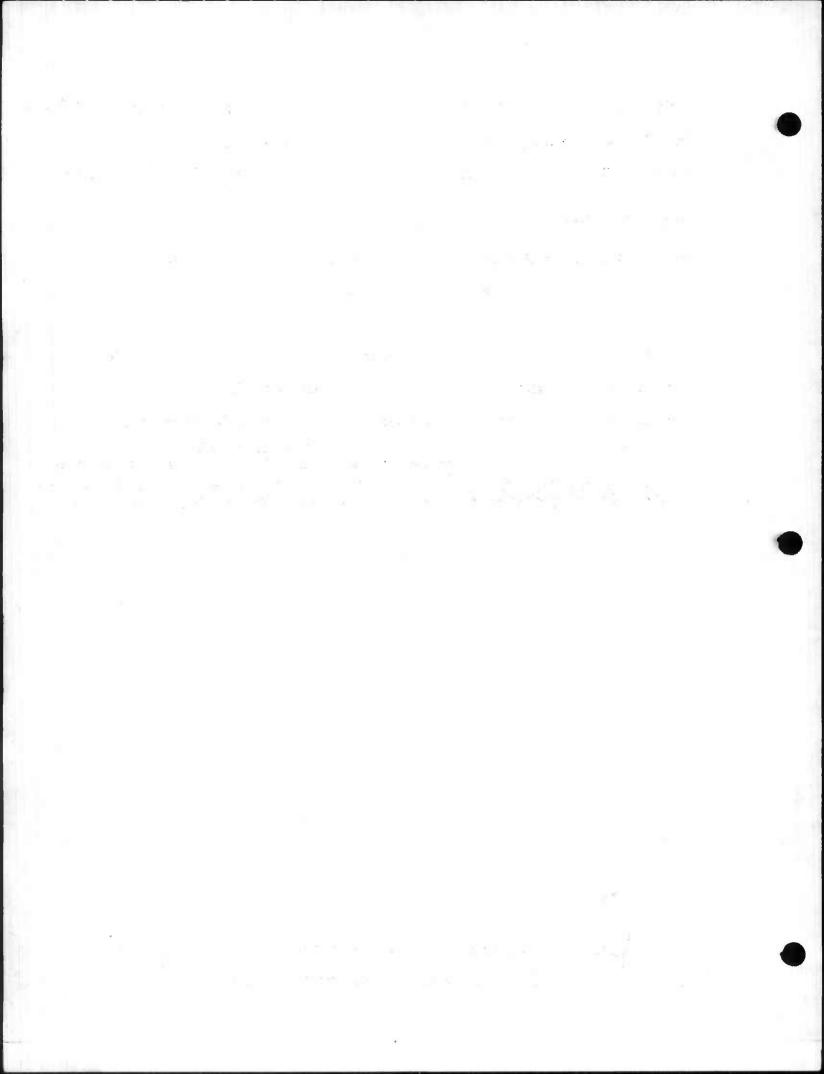
Funeral Director permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hydiene.
Important: If term 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Experiment mail be notified. Baltimore, Maryland 21215-0020

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Sept. 29, 1996 MAURICE DUNBAR ASHBURY 7:25 A.M. /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Homewood Retirement Center Frederick Frederick 5 Sociel Security Number if Under 1 Year] if Under 24 Hrs. 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) Deys 1QM 2□ F Yrs. 219-36-2648 June 5, 1902 Virginia Usuei Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Maryland Frederick Frederick Ves 2□No Director Homewood Retirement Center of Zip Code 10g. Citizen of What Country? 31 West Patrick Street 21701 U.S.A. Funeral 11. Meritei Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yea or No-if Yes, spacify Cuben, Mexican, Puerto Rican, etc.) Reca - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes ② No If Yes, Give Yeer or Detes: 1 ☐ Yes 2 ☐ No Specify: Specify þ 3 □ Widowed 4 □ Divorced White Completed 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Clergy Ministry 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Prosser Henry Ashbury Sallie Lee Buchanan 19e. fnforment's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) M. Dunbar Ashbury Jr./Son 7210 Indian Summer Lane, Frederick, Maryland 21701 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Mount Olivet Cemetery 10/2 Frederick, Maryland 21. Signature of Fee eral Service Licen Name end Address of Fecility
ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST., FREDERICK, MD 21701 not enter the mode of dying, such as cardlec or respiratory arrest, **Physician** /Medical Immediate Cause (Finel 1 month lumnia disease or condition resulting in deeth) Examiner Due to (or as e consequence of) Examiner physician and the burial-transit Sequentielly list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of) Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? the signed by i 1 Yee 2 3 Probably 4 ☐ Unknown ò 24b. Wera autopsy findinga eveilable prior to completion of cause of death? 24a. Wes en autopsy performed? Completed peen page 2 1 ☐ Yes 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physicien:
 24 hours after death.
 Funeral Director: After this certifica 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) examiner? 1 Yes 2 Other: 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Uvursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. Menner of Deeth 28e. Dete of injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: Delurai 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident To the Hospital or Atter within 24 hours after dea To the Funeral Director completely filled in by the 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of injury - At home, farm, street, fectory, office bullding, etc. (Specify) 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete and piece, and due to the cause(s) end menner stated. edical 29a. Certifier 29b. Signeture and title of cartifier 29c. License number 29d. Dete signed (Manth, Dey, Year) 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) A. Austin Pearre Jr., Mo 300 West Ninth Street, Frederick, Maryland 21701 32. Registrer assignature Rendell 31. Dete filed (Month, Dey, Year) State Real II at

						Certifica			Mental Hy	giene Reg. No.	96	31386		
	Physic /Medi	cal	1. Decedent's Name (First, Middle, L Sylvia M.	Bot					2. Date of Da Month Septemb	er 23,	Year 1996	3. Time of Death 8:05 q.M		
-	Exami	ner	4a. Facility Neme (If not institution, gr. Magnolia Hall Nur 5. Social Security Number 6. 085-09-8960	rsing Home	ge (In yrs. last birt	thday) If Un Yrs. Month	der 1 Year	Cheste If Under 24 Hr. Hours Mir	S. 8. Date of Bir	th	ent 9. Birthole	ece (State or Foreign ny) York		
	/land		Usual Residence of Decedent 10a. State 10b. County		10c. City, Towr	or Location			+ 1011 1	2, 2507		od. Inside City Limits		
	Ba-f sh	Director	Maryland Kent		Ro	ck Hal	1					1 ☐ Yes 2 ☐ XNo		
	with th		10e. Street and Number			10f.	Zip Code			10g. Citizen of		ry?		
020	72 hours after death with the Maryland natural, or items 23s or 28s-f show oreal Expression must be notified at	by Funeral	20816 Humphreys I	12. Was Decedent Armed Forces? 1 Pes 250 If Yes, Give Year or Dates:		If Yes, s	2166 cedent of H pecify Cube		Specify Yes or No rto Rican, etc.)	Bla	A. ce - America ck, White, el v: Whit	ic.		
2121 d within	within ene. than	Completed	15. Decedent's E (Specify only highest gr Elamentary/Secondary (0-12) 12		16a. 5+)		sual Occup work done T use ratired	eation during most of wo	orking	16b. Kind of B	usiness/Indu			
land		Be	17. Fether's Name (First, Middle, Las Christopher G. At	•				18. Mother's Na Jane Du	me (First, Middle	Maiden Suman	ne)			
e, Mi	- m m =	To	19a. Informant's Name/Relationship	(Type, Print)	Mailing Addre	ess (Straat			er, City or Town,	State, Zip (Code)			
	of Health of Hem 27 litem 27 l			nne M. Thomson/Daughter 400 Vassar Drive, Newark, Delaware 19711										
	or of		20a. Method of Disposition 1 Burial 200 remation 3 [4 Donation 5 Other (Special Control of the		cemeter.	y, crematory o	or other place	September	er 23, 199	20c. Location -				
Balti	permit. Pages Department of Important: If it any injury or once.		20a. Method of Disposition 1											
	Physician		23a. Part1. Entar the disease, or con shock, or heart failure. List only	rrast,		Approximate interval Between Onset end Death								
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in daath)	a. PNE	Tency Dua to (or as a c	A	PO .					were		
	P #	iner	_	CUA	Dua to (or as a c	consequence o	of):					1 UETT		
	and and al-trans	Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury	0. —	Due to (or as a c	onsequence o	of):							
68760,	rificate be executed ng physician and s as the bunal-transit	edical	Cause (Disease or Injury that initiated events resulting in death) Lest	c. Due to (or as a consequenca of):							i			
Вох	the death cert y the attendin ached for use	clan/		d							1			
, P.O.	that ed b	by Physician/M	Part II. Other significant conditions	contributing to death b	ut not resulting in	the underlying	g cause giv	en in Part I.	23b. Did	1.4		the cause of death?		
Division of Vital Records	aw requ	Completed b								an autopsy rmed?	avail	re autopsy findings lable prior to spletion of cause eath?		
al E	T ate		OF Was soon referred to medical						10	, ,	10	Yes 2□ No		
Š	S 00 0	To Be	25. Was casa referred to madical examinar? 1 ☐ Yes 2 ☑ No	Hospital:	nt 2 ER/Out	patient 3	DOA Oth		ath (Check only of Home 5 ☐ Resid		er (Specify)			
sion o	al or Attending Phys s after death. Il Director: After this od in by the funeral di		27. Manner of Death 1 Natural 5 Pending 2 Accident invastigation	28a. Data of Inju (Month, Day	y. 28b. T		28c. Injun Worl			now injury occur				
Divis	ital or Atternation after de rai Directo	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	De 380 Blace of Injury At home form street forters office					City or Tox					
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical	29a. Certifiar (Check only one) 1 Certifying Ph	nysician: To the bast of miner: On the basis of and menner sta	examination and	death occurre /or investigation	ed at the tim on, in my of	ne, date and place pinion, death occ	e, and due to the urred at the time,	cause(s) and ma date and piace,	inner as stat and due to t	ted. he cause(s)		
	Within To the compl	Me	29b. Signeture and title of certifier	1		2	29c. License	number		29d. Dete signe	d (Month, Da	ay, Year)		
		0	20 Name and add C.	Jun	- /	Same Bit is	10-13	3824		9-1	396			
		6	30. Name and addyss of person who Dr. John C. Seym				estert	own, Ma	ryland 2	1620				
	Sta Registr		31. Day Year)	32. Registra	ar's Signature									

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Day **Physician** Month Arthur George Brucksch October 6, 1996

ocation of Deeth 4c. County of Death 14:00 hours /Medicai 4e. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth Examiner 120 Broad Street (At Home) Crumpton Queen Annes If Under 24 Hrs. 8. Date of Birth
Hours Min.
April 12, 1917 6. Sex 12 M 2 ☐ F if Under 1 Yeer 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Yrs Director 79 216-07-6798 Maryland Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Modical Examinar must be notified at 1X Yes 2 No Directo Maryland Queen Annes Crumpton 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 120 Broad Street 21628 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours efter to Department of Health and Mental Hygiene. Introctant: If flem 27 is marked other than "natural", or iter any injury or other traumatic event. 1 Never Married Baltimore, Maryland 21215-0020 1 Yes 2√ No Specify: Specify: White Àq 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/industry College (1-4or 5+) Elementary/Secondery (0-12) 12 Brakeman Railroad 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme) Arthur Alexander Brucksch Mary L. Davis 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Janice W. Brucksch/Wife 120 Broad Street, Crumpton, Maryland 21628 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Buriai 2 Cremation 3 Removal from State 5 Other (Specify) 4 Donation Chesapeake Cremation Center, LIC/October 7, 1996 Stevensville, Maryland 21. Signature of Faneral Service Licer 22. Name and Address of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland 21620 lons that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, cause on each line. 23a. Part1. Entry the disease, or conshock, or control failure. List on **Physician** /Medical Immediate Cause (Finel tastatic Carcinoma 2 years disease or condition resulting in death) Examiner Examiner thought requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of) the burial P.O. Box 68760. ettending physician for use as the buria Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 25 No 3 Probably 4 Unknown ecurrent Dleeding Records, Completed by 8 24b. Were autopsy findings available prior to 24a. Was an eutopsy performed? completion of cause of death? The law page 2 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certificately filled in by the funeral director, I 25. Wes cese referred to medical exeminer? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) edical Certification: To 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours eff To the Funeral Di completely filled in 29a. Certifier 1) Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number 17030

State Registrar

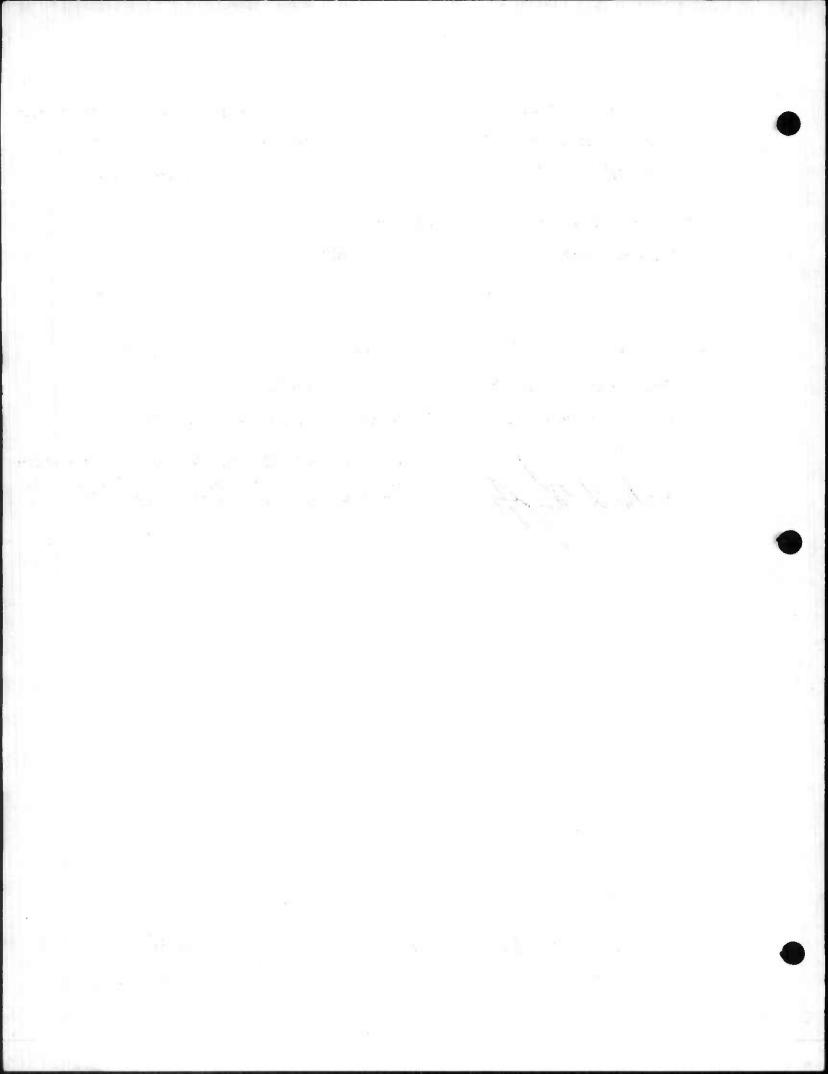
31. Deterflied (Month, Day, Year)

32. Registrar's Signature wha Vairdson-Randale

516 was hing for Are. Chestertown Md 21620

30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

2055 mD



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene.

			5(8	ite of Ma	ryiand / i	Department of F			ene g	6 3	1388	
	Physici		Decedent's Neme (First, Middle, Last)	GOLDI	E ELIZ	ZABETH BOWM	IAN	2. Date of Death Month OCTOBER	Day	Yeer	Time of Death	
	/Medi Examir		4e. Facility Name (If not institution, give street of ST. CATHERINE'S NUF	ind number)			4b. City, Town, or Loc EMMITSBUR(cation of Death	7, 199	of Death	1:30 a.m.	
	Funeral Director		5. Sociel Security Number 6. Sex 1 M 2	7. Age	(In yrs. last bir		if Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day,	Year)		(State or Foreign	
	Maryland H ahow	tor	Usuel Residence of Decedent 10a. Stete 10b. County MARYLAND FREDERICK			Inside City Limits						
	s 1 and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23e or 28e-f show other traumatic event, the Medical Experient must be notified at	Funeral Director	10e. Street and Number 9322 WAYNESBORO PIKE 11. Meritei Stetus 12. We	s Decedent Fu	EMMITS	10f. Zlp Code 2172		บ	g. Citizen of W			
0050	nours after d araif, or item	þ	1 Never Married 2 Married 1	s Decedent Evned Forces? Yes 2 X No es, Give ar or Dates:)	13. Wes Decedent of H if Yes, specify Cub 1 ☐ Yes 2 ☒ No	Specify:		Black, White, etc. Specify: WHITE			
Maryland 21215-0020	d within 72 t giene. ir than "natu	Completed	15. Decedent's Education (Specify only highest grade comp Elementery/Secondery (0-12) Co	ileted) llege (1-4or 5+)	Decedent's Usual Occup (Give kind of work done life. DO NOT use retire HOUSEWIFE	work done during most of working Tuse retired)		8b. Kind of Bu		у	
ryland	should be filed and Mental Hygi marked other umatic event, II	To Be C	17. Father's Name (First, Middle, Last) ALO	RKMAN			LICE KL	INE				
	s 1 and 2 sho f Health and ftern 27 is m other traum		19e. Informant'a Name/Relationship (Type, Pri MARGARET EYLER 20a. Method of Disposition		20b. Piece of	Malling Address (Street MATER STRE	ET, THURM	ONT, MD.				
	permit. Peges 1 an Department of Heal Important: If Item 2 eny injury or other ance.		1 Duriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify) 21. Signature of Funeral Servica Licensie	I from State		CEMETERY 22. Neme end Addre	10/10/9	6 C	ASCADE			
M. Con	Physician /Medical Examiner	23a Par 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory social immediate Ceuse (Final disease or condition resulting in death) Due to (or se e consequence of):									proximate erval Between set and Deeth	
68760,	ifficate be executed g physician and as the burial-transit	ledical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a consequence of):									
Records, P.O. Box	The lew requires that the death certified has been signed by the attending tage 2 should be detached for use as	sted by Physician/M	a square							Did tobacco usa contributa to the cause of de 1 Yes 2 No 3 Probably 4 Unkr Wes an autopsy performed? 24b. Were autopsy findin available prior to		
Vital Rec		Be Completed	25. Wes case referred to medical examiner? A Page 1	Do	gen	eration	26. Place of Deeth	1 ☐ Yes		of deat	etion of cause th?	
Division of	Attending Ph or death. ector: Atter th by the funeral	Certification: To	27. Menner of Deeth 12. Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	Dete of Injury (Month, Day	Year) 28b. 1	Firme of 28c. Injury	ry at rk?	ne 5 Resider 28d. Describe hove 28f. Location (Stree City or Town,	v injury occum	ed	oute Number,	
	To the Hospital or within 24 hours after To the Funeral Dirt completely filled in	Medical C		To the best of the besis of e d menner stete	xaminetion en	d/or investigation, in my o	opinion, deeth occurre	ed at the time, dat	te end place, a	and due to the	cause(s)	
	T wif		29b. Signature end title of certifier 30. Neme and address of person who complete	cause of plea	eth (Item 23a)	(Type, Pfint)	744C	57 29	d. Date signed	n (Month, Day)	S .	
	Sta Registr		31. Date filed (Month, Day, Year) OCT 0 8 1996	32 Registrar	's Signeture	11. TS 6	UKO, U	107	1727			
DH	MH 16 Ray 6/9	5	C			V646						

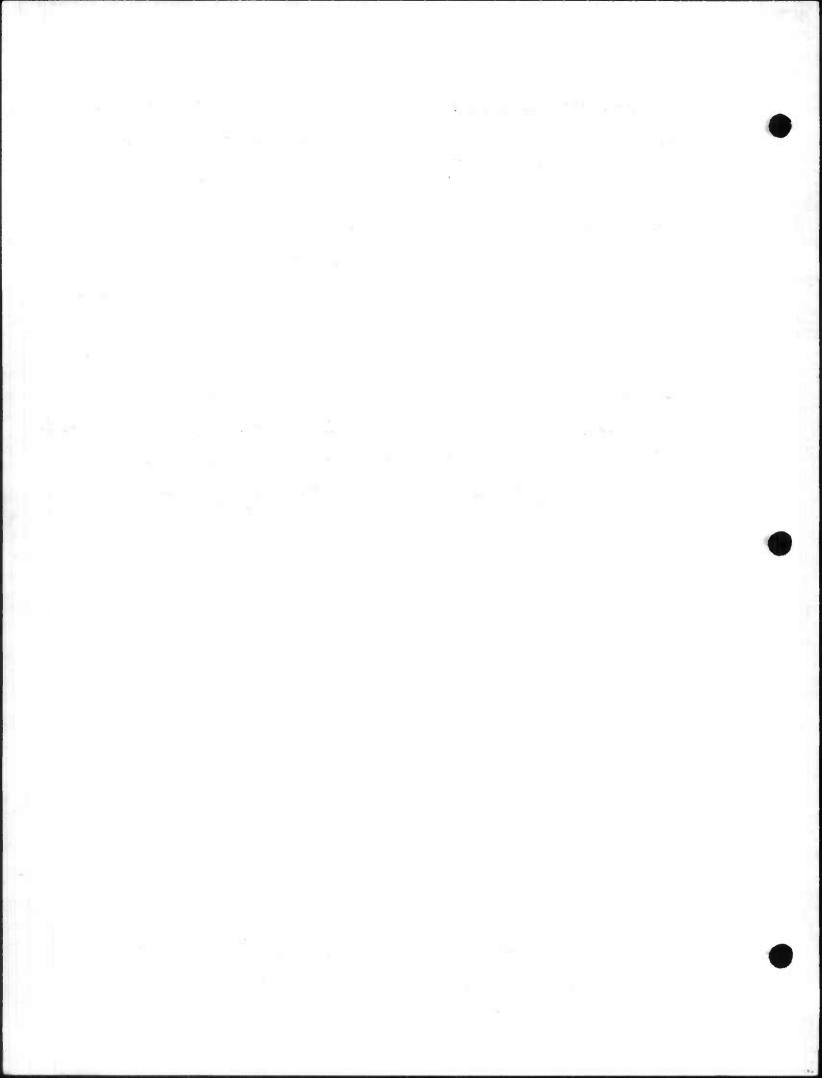
DHMH 16 Rav 6/95

STATE OF MARYLA	ND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIEN		01003					
	1. DECEOENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	AY YE.	3. TIME OF DEATH					
	Susie Balch 4. SOCIAL SECURITY NUMBER			Oct 2 19	96	6:55 am w					
	214-40-3451	I M 2 XF 87 ,YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH	914 1	HATHPLACE (Stone or Foreign Jahington, De					
Œ	9a. FACILITY NAME (If not institution, give street		L CITY, TOWN OR LOCATION OF D	EATH /	Sc. COUNTY						
DIRECTOR	Deer's Head Cen	ter S	alisbury		Wicon	nico					
IRE	100. STATE 10b. COUNTY		OWN OR LOCATION			10d. INSIDE CITY					
	10e. STREET AND NUMBER	comite 5	2/156KOY			YES 2 NO					
FUNERAL	POBex 2	018	101. ZIP CODE	802	10g. CITIZEN	OF WHAT COUNTRY?					
UNE		2 WAS DECEDENT EVED IN ITS ARMED	13. WAS DECENDENT OF HISPA		or No- 14	RACE — American Indian,					
BY F	1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 YES 2 NO	If yes, specify Cuban, Mexic 1 ☐ YES 2 NO Speci	an, Puerto Rican, etc.)	110	Black, White, etc.					
		TION .				While					
ETE	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted) (Give kind of work	done during most of working	16b. KIND OF BUS	SINESS/INDUST	RY					
APL	7	College (1-4 or 5+)	· Wife	Own	Ho	mC					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0		AME (First, Middle, Maiden	Sumame)						
BE	USC2× 1-102 H	, N368	1720		2						
5	198. INFORMANT'S NAME (Type/Print)	AITE/S 196. MAILING AD	DRESS (Street end Number or Ryfal	1 10	n, Stare, Zip Code	104711					
	200. METHOD OF DISPOSITION	20b. PLACE AND DATE OF D	78, Jame		A A	001/2					
	1 Donation 6 Other (Specify)	convertely, cramatory or other	place)	10/2 52	CATION - City	W M.					
	21. SIGNATURE OF YUNERAL SERVICE LICEN		22. NAME AND ADDRESS OF F	CILITY	1111	DAREN					
	Complus /	Wereigh	1163516K	-unex	Hon	1c, 1.000					
	23. PART I. Enter the diseases, or cor	nplications that caused the death. Do not	enter the mode of dying, suc	ch se cardisc or raspi	ratory srrest,	Approximats					
	IMMEDIATE CAUSE (Final	it only ona cause on each line.				Interval Between Onset and Death					
	disease or condition Carcinoma of the colon										
_	DUE TO (OR AS A CONSEQUENCE OF):										
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):									
3	cause. Enter UNDERLYING CAUSE (Disease or injury										
E	that initiated events	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	d				_						
AL	PART II. Other significant conditions of	contributing to death but not resulting in the resulting	he underlying cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS					
MEDIC				1 _ YES 2		COMPLETION OF CAUSE OF DEATH?					
M		rebrovascular acc				1 TYES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL	BUTE TO CAUSE OF DEATH YES 28. PLACE OF DEATH (N D							
PHYSICIAN:		IOSPITAL: O'	THER:	• Clau							
Ή	27. MANNER OF OEATH	28e. OATE OF INJURY 28b. TIME OF		28d. OESCRIBE HOW II	JURY OCCURE	D					
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY	M 1 YES 2 NO								
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, farm, stree building, atc. (Specify)	t, fectory, office	28f. LOCATION (Street e City or Town, State)	nd Number or Ru	iral Route Number,					
1	to opposite										
COMPLETED		$\frac{N}{2}$: To the best of my knowledge, death occurred at $\frac{N}{2}$. On the beele of examination end/or investigation, in				ree(e) and menner os stated.					
BE C	296. SIGNATURE AND TUTLE OF CERTIFIER	1	29c. LICENSE NU			NED (Month, Day, Year)					
TO B	(A) A	Long, MO	D16003		10	12/96					
۲	I.J. Hwang, M.D.	OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, Deer's Head, PO	Box 2018, S	Salisbury		1802-2018					
	31. DATE FILED (Month, Dey, Year) OC 1 U2 1996	32. REGISTRAR'S SIGNATURES									

State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate of	Death		1	Reg. No.		
	Discolation		Decedent's Neme (First, Middle	,	,				2.	Dete of Dee		Year ,	3. Time of Death
	Physici /Medi		Bernard MC	Kinley Ba	iley					10	Day	96	245 AM
	Exami		4a. Fecility Neme (If not institution					4b. City, Tow	vn, or Locat	ion of Death	4c. County	of Death	
	EXUITING .		Veterans Adm	unistration	HOSPLI	tal		Bar	itimi	re	Balt	imore	2
	Funeral		5. Social Security Number		e (In yrs. last bir		If Under 1 Yeer	If Under 2		Dete of Birt (Month, Day			lace (Stete or Foreign try)
П	Director		235-28-0695	12XM 2□F	74	Yrs.	Months Days	Hours	Min.	(Month, Day	1922	West	Virginia
			Ususi Residence of Decedent		7.1					<u> </u>	1724	MODE	viiginia
	lanc Man		10a. Stete 10b. County		10c. City, Tow	n or Loc	cation					10	0d. Inside City Limits
	Man	to	MD Wicon	mi co	Marde	e l'e	Springs						1 ☐ Yes 2 ☐ No
	178	Director	10e. Street and Number	шсо	Para	-1a	10f. Zip Code				10g. Citizen of V	Vhat Coun	trv?
	With with		44000 7 3 7	3				0007					
	eath m 23	Funeral	11988 Laurel Ro	12. Wes Decedent	Ever in U.S.	13 W	21837-		nin? (Specifi	v Vas or No	U.	S . e - America	an Indian
_	Hen Hen	ä	1 Never Merried 2 Man	Armed Forces?		if	Ves Decedent of I- Yes, specify Cubi	en, Mexican,	Puerto Ric	an, etc.)	Bled	k, White,	
20	d within 72 hours after death with the Maryland jiene. I then "naturel", or items 23a or 28s-f show the Medical Examiner must be notified at	by I	3 □ Widowed 4 □ Divorced	If Yes Give		1	☐ Yes 2 No	Specify:		specify: Black			ack
ခို	hou ture	8		it's Education	160	Deced	ent's Usuel Occup	etion			fuetna		
Maryland 21215-0020	n 72 n n	Completed	(Specify only highe	st grade completed)		(Give k	kind of work done	during most	most of working 16b. Kind of Business/Industry				Justry
12	within ene. then	Ĕ	Elementary/Secondery (0-12)	College (1-4or	5+)			-,			Dala	i - C-	beele
2	e filed al Hygie other vent, it		12 17. Fether's Neme (First, Middle,	(pet)		Cu	stodian	18 Mother	r's Nama (F	iret Middle	Meiden Sumem		chools
ğ	8 4 5 8	Be		ŕ							WOODON DUNION	,	
Ž	should be and Mental marked umatic av	To	McKinley Baile	-					sie B				
Z S	~ 4 9 5		19e. Informent's Neme/Reletions				g Address (Street						
	CENL		Amanda Bailey/w	ife			Laurel	Rd., 1					
0	Peges 1 and nent of Hear int: If Item		20a. Method of Disposition 1 Burial 2 □ Cremetion	3 □Removel from State	comoto	ry, crem	altion (Neme of setory or other plea	ce)	i	Dste	20c. Location -	City or To	wn, State
Ξ	Pen Then Bant:		4 ☐ Donation 5 ☐ Other (S		Spring	ghil	1 Memory	•	10,	/5/96	Salisb	ury	
Baltimore,	permit. Peges Department of Important: If it any injury or o		21. Signeture of Funeral Service	Licenses			Neme end Addre			7			
m	89E 2 9		1 Two	Vick			ewis N.					01	
	0		23a. Part1. Enter the disease, or shock, or heart fellure. List	complications that cause	d the deeth. Do	not ente	618 West	ng, such es d	cardlec or re	espiretory si	rest,	01	Approximste
Ų.	Physician		shock, or heart fellure. List	only one cause on each II	ne.							1	Intervsi Between Onset and Deeth
Ţ	/Medicai		Immediate Cause (Fine)		· · · · · · · · ·	10	iles Lr	a. h.					
	Examiner		disease or condition resulting in deeth)	s	ongestil	16 1	Heart F	anni	ru				unknown
	S. II	ē											
	pet nsit	Examiner		b .	inal F	ain	ire					i	un known Upprox. days prior
- 80	al-tra	Ха	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury Cause (Disease (10	upprox.
9	be e		Cause. Enter Underlying Cause (Diseese or Injury thet initisted events	c. <u>6</u>	astric							12	daysprior
68760,	certificate be executed ding physician and isa as the burial-transit	/Medical	resulting in deeth) Last	uenca of):									
×	ding ding	Š		d								į	
Bo	E -	lan							.,			1	
o.	0 9 %	Physician	Part II. Other significant condition	ons contributing to death b	ut not resulting I	n the un	derlying cause giv	ren in Pert I.		23b. Dld 1	obacco uss cor	ntribute to	the cause of death?
J.	that the ed by th detach	£	Perioneral	vasaus	WD18	en	SC.			10	Y98 2□ No	3 Prob	Unknown
S,	signe d be d	þ											
Records,	requires been sign should be	Completed	Stress Maers	â						24a. Wes perio	an sutopsy rmed?	SVS	ere sutopsy findings silable prior to
Ö	2 S S	pid										of c	npletion of cause death?
	The late he	ПО								101	es 20 No	1□	Yes 2000
VII Ta		Bec	25. Was case referred to medica					28. Plece	of Deeth (C	Check only o	ne)		
>	Physicien: this certific ral director,	ToE	sxaminer? 1 ☐ Yes 2 ☑ No	Hospitel: 12 Inpatie	ent 2 ER/Ou	tnatient	3 DOA Oth	or:			ience 8 🗆 Oth	er (Snecih	()
0	Phys eral d		27. Manner of Deeth	28e. Dete of Inju	ry 28b. 1	Time of	28c. Injur Wor		-		now injury occur	1-1	,
Division	of a varianding P safer death. I Director: After the in by the funeral in the fu	Certification:	Netural 5 Pendin		y Year)	njury		1k? Yes 2∐N	No !				
<u>S</u>	dee ctor	flee	3 ☐ Suicide 6 ☐ Could		ury - At home, fe	rm. stre	et, fectory, office		28f.	Location (5	Street end Numb	er or Rura	l Route Number,
Š	X = = C	ert	4 Homicide	building, et	c. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Tow	m, Stete)		
	ours filler		29a, Certifier 1 XCertifyin	g Physician: To the best	nt my knowledge	deeth	occurred at the tir	ne dete end	1 place and	due to the	rause(s) and ma	nner as et	ated
	Fur etely	edical	(Check only 2 Medical one)	Examiner: On the basis of end menner st	examinetion so	d/or inve	estigetion, in my o	plnion, deet	h occurred	st the time,	date and pisce,	end due to	ths cause(s)
	To the Hospital or within 24 hours afte To the Funeral Director completely filled in	Me	29b. Signeture end title of certifie	1114 - 114			29c. Licens	e number			29d. Dete signe	d (Month. I	Dey, Year)
	F≩Fŏ		The state of the s				1			-		96	
	0;			-110			410	232	5		10/1/	16	
	/		30. Neme end eddress of person					1001	201				
			Nadine B. aci	1, MO UN	1MD BO	lih	more in	10 21	201				
	Sta		31. Dete filed (Month, Dey, Year)	32. Registr	er's Signeture	dall							
	Registr	ar	OCT 03	טענו									



				State of Ma	-	epartment of Certificate or		Mental Hy	/giene 9	6 3 3 9			
			1. Decedent'a Name (First, Middle, La	st)				2. Data of D		3. Time of Death			
	Physic	an							Day	Year			
1	_/Medi						4h City Town or	Uctobe		1996 1:57 PM			
	Exami	ner											
-			Wicomico Nurs 5. Social Security Number 6. S			hday) If Under 1 Yaa							
11	Funeral			Dex I□M 2☐F /. Ag	a (In yrs. last birt	Months Day		. (Month, D	ey, Year)	Birthplaca (State or Foreign Country)			
	Director		219-10-9278 Usual Residence of Decedent		90			May 2	2, 1900	Maryland			
	and w		10a. State 10b. County		10c. City, Town	or Location			10d. Inside City Limits				
	Aary e sh	ō	Maryland Wicon	nico	Salisbury					Yes 2□No			
	the Marylan 28a-f show	ect	10e. Street and Number			10f. Zlp Coda			10g. Citizan of V	Minet Country?			
	T O	ā	7473 Titleist	Drive			1801			.S.A.			
	72 hours after death with the Maryland natural, or items 23s or 28s-4 show dical Examiner must be notified at	Funeral Director			Tuesda 11.0			0		ce - American Indian,			
	them it	Š	11. Marital Status 1 ☐ Nevar Married 2 ☐ Married	12. Was Decedent Armed Forces?	,-	13. Was Decedent of If Yea, specify Cu	ban, Mexicen, Pua	nto Rican, etc.)	Blac	ck, White, etc.			
20	rs aft	by F	3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ♣ N If Yes, Give Year or Datas:	10	1 ☐ Yes 2X No	Specify:		Specify	White			
9	hou		15. Decedent's Ed		160	Decedent's Usual Occi			10h Kind of D				
21215-0020	i within 72 hours after death with the Maryla liena. r than "natural", or items 23a or 26a-f show the Madical Enaminer must be notified at	Completed	(Specify only highest gra	ida complated)		(Give kind of work don- life. DO NOT use retir	e during most of wo	orking	100, Kind Of Bi	usineas/Industry			
112	within ena.	m/c	Elementery/Secondary (0-12)	College (1-4or 5	+)	Crab Picker			Sh	ellfish			
	be filed with tal Hygiena. d other than event, the M	Ö	17. Father'a Name (First, Middle, Last))		CLUD II			a. Meiden Surneri				
Maryland	S is S	Be C	Samuel H. To.						rk				
7	d 2 should th and Mer 7 is marks traumatic	T _o							Routa Number, City or Town, Steta, Zip Code)				
Wa	d 2 strau		Samuel Yates -							ity or Town, Steta, Zip Code) Lry, MD. 21801 Location - City or Town, State Cambridge, MD. Home, P.A. MD. 21613 Approximate Interval Between Onset and Death			
a,	of Health Hem 27 other tr		20a. Method of Disposition 20b. Place of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, State										
altimore,													
ä			4 Donation 5 Other (Specify) Dorchester Mem. Park 10-13 Cambridge, MD. 21. Signature of Funeral Service Densee 22. Nama and Address of Facility										
Ba	permit. Pages Department of important: If it any injury or o		21. Signature of Funeral Service Eyes	5		Curran-B	comwell	Funera	1 Home	, P.A.			
			Surran-Bromwell Funeral Home, P.A. 21613										
			Interval Between										
	Physician	J.		2	1	2-		1	/				
	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death) a. ### CUTE Myoca and a 1 in fact										
			and dealing an addition	/	Due to (or as a c	consequence of):	1	0	'				
	pei jisi	Examiner		b. Co	rong	y 11/21	tern	DIST	nic	nro			
	and and	xar	Sequentially list conditions, if any, leading to immediate		Due to (or as a consequence of):					1			
760	be executed ician and burial-transit	calE	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury	0. 1727	C110.	10/210	1/1			nen			
687	2 2 2	-	that initiated events rasulting in death) Last	~	Due to (or as a c	onsequance of):							
×	death certificate to attending physical attending physical for use as the to a state the total attentions.	Me	d 1072							7			
Box	atten atten for u	lan											
o	y the o	Physician/Med	Part il. Other significant conditions o	ontributing to death bu	_		iven in Part I.	23b. Dlo	tobacco uss co	ntributs to the cause of death?			
0	- DE		6/6/tn1	divin	toxin	1-1-1	1 Yee No 3 Probably 4 Unknown						
Records,	8 5 8	d by	Semile		00	101/2 -	,		TO TIME	24h Ware autopey findings			
O	v requires been sign should be	etec	S-cm/c	ben	nen 7	ti 9 -		peri	s an autopsy ormed?	24b. Were autopsy findings aveilable prior to completion of causa			
Sec	S C/	ldu				of death?							
-	F e e	Completed						1 🗆	Yas 2 No	1 ☐ Yes 2 ☐ No			
Vital	ysician: The secreticate director, par	Be	25. Wes case referred to medical examiner?	16-15-15	26. Place of Death (Check only one)								
of	5 00 0	1°	1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatie	ospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ☐ Other: 4 Ø Nursing Home 5 ☐ Rasidence 8 ☐ C								
	D 0 2	on:	27. Manner of Death 1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Year) 28b. Time of Injury at Work?				28d. Describe	how injury occur	red			
Sio	Attending or death. ector: After by the fune	cati	2 Accident Investigation			M 1[Yea 2 No						
Division	i or Attendin safter death. I Director: Af d in by the fu	Certification:	3 Suicide 8 Could not be determined	288. Place of inju	28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)				(Street and Numb own, Steta)	ber or Rural Route Number,			
0	is al												
	To the Hospital or A within 24 hours after To the Funeral Direction pletely filled in b	edical	(Check only 2 Medical Exam	ysician: To the best oniner: On the basia of	f my knowledge, examination and	death occurred at the	time, date and plac	a, and due to the	cause(a) and ma , date and placa.	anner as stated. end due to tha cause(s)			
	the the nplet	Med	one)	end manner sta	ted.		·						
	5 2 5 8		29b. Signatura and title of contifier		_	29c. Licer	nse number	- 5 70	∠90. Date signe	d (Month, Day, Year)			

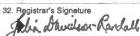
29d. Date signed (Month, Day, Year)

D02026

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

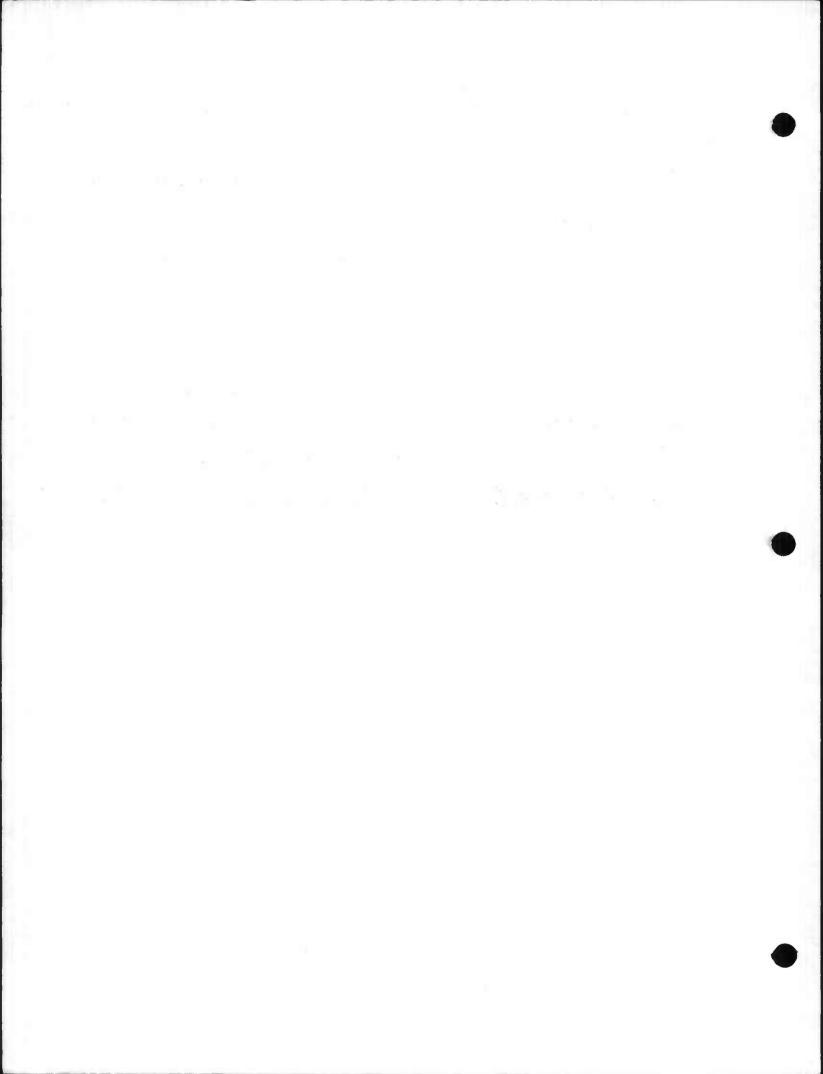
MD./1622 A Ocean Pines, Berling Md. 21811 F.G. Arthes, 31. Date filed (Month, Day, Yeer)

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

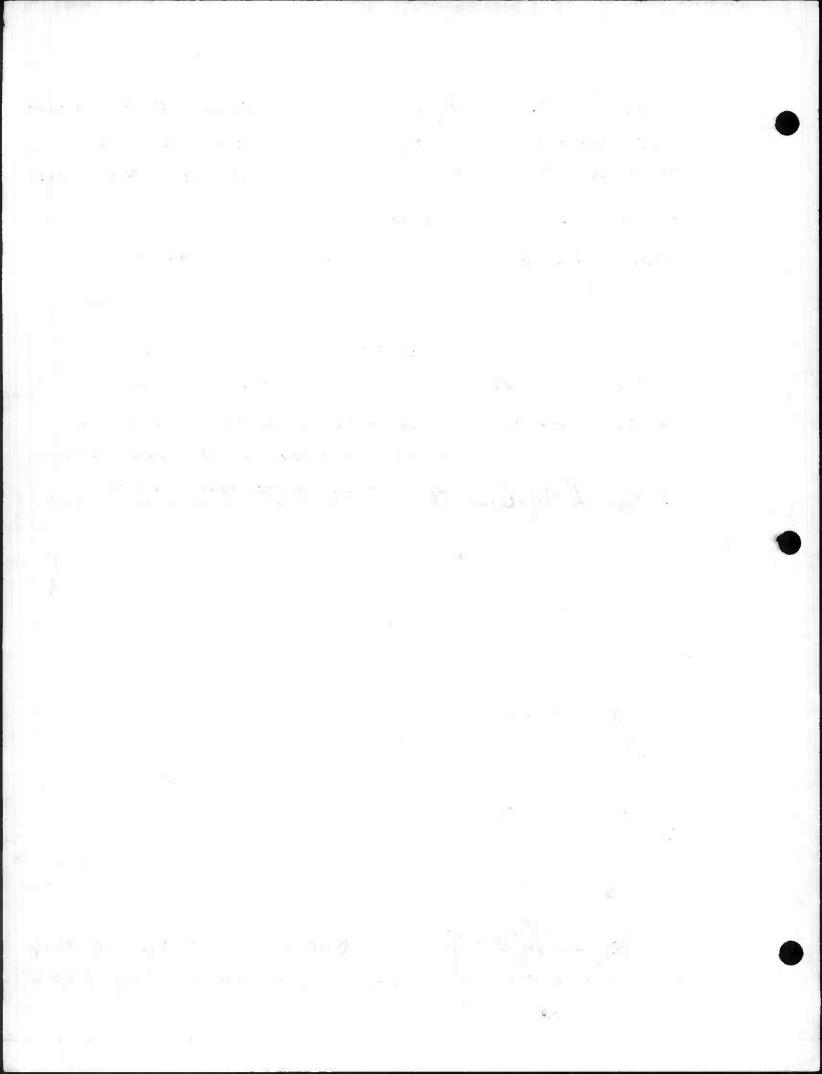
					,	Cen	tificate (of Death		Reg. No.			
	Dharaini		1. Decedant'e Nema (First, Middle, Last) John Melvin Chance						2. Data of D		Veer	3. Tima of Death	
	Physici /Medi		JOHN M	CHANC	E				/	90	96	3:20 AN	
	Examir		4a. Facility Nama (If not institution, g						or Location of Dea	ith 4c. Coun	ty of Death		
			UNIURSITY	OF MARI				DY BACA	mone	/			
	Funeral Director			Sax 1XXXX 2□ F	72 72	ast birthday) Yrs.	If Under 1 Y Months Do	eer If Under 24 H ays Hours M	in. 8. Data of B (Month, L	orth Day, Year) 7 1, 1924	9. Birthple Count Mar		
	pue **		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. City	, Town or Loc	ation				10	Od. insida City Limits	
	the Marylen 28a-f show	ō	Maryland Queen	Annes		Church	ь ні 11					1 X Yas 2 □ No	
	28a-f	2	10e. Street and Number	Ailles	L	Office Cr	10f. Zip Cod	da		10g. Citizen of	What Count	Irv?	
	23a or	0	P. O. Box 178				2	1623		U.S.	Α.		
5-0020	ter deeth with the Maryland Name 23a or 28a-f show Instituted at	Funeral Director	11. Meritel Stetus	12. Was Decedant		S. 13. W	es Decedant	of Hispenic Origin? Cuben, Maxican, Pu	(Specify Yes or N	lo- 14. Ra			
	or he	þ	1 ☐ Never Merried 2 ☐ Married 3 🕅 Widowed 4 ☐ Divorced	Armed Forces? 1 Yas 2 4 If Yas, Giva Yaer or Datas:			Yas, epecity o		arto Rican, atc.)		Ify:		
5-0	72 hours natural',	Be Completed	15. Decedent's i (Specify only highast g	Education		16a. Decede	ent's Usual Or	ccupation	undrina	16b. Kind of	Businass/Ind	ustry	
2121	Jene.	nple	Elementery/Secondary (0-12)	Collega (1-4or	5+)	lifa. D	O NOT use re	one during most of v etired)	vorking				
21	TI CO As and	Co	12			Cus	todian	T					
and	tal Hygid d other event, I	Be	17. Father's Name (First, Middle, Las	1)					lama (First, Midd		ma)		
2	should b nd Ments marked	70	Melvin A. Chance			T			e E. Mar				
Maryland	d 2 should be and 7 is muturn		19a. Informent'e Neme/Ralationship Robert F. Leonar										
	s 1 and 2 should be filed f Heelih end Mental Hyy tem 27 is marked othe other traumatic event,		20a. Mathod of Disposition	d/ Nepriew	20b. Pi	ace of Dispos			Data				
3altimore,	80= 5		1X Buriai 2 □ Cramation 3										
	semit. Pa Separtmen mportant: iny injury		4 ☐ Donation 5 ☐ Other (Special Signature of Funerel Service Lice		Cruc			y/October 2	- 1				
Ba	Depa Impo any is		Fellows, Helfenbein & Newnam Funeral Home, P.A. 555 Main Street, Church Hill, Maryland 21623										
			23a. Part1. Enter tha disaase, or compilications that caused the deeth. Do not antar tha mode of dying, euch es cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximete interval Between Onset and Death										
1	Physician												
1	/Medical Examiner		immediata Cause (Final disease or condition resulting in deeth)	a Rupru	REO	ADMI	CAN	JEUR450	y		i		
ш		6	Dua to (or as a consequence of): b. ATHOROSCUMOIS										
	rted	Examiner	6. ATHOROSCIONOIS.										
,	execu n and lal-tra	Exa	Sequentially list conditions, it any, leading to immadiate cause. Enter Underlying Ceuse (Disease or injury		Due to (or as a consequanca of):								
68760,	death certificate be executed e attending physician and of for use as the burial-transit	cal	that initiated evants										
89	ifficat g phy as th	Medical	resulting In death) Last		Data to for as a consequence off.								
Box	attendin for use	J		d									
		SICIS	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pa						23b, Df	d tobacco use c	Country of Death BATPMORE 9. Birthplaca (State or Foreign Country) 924 9. Birthplaca (State or Foreign Country) Maryland 10d. insida City Limits 1 N Yas 2 No izen of What Country? S.A. 14. Race - American Indian, Black, White, atc. Specify: White ind of Businass/Industry Education Sumama) 10 Town, State, Zip Code) Maryland 21623 Control - City or Town, State 11. Maryland Funeral Home, P.A. Maryland 21623 Approximate interval Between Onset and Death Day 1 No 3 Probably 4 Unknown Onset and Death Day 1 No 3 Probably 4 Onset and Death Day 1 No 3 Probably 4 Onset and Death Day 1 No 3 Probably 4 Onset and Death Day 1 No 3 Probably 4 Onset and Death Day 1 No 3 Probably 4 Onset and Death Day 1 No 3 Ons		
P.0	that the de ed by the detached	Physician/								1 Yes 2 No 3 Probably 4 Unknown			
	res thet the signed by to be detact	by I							-				
Records,	requires thet the been signed by th should be detach	ted							24a. Wa	s an autopsy formed?	eva	iliable prior to	
9		Completed	2							of d	npletion of cause leath?		
	The ate h	PO							1	Yas 2 No	10	Yas 2000	
ita	ician: The certificate rector, pag	Be (25. Wes casa rafarred to medical axaminer?					26. Placa of C	eath (Check only	one)			
of Vital	Physician: this certific ral director,	ပ္	1 ☐ Yas 2 ☐ No	Hospital:		ER/Outpatient	3□ DOA		Homa 5□Ra	sidance 6 🗆 O	thar (Specify)	
U C	Ing P	Certification:	27. Mannar of Death 1 □ Natural 5 □ Panding	28a. Date of Inju (Month, Da	y Year)	28b. Time of Injury		Injury at Work?	28d. Describe	cribe how injury occurred			
Division	Attending I be death.	cat	2 Accident Invastigation 3 Suicida 6 Could not	he -	M 1 Yas 2 No				22/1				
Σ	after after Direc	분	4 ☐ Homicida datarmine	28a. Place of Inj building, at	ury - At ho c. (Specify	ma, farm, stree	et, factory, off	lice		(Street and Nun own, Stata)	iber of Hural	Houte Number,	
_	pital Durs Filled		29a, Cartifiar 10 Cartifying P	hyelelen. To the boot	of mur boom	deader death	annumed at the	o time data and ale	an and due to th	(-)d -			
	Hos 24 h Fun etely	edical	(Check only 2 Medical Exa	miner: On the basis of end mannar st	f axaminati	ion end/or inve	estigation, in r	ny opinion, deeth oc	curred et tha time	e causa(s) and n e, data and place	nannar as sto , and due to	the cause(s)	
	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	Me	29b. Signeture end title of certifier	Silv mailini 30			29c. Lic	cense number		29d. Dete sign	ed (Month, I	Day, Year)	
	- s - ö		10.	T- (1)	25	, no.	D1	.0368					
			30. Name end addrass of person who					.0300		11701	eu.		
		15	ELZONOR F					OF MARY	ICAND N	EO. S.	ISPON.	,	
	Sta	te	31. Deta filed (Month_Day, Year)	32. Registr	"'s Signat	mia ,	0						
	Registr		ULI () 1	96	reta Do	urdson-0	andell						



State of Maryland / Department of Health and Mental Hygiene

31393

					Certificate	of D	eath		Reg. No.		01000	
		1. Decedent's Name (First, Middle		,				2. Date of De	ath		3. Time of Death	
Physi		Wendell	c. Co	sking				Octobe	Dey	1996	1145A	
	dical	4a. Facility Nama (If not institution		1		4b.	City, Town, o	r Location of Deati		- Annaha b	11(3.6)	
Exam	uner	SHADY GROVE		IIOCD TIII	7) T							
-	71	5. Social Security Number		HOSPIT. le (In yrs. last birt	The second second		ROCKVI	s. 8. Data of Bir		TGOME		
Funera Directo		013-16-4926	1⊠ M 2□ F		rs. Months	Days	Hours Mir	n. (Month, De	y, Year)		laca (Steta or Foraign try)	
		Usual Residence of Decedent						June 6,	1910	Mass	achusetts	
and mand		10a. Stata 10b. County		10c. City, Town	or Location					16	0d. Inside City Limits	
Mary	ō	Arkansas Gran	t	Sher	idan					-	1 Yas 2 No	
the the	Director	10e. Street and Number			10f. Zip (Code			10g. Citizen of	What Coun	tn/2	
with a or										.,,		
e 23	era		187A	Curs in 11 C		150	ania Orinina ((Casalta Vasar Ala	Americ	ce - America	no lodino	
iter d	Funeral	11. Marital Status 1 □ Never Married 2⊠ Marri		If Yes, specif	y Cuban,	Mexicen, Pue	(Specify Yas or No orto Ricen, etc.)	Bla	ck, White, a			
and 21215-0020 be filed within 72 hours after death with the Maryland tal hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notilized at	by F	3 □ Widowed 4 □ Divorced	If Yes, Give	NO	1□ Yes 2	No :	Specify:		Specif	y: Wh	ite	
21215-0020 d within 72 hours af gione. rr than "natural", or the Medical Exam	8			160	Decedent's Heuel	Occupation	on		16h Kind of B			
15 n 72 n 72	Completed	15. Decedent's Education (Spacify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of work) ilfe. DO NOT use retired)						orking	g 16b. Kind of Business/Industry			
vith one than	E	Elementary/Secondary (0-12)	5+) To	ool & Die	,	er		Manuf	actur	ing		
d 212 filed with Hygiene ther than		17. Fathar's Name (First, Middle,	Last)					ame (First, Middle,				
ylan build be Mentai arked or	Be C	Edward	Cushing	2				known)		eed		
aryla should nd Men marke	2	19a, Informant's Name/Reletions			Mailing Address	(Strant on		Rural Route Numb	or City or Tour	State 7in	Codel	
Maryland d 2 should be file th end Mental Hy 7 Is marked other treumatic event											72150	
1 end 1 end Health em 27		Irene P. Cushin	ng - wire		Disposition (Nem		0/A, 5	heridan,	20c. Location			
2000		1 ☐ Burial 2 🛣 Cremation		cemeter	v. cremetory or oth	ner plece)	rium	Inc. 10/				
Baltimo permit. Pege Department of Important: If any Injury or		4 Donation 5 Other (Sp		Montge				THE. 107	/ Deche	sua, i	lalyland	
Ball Separation mapor	2002	21. Signature of Funaral Service Licensee 22. Nama and Address of Facility Olin L. Molesworth, P.A., Funeral Home										
m 705 4	DI	Whin I	Molesn	ath							20872-01	
		23a. Part I. Enter the disease, or shock, or heart failure.	complications that caused	the death. Don	ot enter tha mode	of dying,	such as cardi	ac or respiratory a	rrest,		Approximete Interval Between	
Physicia	1									- 1	Onset and Death	
/Medica	_	Immediate Cause (Final disease or condition		PNEUN	MIMILA						2 days	
Examine		rasulting in death)	a	Due to (or as a c								
D 25	Je P			O 1	dutin						luck	
Box 68760, eath certificate be executed ettending physician and for use es the buriel-transit	a a	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying									(000	
o, e e e e e e e e e e e e e e e e e e e											sage that	
68760, filicate be ex physician as the burie	edicai	Cause (Disease or injury thet initiated events Due to (or es la consequence of):									MATINO	
68 tiffice es th	3	Toouting in Worth) Cast										
OX Cent	M/u	·	d									
P.O. BOX that the death cer ed by the ettendin detached for use	Physician	Pert II. Other significant condition	ns contributing to death by	ut not resulting In	the underlying ce	use niven	In Part I	23h Did	tobacco uea co	ntribute to	the cause of death?	
the d	ty	The second secon									pably 4 Unknown	
dS, Puires that signed be determed to be determed to the determed to the determed to the determed to the determed to the determed to the determed to the determed to the determed to the determed to the determed to the determed to the determed to the determed to the determed to the determed to the determed to the determed to the determinant to the determi	by P	Atrin	frballiation						100 100	00,100		
ecords, P.O. Bo lew requires that the death c es been signed by the etters 2 should be detached for us		(2 -)-	frballiotori		1				an autopsy	24b. We	ere autopsy findings	
v requir	ete	QUITION	e orlengy	versus	texicit	4		perfo	ormed?	con	ailable prior to mpletion of ceusa death?	
Record ne lew require s hes been signe 2 should t	Completed		1.1							100		
								10	Yas 2 No	1	Yes 2□ No	
r Vita ysician: ysician: director,	Be	25. Was cese referred to medicel axaminer?	Monitoli				8. Place of D	eath (Check only o	one)			
Physic this cral dir	2	1 Yes 2 No	1 Inpatie					Home 5 ☐ Resi			0	
VISION OF VITA Attending Physician: or death. ector: After this certific by the funeral director,	Certification:	27. Manner of Death 1 Natural 5 ☐ Pending	28a. Date of Injui (Month, De)			c. Injury at Work?		28d. Describe	how Injury occur	red		
Division of Vital or Attending Physician: To stee death. Director: After this certificat in by the funeral director, p	cat	2 Accident Investig 3 Sulcide 6 Could n	ot be		М		s 2 No					
DIVISIO	E	3 Sulcide 6 Could n 4 HomicIde determi	Ined 28e. Plece of Inju	ury - At home, far c. (Specify)	m, street, fectory,	office		28f. Location (per or Rural	I Route Number,	
D sign												
4 hour	edicai	Check only 2 Medical E	g Physician: To the best of Examiner: On the basis of	of my knowledge, examination and	death occurred et	t the time,	dete end plac	ce, and due to the	cause(s) and m	enner es ste	eted.	
DIVISION To the Hospital or Attenditude and Within 24 hours efter death To the Funeral Director: completely filled in by the	8	one)	and manner sta	ated.								
To To To	Σ	29b. Signature and title of certifier 29c. License number							29d. Date signed (Month, Dey, Year)			
		1 Dec	- Mall &	14		D31	1192		Octob	er o	6 1996	
		30. Name end eddress of person v	who completed cause of de	eath (tem 23a) (Time Drint)			0 .1	1 1	1	1000	
		KOVIN Michael	el Gil 1	5001 T	Dufief 1	ull	Kord	Garthers	bung M	ory/2	nd 208 78	
s	tate	31. Data filed (Month, Dey, Year)		ar's Signature	1 1				-1			
Regis	trar	UUI 07	1996 Juli	William.	will							



State of Maryland / Department of Health and Mental Hygiene 396 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Year **Physician** ROBERT CHILDS September 30, 1996 5:00 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** Salisbury Center/Genesis Eldercare Salisbury, MD Wicomico If Under 1 Year | If Under 24 Hrs. | 8. Deta of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthdey) **Funera** Days 10XM 2□ F Yrs Director 248-30-0303 August 19,1915 SC Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 1 Yes 20 No Director Wicomico Eden 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after deeth v
Department of Heelth end Mental Hygiene.
Important: If item 27 is marked other than "naturel", or flems 23a enty Injury or other traumatic event, the Medical Examiner mast once. 4794 S. Upperferry Rd. Funeral 21822 U.S. Race - American Indian, Bleck, White, etc. 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 XNo If Yes, Give Year or Dates: 1 ☐ Never Merried 2 ☑ Married 1 ☐ Yes 2 XNo Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 9 Farmer Agriculture 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Eddie Childsm P. Florence Clifton 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Relationship (Type, Print) Charles Childs 4794 S. Upperferry Rd., Eden, MD 21822 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Green Acres Mem. Park 10/5/96 Salisbury 21. Signat and Funeral Service License 22. Name and Address of Facility Lewis N. Watson Funeral Home 1618 West Rd., Salisbury, MD 21801 Fail 1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. List only one cause on each line. Approximate Intervai Betw Onset end Death **Physician** /Medical Immediate Cause (Finet -6 disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner 4 ed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last end Due to (or as a consequence of): physicien Physician/Medical the th Due to (or es a consequence of) ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4X Unknown by 24b. Were autopsy findings eveilable prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed has 20 No certificate 1 ☐ Yes 2 ☐ No or Attanding Physician: effer deeth. Director: After this certifica Be 25. Wes case referred to medicat examiner? 26. Piece of Death (Check only one) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No Certification: 27. Menner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturei 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street and Number or Rurel Route Number, City or Town, Stete) in by 4 Homicide To the Hospital c within 24 hours of To the Funeral D completely filled is 29a. Certifier 1 Descritifying Phyatcian: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. 29d. Date signed (Month, Day, Year)

21804

State Registrar

Robius, 4. D 1104 Healthway Dr., Salisbury, MD William 31. Dete filed (Month, Day, Year) 32. Registrar's Signature OCT 03 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

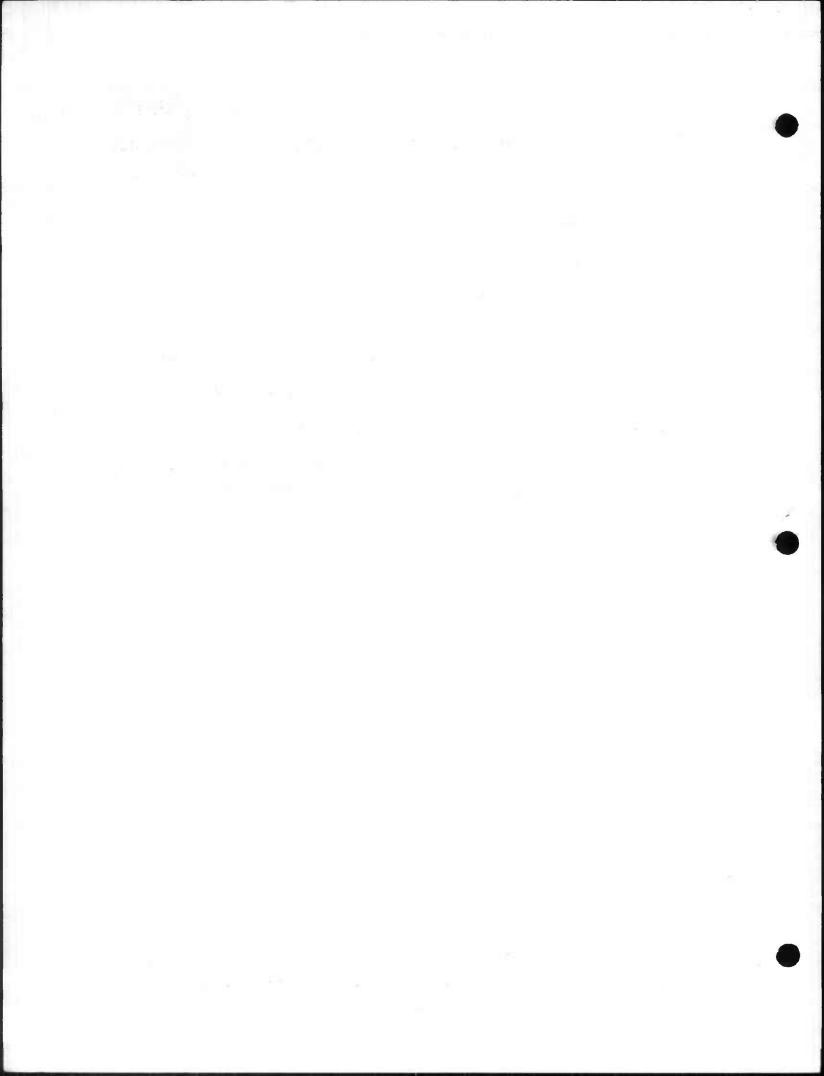
with the Maryland

Saltimore, Maryland 21215-0020

The law requires that the death certificate be executed

Box 68760

Division of Vital Records. P.O.



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene

0	Physic	ian	Decedent's Name (First, Middla, L Howard A Doi: con	ast)	<i>j</i> (urlur)	Certific			2. Date of Dea Month	Reg. No.	S 6	3 3 9 5	
Л	/Medi		Howard A. Deisen				1	th Oil Town or	October			3:25 a.m.	
4	Examii	ner	4a. Facility Name (If not institution, gi						Location of Death	n Kent			
H			Chestertown Nurs 5. Social Security Number 6.		e (In yrs. last b		Center	If Under 24 Hrs	stertown				
	Funeral Director		222-05-4292 Usual Residence of Decedent	12 M 2 □ F	75		Months Days Hours Min. (Month,			Year) 21, 1921	9. Birthpi Count De 1	ace (Stata or Foreign try) aware	
	and and		10a. State 10b. County		10c. City, To	wn or Location					10	Od. Inside City Limits	
	the Marylar 28a-f show	Ö	Maryland Queen Annes Millington									1 ☐ Yas 210 No	
	the 128s	Director	10e. Street and Number	THEICS			Zip Code			l0g. Citizen of	What Count	iv?	
	3a o	0	//O1 Time Tending	D 1			01/0	-1					
	deatl	Funerai	401 Lime Landing	12. Was Decedent Ever in U.S. 13. Was Dacedent of Hispanic Origin? (Si				Specify Yas or No-	U. S	A. America	an Indian,		
21215-0020	filed within 72 hours after death with the Maryland thygiene. ther than "natural", or items 23a or 28a-f show int, I're Medical Examines must be notified at	by Fui	1 Naver Married 3 Marriad 3 Widowed 4 Divorcad	Armad Forces? 1 ☐ Yes 2 ☐ I If Yes, Give Year or Dates:		If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1□ Yes 2√√2 No Specify:					ck, White, e y: Whi		
0-10	2 ho	Completed by	15. Decadent's E	ducation	16	a. Dacedent's I	Jsual Occup	ation		16b. Kind of B	uainass/Ind	Justry	
21	d within 72 ho piene. r than "natur the Medicel	ple	(Specify only highast gr Elamantary/Secondary (0-12)	a <i>de completed)</i> Collega (1-4or 5	i+)	(Give kind of work done during most of working life. DO NOT use retired)				Automob			
2	od with giene.	Son	7	7				orker			facturer		
nd	be filed tel Hygid d other evant, II	Be (17. Father's Name (First, Middle, Las	")		18. N			ma (First, Middle,	Maidan Suman	ne)		
Maryland		2	Charles Deisem					Bertha	Shahan				
Var			19a. Informant's Name/Relationship						u <i>ral Rou</i> ta Num <i>be</i>				
	C = N >		Jean G. Deisem/W	ife				ing Road	, Milling		- 4		
altimore,	ges 1 e it of Hee if item or othe		20a. Mathod of Disposition N Buriai 2 □ Cremation 3 □	20b. Place of Disposition (Name of cemetary, crematory or other placa)					Date 20c. Location - City or Town, State				
Ë	tmen tant:		4 ☐ Donation 5 ☐ Other (Special		Crump	ton Cem	etery	October	6, 1996	Crumpt	on, Ma	aryland	
Bal	permit. Pages. Department of H Important: If ite any injury or of		21. Signatura of Funeral Sarvica Licansee 22. Name and Address of Facility Fellows, Helfenbein & Newnam Funeral Home,										
			23a. Part . Enter the disaase, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximate Interval Batween										
	Physician /Medical		Immediate Cause (Final								5	Intarval Batween Onsat and Death	
	Examiner		disease or condition resulting in death)	Due to (or as a consequence of):								grees	
-	D #	ner											
	tificete be executed g physician and es the buriel-transit	Examiner	Sequentially list conditions,	D	Due to (or as a consequenca of):								
68760,	cian a		Sequentially list conditions, if any, laading to immediate causa. Enter Undarlying Cause (Diseasa or Injury that initiated events	6									
87	physic the t	Physician/Medical	that initiated events resulting in death) Last Due to (or as a consequenca of):										
×	\$ 00 0	Me		d									
Вох	att att	ian											
0	the de	ysic	Part II. Other algnificant conditions of	ontributing to death bu	to death but not resulting In the underlying cause given In Part I.					bacco usa co	ntribute to	the cause of death?	
Δ.	thet det								1 U Y	●● 2□ No	3 Prob	ably 4 Unknown	
ds,	sign d be	d by							24e Wee	n autonov	24h Wei	re autopsy findings	
Record	_ 10 00	Completed							performed? available		ilable prior to		
Re	The law ate hes b page 2 s	E D									of d	leath?	
ā	icentificate h		05 W						1 🗆 Y	es 20 No	10	lYas 2□No	
Viital		Be C	25. Was case refarred to medical examiner?	Hospital:			DO. Othe		ath (Check only or				
ō	문 등 등	5	1 ☐ Yes 2 ☐ No 27. Manner of Death	1 ☐ tnpatie		utpatient 3 Time of	DOA	Nursing F	fome 5 Reside)	
O O	ding h. After funer	to	1 Natural 5 Pending 2 Accidant investigatio	(Month, Day	Year)	Injury	28c. Injury Work	(? Yes 2 □ No	200. Dascribe III	ow injury occur	100		
Division	or Attending efter death. Director: After I in by the fune	Certification:	3 Sulcide 6 Could not be 28a Place of Injury - At home		ırv - At home, f			.00 20110	281. Location (Street and Number or Rural Route Number,			Route Number	
á	ofter of in Direct	ert	4 Homicida 28a. Placa of Injury - At home, farm, straet, factory, offica building, etc. (Specify)						City or Town	, State)	0. 0. 1.0.2.	, touto , turnour,	
	To the Hospital or Attend within 24 hours after deatl To the Funeral Director: completely filled in by the	edical	29a. Cartifiar (Check only 2 ☐ Medical Ever	ysician: To the best of	f my knowledg	a, daath occurr	ed at tha tim	e, date and place	, and due to the c	ausa(s) and ma	annar as sta	ited.	
	To the H within 24 To the F complete		0.07	niner: On the basis of and mannar sta	ted.	nd/or investigat	ion, in my op	oinion, death occu	irred at the time, d	ata and place,	and due to t	lha cause(s)	
	T vil	Σ	29b. Signatura and titla of cartiller							29d. Data signed (Month, Day, Year)			
		8+	and	man			D	00354		101	7/96	•	
		T	30. Nama and address of person who	completed cause of de	eath (Item 23a)	(Type Print)	4	4 1	01.1	1	nJ	2110	
			r. nothered ba	umann, 11	1.U. 10	O Bro	iun u	I U	BHETH	wn, 1	'la -	21020	
	Sta Registra		31. Data filed (Month, Day, Year)	Guna Day	dson-han	dall							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month **Physician** 00 Granville Monroe Dyson /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner Cecil Union Hospital of Cecil County E1kton If Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Months Deys Hours 1□XM 2□ F 245-14-3271 Yrs Director North Carolina January 12, 1921 Usuel Residence of Decedent 10a. State 10b. County 10c. City. Town or Location item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 No Maryland Cecil Warwick 10e. Street and Numba 10f. Zip Code 10g. Citizen of What Country? 201 Sassafras Road, P.O. Box 201 21912 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, apecify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 2 should be filled within 72 hours after and Mental Hygiene. Is marked other than "natural", or ite fXXYes 2 □ No If Yes, Give Year or DatesW . W II 1 Never Merried 2 Married 1 ☐ Yes 2XXNo þ Specify 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Poultry Farmer 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Ada Cook William Wardell Dyson 2 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 st Department of Health and Important: If Item 27 is m any injury or other traun 21912 201 Sassafras Road, Post Office Box 201, Warwick, Maryland Mrs. Bertie Dyson 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State September 1 Burial 2 Cremation 3 Removal from Stete 4 Donation 5 Other (Specify) 4, 1996 Summit, Delaware Delaware Veterans Cemetery 21. Signature of Funeral Service Licenses 22. Name end Address of Fecility Fellows, Helfenbein & Newnam Funeral Home, P.A. Land 226 East Main Street, P.O. Box 342, Cecilton, Maryland 21613 23a. Part 1. Enter the disease, of complications that days of the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of the line. Approximate Interval Batw Onset and Do **Physician** /Medical immediate Cause (Final disease or condition resulting in deeth) Examine Ilms ician and buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury ettending physician for use as the burie Coronary Physician/Medical that initiated events rasulting in death) Last ned by the etten detached for u Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did toplacco use contribute to the cause of death? 12 Yes 2 No 3 Probably 4 Unknown nau by 24b. Were autopsy findings sveilable prior to completion of cause of death? 24a. Was an autopay performed? should Completed 20 No certificate 1 ☐ Yes 2 ☐ No director. 25. Wes case referred to medical axaminer? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred After 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 D Homicide

Vital of death. ne Hospital or Attendi n 24 hours after death. Ne Funeral Director: A To the I To the F

the Maryland

Baltimore.

99

50

State

Medical pletely

29a, Certifier (Check only one)

29b. Signature and

Atoshi

SEP Year)

'96

Registrar

KedA

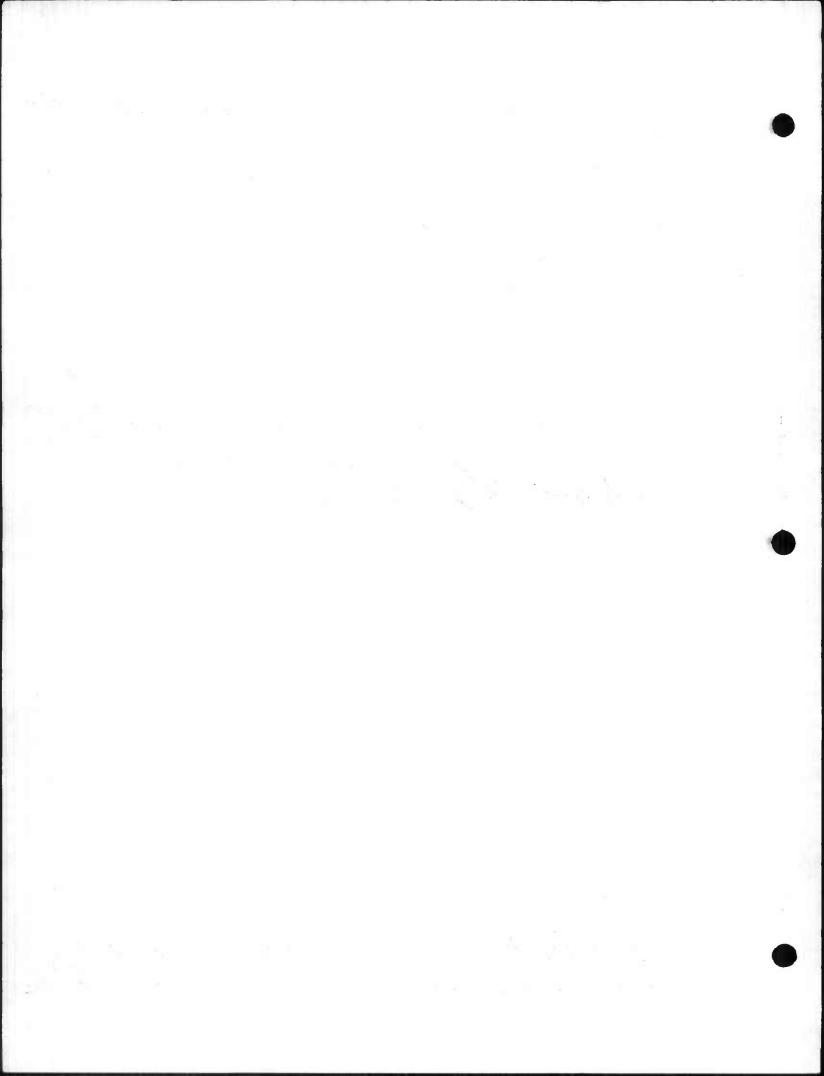
32. Registraris Signature

person with completed cause of death (Item 23a) (Type, Print) Tennsylvania Ave 300

Certifying Physician: To the best of my knowledga, death occurred at the time, data and place, and due to the cause(s) and mainless as a state.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. 29d. Date signed (Month, Day, Year)

relia Davidson Randall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death October 7, 1996 DUTROW Anne Inez 2:50 am 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Frederick College View Center Frederick 5. Social Security Number 7. Age (In vrs. last birthday) if Under 1 Year 8. Date of Birth (Month, Day, Year Birthplace (State or Foreign Country) 1□M 2**X**F 214-48-4840 Months Days Hours 90 Apr 18, 1906 Maryland Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits Frederick Frederick Maryland 1 ☐ Yes 2 X No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8310 Brooke-Mere Blvd 21702 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ♠No Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married White 1 Yes 2 No Specify: 3 ₩Widowed 4 Divorced Year or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 12 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Sumama) John. Anders Hansen Allie. GEISINGER May 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dulcia A. Dutrow/Daughter 8310 Brooke-Mere Blvd, Frederick, Maryland 21702 20b. Placa of Disposition (Name of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 Cremation 3 ☐ Removal from State Smithsburg Crematory Oct 8,1996 Smithsburg, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Keeney & Basford P.A. Funeral Home 21. Signature of Funeral Service Licenspersen M00706 106 E Church Street, Frederick, Maryland 21701 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate fnterval Between Onset end Deeth Immediate Cause (Final erehrovusder disease or condition resulting in death) breat 6 Due to (or as a consequence of) Due to (or as a consequence of) 23b. Dfd tobacco use contributa to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown en 011) 24b. Were autopsy findings available prior to

29c. License number D09689

completion of cause of death?

1 ☐ Yes 2 ☐ No

29d. Dete signed (Month, Day, Year)

October 7, 1996

Physician /Medicai **Examiner**

Physician/Medical Examiner

þ

Be Completed

edical Certification: To

Physician

/Medicai

Examiner

10a. State

Funeral

Director

r than "natural", or itema 23a or 28a-f ahow the Medical Examinar must be notified at

filed within 72 hours after

al Hygiena.

permit. Peges 1 and 2 should be filk Depertment of Health and Mental Hy Important: If Item 27 is merked oth any liqury or other traumetic event ang. Injury or other traumetic event

Baltimore, Maryland 21215-0020

Box 68760,

Director

þ

Completed

Be

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resuiting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 24a. Was an autopsy performed? 2 No 25. Was case referred to medical examiner? 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. fnjury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 4 Homleide ertifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the fime, date and place, and due to the cause(s) and manner stated. 29a. Certifier

To the Hospital or Attending Physician: The law requires that the death certificate be assecuted within 24 hours after death.

To the Funeria Director: After this certificate has been signed by the attending physician end completely filled in by the Inneati director, page 2 should be deteched for use as the buniel-transit P.O. I Records, Division of Vital

> State Registrar

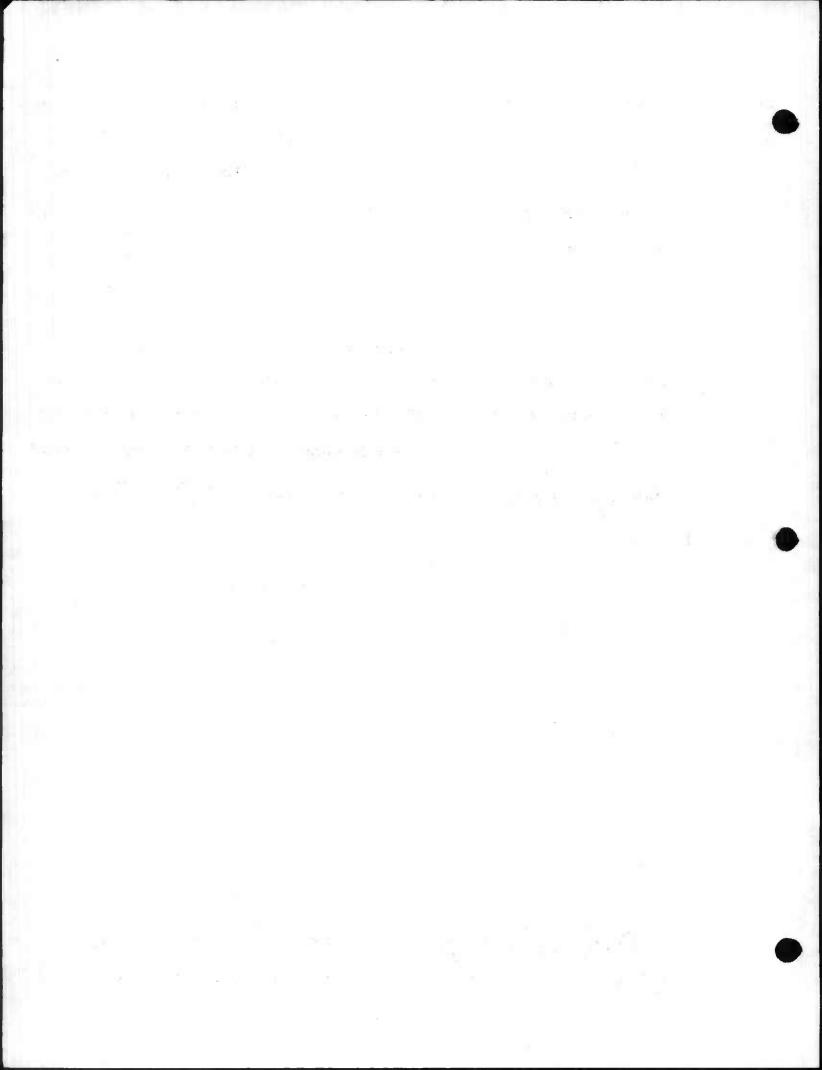
A. Austin Pearre, M.D., 300 West Ninth Street, Frederick, Maryland 21701 32. Registrar's Signature Davidson Randall

1000

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29b. Signeture end title of cartifier

31. Date filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth **Physician** Month Josephine Frances DILLINGER 1996 October 9:06 A.M. /Medical 4e. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Frederick Frederick Homewood Retirement Center 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country) Maryland **Funeral** 1□M 2XF Days 220-46-0040 87 Yrs. Director Usual Residence of Deceden the Maryland 10e. Stete 10b. County 10c. City, Town or Location 77 is marked other than "natural", or itema 23s or 28s-f show treumatic event, the Medical Examiner must be notified at 10d. Inside City Limits Maryland 1 No Yes 2 No Director Frederick Frederick 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 630 Lee Place 21702 U.S.A. Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 11. Maritel Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Nem 27 is marked other than "natural", or iter any Injury or other treumatin auam 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: λq 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) Coilege (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Edmund James Plowden, Sr. Davidson 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Edgar W. Sheppard, Nephew 1504 Chesley Place, Staunton, Va. 24401 20b. Place of Disposition (Name of cametery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from State Mount Olivet Cemetery, Oct. 9, 1996 Frederick, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licansee 22. Name and Address of Fecility Keeney & Basford P.A. Funeral Home 106 East Church Street, Frederick, M00703 MD 21701 Can 23e. Part1. Enter the disease, or complications that cause the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** Immediate Cause (Finei disease or condition resulting in death) /Medical intestinal bleeding Examiner Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Last pue Due to (or as e consequenca of): P.O. Box 68760. attending physiclan for use as the buria Physician/Medical Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? convertire heart face is certificate has been signed by director, page 2 should be detac 1 Yes 2 No 3 Probably 4 Unknown Records, 2 24b. Were autopsy findings syellable prior to Completed 24a. Wes en autopsy performed? completion of cause of death? 1 ☐ Yes 2 ☐ No 1 Yes 2EINO Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

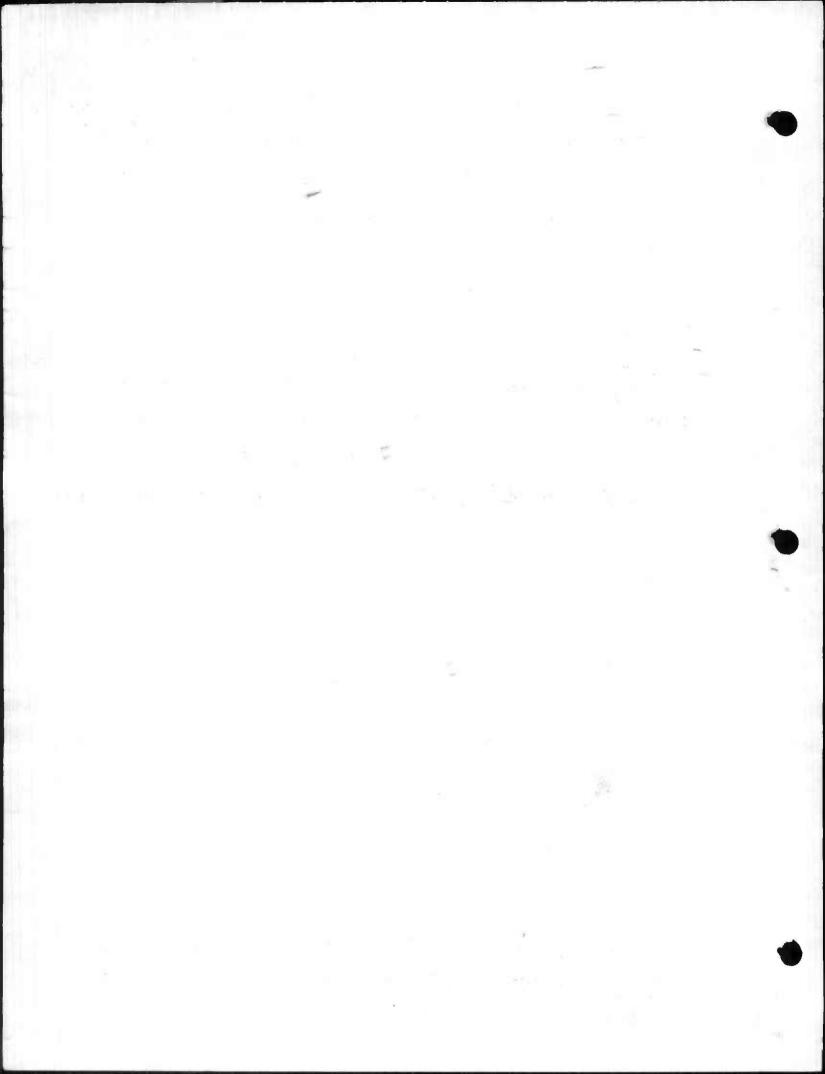
To the Funeral Director: After this certifica completely filled in by the funeral director; to Be 25. Wes case referred to resical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2€ 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of Chatural 5 Pending 1 ☐ Yes 2 ☐ No Investigetion 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homloide To Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end pleca, and due to the ceuse(s) and manner as stated.

2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, data and plece, and due to the cause(s) and manner stated. 29e. Certifier Medicai 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D35183 October 8, 1996 30. Name end address of person who completed sause of death (Item 23e) (Type, Print) Dr. Ali J. Afrookten, M.D., 300 West Ninth Street, Frederick, MD 21701

32. Redistrary Signature

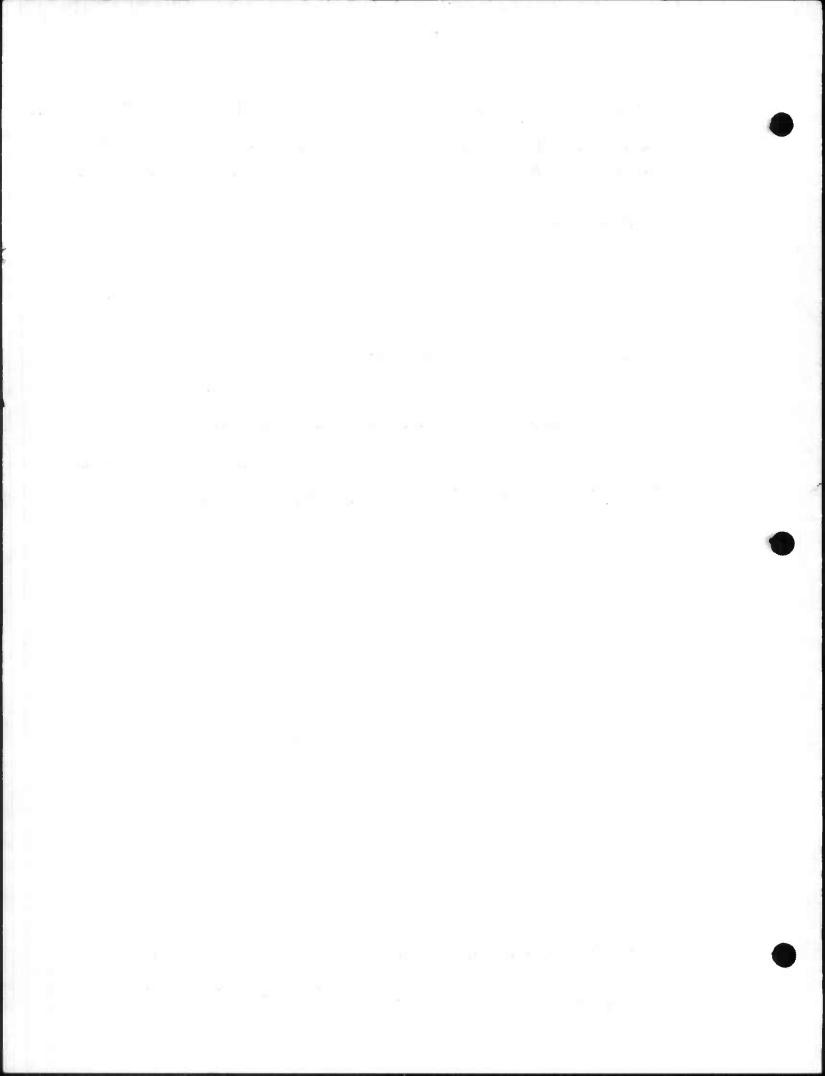
DHMH 16 Rev 6/95

State Registrar 31. Date filed (Month, Day, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene.

Privision Ministrate Examiner Description Privisi	Physician The control of the cont						State of Wi	aryiari				Death	Mental Hy	2	6	31399
Medical Comment Principal February	Function Functi				1. Decadent's Nama (First,	Middla, Las	11)		1		-	Douth		Reg. No.		3. Time of Death
## Common of Death Name of nor Installation pipe sared and number 4an hings of Country (News) Name of Death Name of Country (News) Name of Death Name of Country (News) 4an hings of C	## Fasting Name of Force controls on Day and a fast on control Country & Day Early and Assistance Country & Day Early and Force Country & Day Early & Day &				William	Han	A. DON	NIS	TON				OCTOBE	r 3, 1	996	12:25pm
Social Social Number Social Social Number Social Number	Second Section Number California To App Section T)			4a. Facility Nama (If not ins	titution, give						4b. City, Town, or				
To County To County	POSTORY OF THE PROPERTY OF THE				Washington	Count	y Hospital					Hagersto	wn	Wash	ingto	n
TO STATE OF THE PROPERTY OF TH	TOS-10-0035 TOS-10		Funeral		5. Sociel Security Number								8. Deta of Bi	rth av. Year)	9. Birthp	laca (State or Foraign
Top State Top State	The College of the		Director		1		YAM 201	8	Yrs.				MAY	15,1915		
Elementary/Secondary (o.12) College (1-for 5+) Rail Road Supervisor Rail Road	The Control is a second process of the course of the cours		and w					10c. City	, Town or L	ocation					1	0d. Inside City Limits
Elementary/Secondary (0-12) College (1-dor 5+) Rail Road Supervisor Rail Road	The control of the co		Mery H ah	to	Maryland Car	roll		M+	Airv							1 ☐ Yas 2 No
Elementary/Secondary (o.12) College (1-for 5+) Rail Road Supervisor Rail Road	The Control is a second process of the course of the cours		r 28e	irec	7			110.	11119	10f. Zip	Coda			10g. Citizen of	What Coun	itry?
Elementary/Secondary (o.12) College (1-for 5+) Rail Road Supervisor Rail Road	The Control is a second process of the course of the cours		h with	a D	6741 Runkles	Road				21	771			United	Stat	es
Elementary/Secondary (0-12) College (1-dor 5+) Rail Road Supervisor Rail Road	The control of the co		dea	ner			12. Wes Decedant	Evar in U,	S. 13.			fispanic Origin? (S	Specify Yea or N	o- 14. Rec	e - Americ	an Indian,
Elementary/Secondary (0-12) College (1-dor 5+) Rail Road Supervisor Rail Road	The Control is a second process of the course of the cours	020	or the	by Fu			If Yas, Giva	ło			**		to ricall, etc.)			
Elementary/Secondary (0-12) College (1-dor 5+) Rail Road Supervisor Rail Road	The Control is a second process of the course of the cours	5-0	72 ho	ted	15. De	cedant's Ed	ucation	16a. Decedant's Usual Occupation					arkina	16b. Kind of B	usinass/inc	dustry
Description of the control of the co	Table Tabl	121	- 1 - 64	npie				,					rking			
Description of the control of the co	Table Tabl	7	hygien th	S												
Description of the control of the co	Table Tabl	ano	d be f	Be	0.000.000.000	0.00									na)	
Description of the control of the co	Table Tabl	aryl	shoule od Me mark matic	Ĕ					19h Maili	na Addres	s (Street					Code
Description of the control of the co	Table Tabl		nd 2		Gyla Crutchfield 6741 Runkles					es I	s Road, Mt. Airy, Maryland 21771					
Physician Medical Examiner 23a. Part I. Entar tha disease, or complications that caused the death of action of the cause of acts in the caused the death of the cause of the	23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Physician (Modical Examiner) 23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Physician (Modical Examiner) 23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Physician (Modical Examiner) 23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Physician (Modical Examiner) 23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Part II. Other significant conditions, and the part of graph of the gying of graph of the gying of graph	J.	ham ham othe		20a. Mathod of Disposition			20b. Pl	lece of Dispo	osition (Na	ma of	re) i				
Physician Medical Examiner 23a. Part I. Entar tha disease, or complications that caused the death of action of the cause of acts in the caused the death of the cause of the	23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Physician (Modical Examiner) 23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Physician (Modical Examiner) 23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Physician (Modical Examiner) 23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Physician (Modical Examiner) 23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Part II. Other significant conditions, and the part of graph of the gying of graph of the gying of graph	E	Page nent o ant: If ury or			îst rv	10/7/96	North F	ast.	Maryland						
Physician Medical Examiner 23a. Part I. Entar tha disease, or complications that caused the death of action of the cause of acts in the caused the death of the cause of the	23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Physician (Modical Examiner) 23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Physician (Modical Examiner) 23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Physician (Modical Examiner) 23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Physician (Modical Examiner) 23. Part I. Enter the disease, or compleations that caused the death sevent enter the mode of gying, such as cardiac or respiratory arrest. Part II. Other significant conditions, and the part of graph of the gying of graph of the gying of graph	3alt	party ports y inju		21. Signeture of Funarai Se	ervice Licen:	saa		2	2. Nema ar	nd Addra	ss of Facility		NOT CIT 2	abe,	zicz j zcirc
Physician (Medical Examiner Physician (Medical Examiner Physician (Medical Examiner) Physicia	Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Physician Medical Examiner Physician Medical	•••	80 = 80		120	Si	Marc	16	200					21771		
Physician / Medical Examiner Medical Examiner	Physician (Modifical Examiner) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant cause of death? Part II. Other significant cause of death? Part II. Other significant cause of death? Part II. Other significant cause of death? Part II. Other si				23a. Part1. Enter the disea ahock, or heart failure	sa, or comp	lications that caused one causa on aach lir	tha death	Do not en	tar the mod	de of dyin	ng, such es cardia	c or raspiratory	arrest,	1	Approximeta Intarvai Between
Due to (or as a consequence of): Composition Composit	Due to (or as a consequence of): Sequentially list conditions are any layering to immediate any layering to immediate any layering to immediate any layering to immediate any layering to the conditions of any layering to the conditions of any layering to death but not resulting in the undarying cause given in Part I. Part II. Other eignificant conditions contributing to death but not resulting in the undarying cause given in Part I.		/Medical		Immediata Ceusa (Finai disaase or condition			A							05	Onset and Deeth
Cause (Disease or injury that initiated evanta rasulting in death) Last Due to (or as a consequence of): D	Course (Disease or injury transmission of the course of injury transmission of the course of injury transmission of the course of injury transmission of the course of injury transmission of the course of injury transmission of the course of injury transmission of the course of injury transmission injury transmission injury transmission injury transmission injury transmission injury transmission injury transmission injury transmission injury transmission injury transmission inju			ē									-1			
Cause (Disease or injury that initiated evanta rasulting in death) Last Due to (or as a consequence of): D	Cause (Disease or injury in death) Last Cause (Disease or injury in death) Last Cause (Disease or injury in d		d d ansit	mlm	Convention to the secondary		b. ———	Due to /or		, , , , , , , , , , , , , , , , , , ,					-	
Described by the standard of the significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1	Constrained by the state of the	oʻ	an an		Causa (Disease or injury that initiated evanta resulting in death) Last Due to (or as a consequence of):											
Described by the standard of the significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1	Constrained by the state of the	928	hysic the bu	dica												
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 210/No 3 Probably 4 Unknown	Part II. Other algnificant conditions contributing to death but not rasulting in the undarlying cause given in Part I. 1 Yes 20 Yes 3 Probably 4 Unknown		5 D 6													
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 210/No 3 Probably 4 Unknown	Part II. Other algnificant conditions contributing to death but not rasulting in the undarlying cause given in Part I. 1 Yes 20 Yes 3 Probably 4 Unknown	Bo	eth c	lan	0.										i	
24a. Was an autopsy findings available prior to content of death? 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to content of death? 1	24a. Was an autopsy 24b. Was an autopsy		be de	ysic	Part II. Other significant co	nditions co	ntributing to death bu	it not rasu	iting in tha u	ndarlying o	ause gh	en in Part I.	23b. Did			
24a. Was an autopsy performed? 24b. Wars autopsy performed? 24c. Was an autopsy performed? 24c. Was an autopsy performed? 24c. Was an autopsy performed? 24c. Was an autopsy performed? 24c. Was an autopsy performed? 24c. Was an autopsy performed? 24c. Was an autopsy performed? 24c. Was an autopsy performed? 24c. Was an autopsy performed? 24c. Was an autopsy performed? 24c. Was an autopsy performed? 24c. Was an autopsy performed? 24c. Was an autopsy performed? 24c. Variance of Death (Check only one) 25c. Placa of Death (Check only one) 27c. Manner of Death 1 Naturai 27c. Manner of Death 27c. Manner of Death 27c. Manner of Death 27c. Manner of Death 27c. Manner of Death 27c. Manner of Death 27c. Manner of Death 27c. Manner of Death 27c. Manner of Death 27c. Manner of Death 27c. Manner of Death 27c. Location (Street and Number or Rural Routa Number, City or Town, State)	24a. Was an autopsy performed? 24a. Was an autopsy performed? 25. Was case referred to medical available prior to completion of cause of death? 1 Yas 2 No 25. Was case referred to medical available prior to completion of cause of death? 1 Yas 2 No 26. Place of Death (Check only one) 27. Manner of Death 1 Marker 2 No 27. Manner of Death 1 Marker 2 No 28. Deat of Injury (Month, Day Year) 29. Accidant 3 Suicida 4 Homicida 3 Suicida 4 Homicida 3 Suicida 4 Homicida 29a. Certifier 29a. Certifier 29a. Certifier 29b. Signature and little of certifier 29c. License number 29d. Date signed (Month, Day, Year) 29d	s, P											10	Yes 20/No	3 Prob	bably 4 Unknown
1 Natural 2 Accidant 3 Suicida 4 Homicida 4 Ho	1 Naturai 201. Describe How Injury occurred 1 Naturai 201. Accidant 3 Suicida 4 Homicida 5 Panding invastigation 6 Could not be datarmined 281. Place of Injury - At homa, farm, streat, fectory, office 281. Location (Street and Number or Rural Routa Number, City or Town, State) Street Parking area 292. Certifier (Check only one) 293. Certifier (Check only one) 294. Certifier (Check only one) 295. Signature and little of certifier 296. Date signed (Month, Day Year) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date s	ecord	aw requii is been s 2 should						_				24a. Was perf	s an autopsy ormed?	ava	nilable prior to mpletion of cause
1 Natural 2 Accidant 3 Suicida 4 Homicida 4 Ho	1 Naturai 201. Describe How Injury occurred 1 Naturai 201. Accidant 3 Suicida 4 Homicida 5 Panding invastigation 6 Could not be datarmined 281. Place of Injury - At homa, farm, streat, fectory, office 281. Location (Street and Number or Rural Routa Number, City or Town, State) Street Parking area 292. Certifier (Check only one) 293. Certifier (Check only one) 294. Certifier (Check only one) 295. Signature and little of certifier 296. Date signed (Month, Day Year) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date s	E .	0 - 0	Com									10	Yas 2 No	10	Yes 250 No
1 Natural 2 Accidant 3 Suicida 4 Homicida 4 Ho	1 Naturai 20 Accidant 3 Suicida 4 Homicida 5 Panding invastigation 6 Could not be datarmined 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and little of certifier 29b. Signature and little of certifier 29c. License number 29c. License number 29d. Date signed (Month, Day, Year) 29d. Date signed (Month,	/ita	ertificant		25. Wes casa rafarrad to m axaminer?	-						26. Placa of De	ath (Check only	one)		
1 Natural 2 Accidant 3 Suicida 4 Homicida 4 Ho	1 Naturai 201. Describe How Injury occurred 1 Naturai 201. Accidant 3 Suicida 4 Homicida 5 Panding invastigation 6 Could not be datarmined 281. Place of Injury - At homa, farm, streat, fectory, office 281. Location (Street and Number or Rural Routa Number, City or Town, State) Street Parking area 292. Certifier (Check only one) 293. Certifier (Check only one) 294. Certifier (Check only one) 295. Signature and little of certifier 296. Date signed (Month, Day Year) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date signed (Month) 296. Date s	of	5 00		1 X Yas 2 No		1 👊 Inpatia		· · · · · · · · · · · · · · · · · · ·		JA .	4 Li Nursing F	T)
2/2/ Accident 3 Suicide 4 Homicid	29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and little of certifier 29b. Signature and little of certifier 30b. Nama and addrass of person who complated cause of daath (Item 23a) (Type, Print) ATHM H. How was 32. Registra's Signature and signature of the		the real	lon	1 □ Naturai 5 □ P		(Month, Day	ay Year) Injury Work?				28d. Dascribe how injury occurred				
Street/ parking area City or Town, State) City or Town, State) Veterans Lane, Mt. Airy, MD Cartifying Physician: To the best of my knowledge death on the squared of the land of the squared of	29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and little of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Nama and addrass of person who complated cause of daath (Item 23a) (Type, Print) ATHM H. How was 32. Registra's Signature 31. Deterfield (Month, Dey, Year) 32. Registra's Signature 33. Deterfield (Month, Dey, Year) 34. Deterfield (Month, Dey, Year) 35. Deterfield (Month, Dey, Year) 36. Registra's Signature 37. Deterfield (Month, Dey, Year) 38. Registra's Signature 29a. Date signed (Month, Dey, Year) ATHM H. How was 32. Registra's Signature 39a. Deterfield (Month, Dey, Year) 31. Deterfield (Month, Dey, Year) 32. Registra's Signature 33a. Registra's Signature 34b. Registra's Signature 35b. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registration (Registration) 36c. Registration 36c. Re	18	deatl deatl ctor: y the	ficat	20 Accidant invastigation Sept 11, 1996 12:30 A M							28f. Location (Street and Number or Rural Routa Number,			l Route Number	
3 29a Cariffier 1 Cariffying Physician: To the heat of my knowledge death conjugated at the time date and the latter and to the terms of the latter and the	29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature and little of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Nama and addrass of person who complated cause of daath (Item 23a) (Type, Print) ATHM H. How was 32. Registra's Signature 31. Deterfield (Month, Dey, Year) 32. Registra's Signature 33. Deterfield (Month, Dey, Year) 34. Deterfield (Month, Dey, Year) 35. Deterfield (Month, Dey, Year) 36. Registra's Signature 37. Deterfield (Month, Dey, Year) 38. Registra's Signature 29a. Date signed (Month, Dey, Year) ATHM H. How was 32. Registra's Signature 39a. Deterfield (Month, Dey, Year) 31. Deterfield (Month, Dey, Year) 32. Registra's Signature 33a. Registra's Signature 34b. Registra's Signature 35b. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registra's Signature 36c. Registration (Registration) 36c. Registration 36c. Re	Š		ert	4 Homicida	atammed	Street/	(Specify	ina an	00	y, ooo					
Check only 2 Medical Examinar: On the basis of axamination end/or invastigation, in my opinion, death occurred at that time, date and place, and due to the causa(s) and manual as stated.	30. Nama and addrass of person who complated cause of death (Item 23a) (Type, Print) ArTHM H. How M. 818 Use and Art Hisgors found me State 31. Determine They, Yearly 1996 32. Registrar's Signature of State of the State of t		Hospitu 24 hours Funeral stely fille		(Check only 2 Me	rtifying Phy dical Exam	sician: To the best of	f my know axaminati	viedge, daatl	occurrad	at tha tir	na, date end place pinion, daath occu	place, and dua to the causa(s) and manner as steted.			
5 5 5 8 29b. Signature and little of certifier 29c. License number 29d. Date signed (Month. Dev. Year)	30. Nama and addrass of person who complated cause of death (Item 23a) (Type, Print) ArTHM H. How M. 818 Use and Art Hisgors found me State 31. Determine They, Yearly 1996 32. Registrar's Signature of State of the State of t		o the	Z		ertifier	and maintal sta			290	c. Licens	e number		29d. Date signe	d (Month, I	Dey, Year)
	State 31. Dete filed (Month Cey, Year), 1996 32. Registrar's Signature		->-0		1. (2) ma + .	0.0	0=			00	m F	/	1 6	
30. Nama and addrass of person who complated cause of daath (Item 23a) (Type, Print)	State 31. Dete filed (Month Cey, Year), 1996 32. Registrar's Signature			ŀ	30. Nama and addrass of pe	orson who c	omplated cause of de	ath (Item	23a) (Type	Print)	~		,	10/	1/16	
	State 31. Dete filed (Month Cey, Year), 1996 32. Registrar's Signature				Another H.	/				4	AU	5 HARA	215 Asus	1 ari		
Fort HILL H. HOND NOD & 18 UIRE was AND HARRISTON AND	Registrar				31. Dete filed (Month Dev.	07 19		r's Signat	wie or	dalli		J		, ,		
Forther H. Hone ND &18 VIRE ma AND HARRISTON AND					31. Dete filed (Month Dev.	ולים זו		r's Signat	ore of	1.10		J				



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death r 30, 1996 **Physician** Mary DESPEAUX September Anna Grace /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Frederick Memorial Hospital Frederick Frederick 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) If Under 24 Hrs. 6. Date of Birth (Month, Day, May 25, 9. Birthplace (State or Foreign Country) Maryland Days Months Hours 1 □ M 2 🛛 F 213-12-7129 Yrs 83 May Usual Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Frederick Frederick Director 1X Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 280 Pinoak Drive 21701 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 11. Maritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Americen Indian, Black, White, etc. 1 Never Married 2 Married White 1 Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Ira Cayler OTTO Bessie GILBERT M 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) J. Norman Despeaux/Husband 280 Pinoak Drive, Frederick, Maryland 21701 20b. Place of Disposition (Name of cemetery, crematory or other place)
Pipe Creek Cemetery Oct 3, 1996 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State New Windsor, Maryland 4 Donation 5 Other (Specify) Funeral Service Licenses 22. Name and Address of Facility
Keeney & Basford P.A. Funeral Home M00706 106 East Church St, Frederick, Maryland 21701 Parts. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart facure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) 9 days Gram Negative Sepsis Due to (or as a consequence of): Examiner Urinary Tract Infection 10 days Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Pathological Rib Fractures Completed by 24b. Were autopsy findings available prior to completion of cause of death? Breast Cancer 24a. Was an autopsy performed? 1 Yes 2 XNo 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) examiner/ 1€ Yes 2□ No. Hospital: 1 ■Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Natural 8:00am Aug 23, 1996 Rib Factured while moving pt. 1 Yes 2 No 2X Accident 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Hospital In-patient

28f. Location (Street and Number or Rural Route Number, 400 West Seventh Street Frederick, Maryland)

1 Certifying Physician: To the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. 3 Suicide 4 Homicide 29a. Cartifier Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D29591 October 1, 1996 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Mark P. Rubin, M.D., 201 Thomas Johnson Dr, Suite 104, Frederick, MD 21702 32. Registrar's Signature

State Registrar

DHMH 16 Rev 6/95

Funeral

Director

28a-1 show

8

items 23a

Pages 1 and 2 should be filed within 72 hours after or near for Health and Mental Hygiene. Int: If tem 27 Is marked other than "natural", or iten Inty or other traumate event, the Medical Experimenty

permit. Pages Department of Important: If it any injury or o

Physiclan

/Medical

Examiner

burial-transit

physician s the buria

be detached for use

page 2

funeral director,

completely filled

this certificate

24 hours after death.

To the To the To the I

Hospital

á

or Attending Physician: The law requires that the death certificate be executed

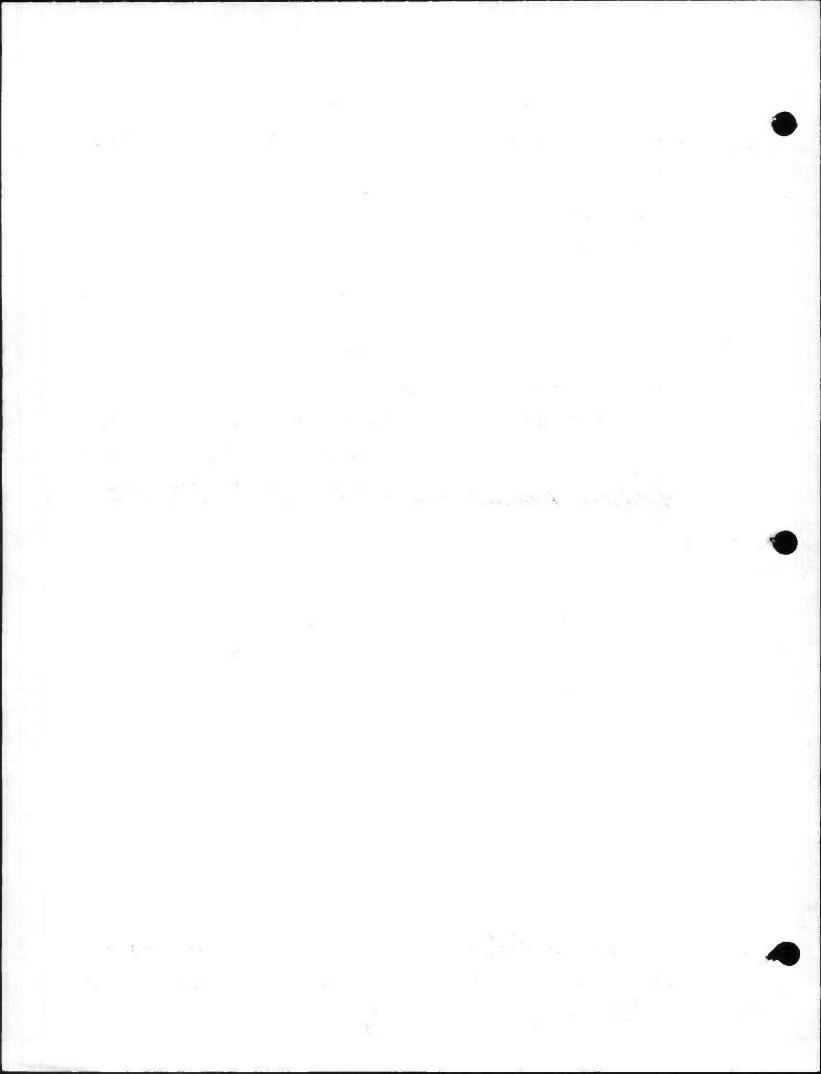
P.O. Box 68760.

Division of Vital Records,

Baltimore, Maryland 21215-0020

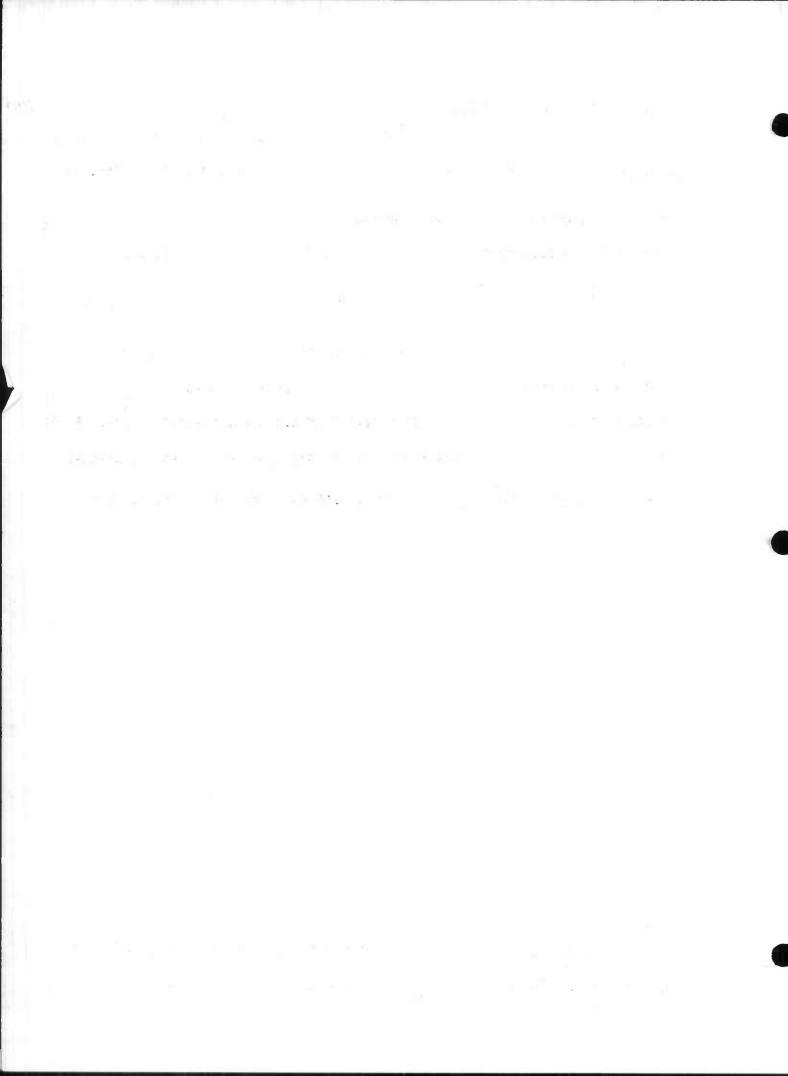
traumatic event, the Medical Examiner must be notified at

ha Davilson Ra



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Nama (First, Middle, Last) 2. Date of Deeth **Physician** Month 1135 OPM er 01 /Medical 4a. Facility Name (If not Institution, give street end number) 4c. County of Death Examiner If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Oct. 26, 1929 Baltimore Cit nai 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Foreign **Funeral** 1□ M 21 F 66 INDIANA Director Yrs. 309-28-3801 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits the Maryta the Medical Examiner must be notified at Director 1 ☐ Yes 2 No MD. WICOMICO **PARSONSBURG** 28a-f 10e. Sfreet and Number 10g. Citizen of What Country? 10f. Zip Code b 7056 ARCHIE DENNIS ROAD Ветия 23а 21849 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours aher Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or its 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify. ģ Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondery (0-12) College (1-4or 5+) OFFICE MANAGER DEPT. STORE 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be JAMES M. GRAYSON 2 FLORENCE SEIB 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) WILLIAM DIZE 7056 ARCHIE DENNIS ROAD, PARSONSBURG, MD. 21849 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State b Burial 2 ☐ Cremation 3 ☐ Removel from Stete 6 SPRINGHILL MEMORY GARDENS 10/4 4 ☐ Donation 5 ☐ Other (Specify) HEBRON, MARYLAND 21. Signature of Funeral Service Licenses 22. Neme end Address of Facility BOUNDS FUNERAL HOME, SALISBURY, MD. 21804 Part 1. Entar the diseasa, or complice flors that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death **Physician** /Medical Immediata Cause (Finai Metabolic acidosis, electrolyte

Due to (or as a consequence of): imbalance disease or condition resulting in death) **Examiner** Examiner physician end s the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Oisease or Injury that initiated events resulting in death) Lasf erivical Cancer P.O. Box 68760. Physician/Medical Due to (or as a consequence of): 88 080 ate has been signed by the atte-page 2 should be detached for Part If. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown Division of Vital Records. by 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to completion of cause of daath? Completed certificate has 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours efter deeth. Funeral Director: After this certifica Be 25. Wes case referred to medical 28. Place of Death (Check only one) examiner? 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residenca 8 Other (Specify) To 1 inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 27. Mapher of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: 1 Naturei 5 Pending Invastigation 1 ☐ Yes 2 ☐ No Accident 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide To the Hospital of within 24 hours of To the Funeral D completely filled Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.
Medical Examiner: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifie Medical 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) la Sinai Hospital of Bait more complated causa of death (Item 23a) (Type, Print) ONICA 31. Date filed (Month, Day, Year) OCT 03 1996 State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 31402 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Yaar **Physician** Fetterolf Kennard 0807 September 13 1996 /Medical 4e. Fecility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** The Kent and Queen Anne's Hospital, Inc. Chestertown Kent 5. Social Sacurity Number 6. Sex 7. Age (in yrs. last birthday) If Undar 1 Yaar Birthplaca (Stata or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** Months 1 M M Days Hours Director 218-16-9655 December 17, 1921 Maryland Usuel Residence of Deceden the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "naturel", or items 23s or 28s-f sh treumstic event, the Medical Examiner must be nothing XXYas 2 No Chestertown Maryland Kent Directo 10e. Street and Number 10f. Zlp Code 10g. Citizan of What Country? 21620 U.S.A. 617 Poplar Avenue Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes ≥ ZMNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Ricen, etc.) 14. Race - Amarican Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No Specify: Specify: White þ 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry pemit. Pages 1 and 2 should be filed within : Department of Heath and Mental Hygione Important: If Iem Z7 Is marked other than 'n any injury or other treumstic avant Elementery/Secondary (0-12) College (1-4or 5+) Health Care Agency 8 Housekeeping 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Surnama) Clara Lathan Frank E. Kennard 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 10776 Fermol Road, Chestertown, Maryland 21620 Kelly Stevens/Grandson 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) Wesley Cemetery/September 17, 1996 Rock Hall, Maryland 21. Signature of Funeral Service Lio 22. Nama and Address of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland 21620 fat coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner Examiner the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and Due to (or as a consequence of) iding physician Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached DHTN DCHE 1 | Yes 2 No 3 | Probably 4 | Unknown @ Hypoabununema G I Keedur ORhoumatord arthuting 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Be Completed completion of ceuse of death? (2) Hypothyroidism & atypical 1 Yes 20 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medicel To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, to 26. Place of Death (Check only one) examiner Hospitel: 1 ☑Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 21 No 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? Medical Certification: 28b. Time of 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicida 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 112 Certifying Physician: To tha best of my knowledge, death occurred at the time, dete and piace, and due to the cause(s) end menner as steted.
2 Medical Examiner: On tha basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Data signed (Month, Day, Year)

P.O. Box 68760, Records, Division of Vital

death

Baltimore, Maryland 21215-0020

State Registrar

8

31. Date filed (Month, Day, Year) SEP 17 '96

29b. Signature and title of certifiar

Celllum, m.D.

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

29a, Certifier

223 High St., Chestertown ND 21620 K. WUN 32. Registrar's Signature held Savidson-Randale

and the gard of some of the color

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death REEMAN Month Yaar omAs 9:30 P.M KA10H SEVI 1996 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Sex 7. Age (in yrs. lest birthdey) If Under 1 Year Months Days hestertown MAQNO IA 5. Social Sacurity Number ENT If Undar 24 Hrs. Hours Min. 6. Sex JOM 2□ F 8. Date of Birth (Month, Day, Year) Birthpiace (State or Foreign Country) 213-24-0174 Usual Rasidance of Decedent Yrs. 0-8-1901 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Ma (EN 1 Yes 2 No neSTER TOWN 10e. Street and Number 10g. Citizen of What Country? O. BOTH42 21630 S. A MESTER TOWN (5-SANG- Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, 11. Marital Status Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Yaar or Datas: 1□ Yas 2 No 1ACK 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life_DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) TORE AN:TOR 0-11 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) HENR REE MAN SARAH 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) MRS, SARAH hester town no 21620 23624 HAND 20b. Place of Disposition (Nema of cemetery, cremetory or other place) M. T. P. SAAH C. 20a. Method of Disposition Date 20c. Location - City or Town, State Burial 2 ☐ Cremation 3 ☐ Removal from Stata ISGAHCEM. hester Town MA 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Licensee WET FUNERAL HOME NOSTER TOWN, ME-2/620 23a. Part1. Enter the disease, or complications that caused the death. Do not entar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Nemo e N Sequentially list conditions, if any, laading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

Physician /Medical Examiner

permit. Peges 1 and 2 should be filk Department of Health and Mental Hy Important: If Nem 27 Is marked oth any Injury or other traumatic event socia.

Physician

/Medical

Examiner

Funeral

Director

28a-f ahow

Director

Funeral

þ

Completed

Be

7 is merked other than "natural", or items 23s or 28s-f shor traumstic event, the Medical Examiner must be notified at

2 should be filled within 72 hours after death v and Mental Hygiene. Is merked other than "netural", or items 23

with the Maryland

attending physician and for use as the bunal-transit been signed by the a should be deteched s certificate has b To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics completely filled in by the funeral director,

The law requires that the deeth certificate be executed

Division of Vital Records, P.O. Box 68760

Physician/Medical Examiner Certification: To

þ Completed Be

State Registrar

Medical

1 ☐ Yas 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place/of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas / 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 ENatural 5 Pending NIA 1 ☐ Yas 2 ☐ No 2 Accident investigation 6 Could not be datamined 3 Suicide 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicida 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only

29b. Signature and title of certified 29c. Licanse number 29d. Date signed (Month, Day, Year) 0 6

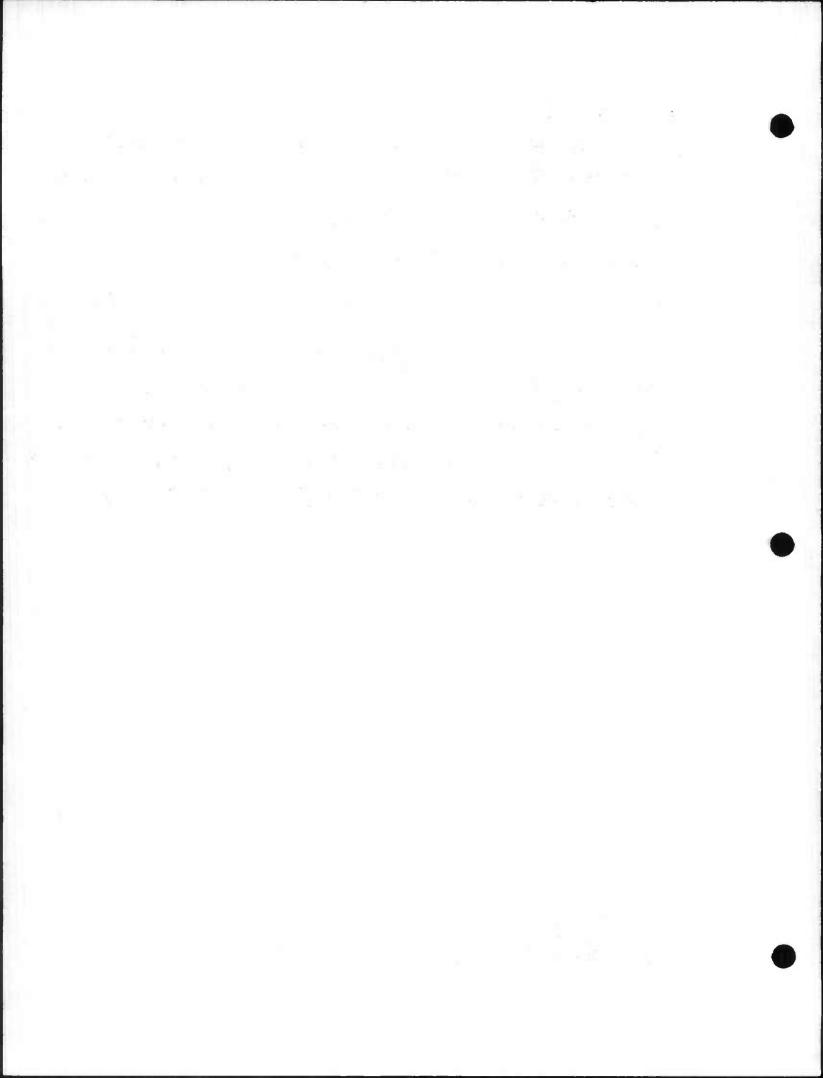
9/

GA

m 30. Name and address of person who complated cause of death (item 23a) (Type, Print)

Shanahan Patrick Speer Rol Chostertown MD

32. Ragistrar's Signatura 31. Date filed (Month, Dey, Year) The Davidson-Randalle SEP 24'96



State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate	of L	Death		Reg. No).		01909	
Dis		1. Decedant's Nama (First, Middla,	Last)						2. Data of Month	Death Da		Yaar	3. Time of Deeth	
Physici /Medic		VERNON	SAMUEL	FIS	SHER				OCTO			96	5:30 P.	
Examin		4a. Facility Nema (If not Institution,	give street and nur	mber)			41	b. City, Town,	or Location of De			of Death		
		FREDERIC	K MEMORIA	L HOSPI	ΓAL			FREDE	RICK		FRF	DERI	CK	
Funeral	5. Social Security Number 6. Sax 7. Age (In yrs. last birthdey) If Under 1 Year If U									Birth .		9. Birth	placa (Stata or Foreig	
Director		219-36-4427	1 M 2 □ F	81	Yrs.	Months	Days	Hours M	SEPT.	30,1	915	MAR'	YLAND	
land		Usual Rasidance of Decedent 10a. Stele 10b. County		10c. City,	Town or Lo	ocation						1	10d. Inside City Limit	
r 28a-f show	10	MARYLAND FRED	ERICK		Thur	nont	n t						1 ☐ Yas 20 N	
289	Director	10e. Street end Number	EKICK	1	Inuli	10f. Zip	Code			10g Ci	tizen of	Whet Cou	ntn/?	
death with the Maryland ms 23a or 28a-f show	۵	8313 Blacks I	Mill Rd.			,	1788	3			Sta			
7 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Funeral	11. Meritel Stetus		edani Evar in U,S	. 13.				(Specify Yas or	can Indian,				
r heme	Fur	1 ☐ Nevar Marriad 2 Marrie	Armed Fo	rcas?	i			n, Maxican, Pu	(Specify Yas or lerto Rican, etc.)			ck, White,		
hurst, or its	þ	3 ☐ Widowed 4 ☐ Divorced	If Yas, Giv Yaar or D	atas:		1□ Yes 2	No No	Specify:			Specif	y: WI	hite	
natural idical Ex	Completed	15. Decedant's	Education		16a. Dece	dant's Usual	Occupa	itlon	46.	16b. K	and of B	usinass/in	dustry	
	ple	(Specify only highest Elemantary/Secondary (0-12)	r ·	Collega (1-4or 5+)			dona d a retired)	lu <i>ring</i> most of t	working					
1 0 4	EO.	12	- Conoga (1	401 31)	Farr	ner					Dair	y Fa	rming	
d other avant, p	Be	17. Fethar's Nema (First, Middla, L.	est)					18. Mothar's N	Nama (First, Mide	da, Maidar	Sumar	na)		
	To	LESTE	R CLEVEL	AND FI	ISHER			CORA	STAMB	AUGH				
DE E		19a. Informant's Name/Raletionshi	ind Number or	Rural Route Nur	nber, City	or Town	, State, Zip	Code)						
= 12 m		I. RUTH FISHE	R / WIFE		83	13 Bla	cks	Mill R	d./ Thu:	rmont	, Md	. 21	788	
ages ant of rt: if it y or o		20a. Mathod of Disposition			ce of Dispo	sition (Nam	a of her plece	9)	Data	Data 20c. Location - City or Town, State			own, State	
		Burial 2 ☐ Cramation :	ery	10-10	Thu	rmor	it. M	aryland						
Departmen Important: any injury 2008	Ì	21. Signature of Funaral Sarvice Li	STAUFFE	R FUN	ERAI	HOM	E							
Depa lmpo any l		Dan -//	5/	Thurmon				21788						
_		23a. Part Leger the disease, or co												
hysician /Medical		Immediata Causa (Final		1	6.0	_1	fa.	A.					Intarval Between Onset and Death	
Examiner		disease or condition rasulting in daath)	a Cone	XV-1	rua		100	rung					Xem	
5.4	ē		4	J Fua to (or	as a consac	quance or):	1.		h di	*			0	
dansit	Examiner	Conventiathy flat and distance	b. 19/	men la la la la la la la la la la la la la	as a consec	gull	WI	mu	r de	run	J			
da Lite	Ä	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying	ı			, , , , , , , , , , , , , , , , , , , ,								
viequires that the death certificate be associted been signed by the attending physician and should be detached for use as the burlal-transit	edical	Inel initialed events												
	Med	rasulting In death) Last												
	d													
	Physician/	Pert II. Other significant condition	contributing to de	ath but not rasult	ling in the u	ndariving ca	usa civa	in in Part I.	23b. D	ld tobacco	use cc	ntribute t	o the cause of deatl	
	h	•				,					No		bably 4 Unknow	
peng se de												Tee 20160 SEPTOMON TOWNS		
an signal	Completed by								24a. W	as an auto	psy	24b. W	are eutopsy findings	
0.0	pie								- "	CO		empletion of cause death?		
20	E								11	1 Yas 2 No 1 Yas			□Yas 2□No	
	BeC	25. Was casa rafarred to medical						28. Place of I	Death (Check on	eath (Check only ona)				
Is certific director,	ToB	examinar?	Hospital:	npatlant 25	R/Outpatler	nt 3 DO	Otha	ir.	g Homa 5□R		8 🗆 От	ner (Sneck	fv)	
£ 6		27. Mennar of Death			28b. Tima o		c. Injury Work		28d. Dascrit				,,	
- \$ 2	atio	1/□Natural 5 □ Panding 2 □ Accident investiga		n, Day Year)	Injury	М		ras 2 □ No						
ector: After by the fune	Certification:	3 ☐ Sulcide 8 ☐ Could no determin	28f. Location (Street and Number or Rural Routa Number,											
d in	le L	4 Homicida	pullair	of Injury - At homing, atc. (Specify)					City or	City or Town, Stata)				
within 19 bours after death	edical (29a. Cartifiar (Check only one) 1 Certifying 2 Medical Ex	caminer: On the be	isis of axamination	edga, daatt on and/or in	occurred a	t tha time	a, dala and pla inion, daath o	 nd place, end dua to tha causa(s) and manner as stated. ath occurred at tha tima, data and place, and dua to the cause(s				itated. o the cause(s)	
ithin of the	N N	29b. Signatura and titla of certifiar	and main	and mannar statad.			Licanse	icanse number						
8 = 8		\sim	1/4								29d. Dete signed (Month, Dey, Year) October 9, 1996			
	-	(4)	1 (10)	curs			, ע	22019		UCE	obei	. 7,	1770	
		30. Nama and addrass of person of Lloyd E. Hal	ho completed caus VOrson, N				7 A 37	o / Ero	ederick,	Mari	1an	3 21	702	
		31. Data filed (Month, Day, Year)		egistrar's Signatu		ranes	AVI	C., IIE	Juck LCR 9	IIGI y	2411	. 41	, 04	
Sta Registra		J. Juliu mod (mornii, Day, Fedr)	100	Assets	P									
		OCT TO I	יון מצו	Comment	x Vanda	41								
H 16 Rev 6/95)		•											

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First Middle Last) 2. Data of Death Month Betty Geneva Franklin October 3, 1996 9:43 AM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Shady Grove Adventist Nursing Home Rockville Montgomery 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplece (State or Foraign Country) 1 M 2 F Yrs 412-46-5394 75 Feb. 14, 1921 Virginia Usuai Residance of Deceden 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 20879 19807 Chesley Knoll Drive American 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: White 3 ☑ Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 6th Homemaker Own home. 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maldan Surname) James Young Julia Johnson 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20879 19a. Informant's Name/Relationship (Type, Print) 19807 Chesley Knoll Drive, Gaithersburg, Maryland Mae Dimes - Daughter 20b. Place of Disposition (Name of cametary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 図 Burial 2 ☐ Cremation 3 ☐ Removal from State Meadowridge Cemetery 10/5 Other (Specify) Laurel, Maryland 21. Signature of Funeral Service License 22. Name and Address of Fecility Olin L. Molesworth, P.A., Funeral Home 23a. Pert1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or near failure. List only one cause on each line. 20872-0117 Interval Between Onset end Death Immediate Ceuse (Final disease or condition resulting in daath) miller Sequentially list conditions, if any, laading to Immediate ceuse. Enter Undarlying Cause (Disease or injury that initiated evants resulting in death) Last Due to (or as a consequance of) 1a Due to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown 24b. Were autopsy findings evallable prior to completion of cause of death? 24a. Was en autopsy performed? hucher 1 Yes 1 Yes 21 No 25. Was case rafarrad to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: Nursing Home 5 Residence 8 Other (Specify) 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 1. Natural 5 Panding Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 | Homicida 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner stated. 29a, Certifier (Check only one) 29b. Signature and titla of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

State Registrar

Physician

/Medical

Examiner

Funerai

Director

28a-f show

6

23a deeth

items 2

natural', or

Pages 1 and 2 should be filled within 72 hours after nent of Health and Mental Hygiene.

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is marked other than any injury or other traumatic event, the Magnite and other than any other traumatic avent, the Magnite and other traumatic avent, the Magnite and other traumatic avent, the Magnite and other traumatic avent, the Magnite and other traumatic avent, the Magnite and other traumatic avent, the Magnite and other traumatic avent, the Magnite and other traumatic avent.

Physician /Medical

Examiner

physician end the burial-transit

sate hes been signed by page 2 should be detac

After this certificate

nours efter death.

neral Director: After this filled in by the funeral di

or Attending Physician:

Hospital To the Hospital
within 24 hours e
To the Funeral C

The law requires that the death certificate be executed

P.O. Box 68760.

Records,

of Vital

Division

Physician/Medical Examiner

þ

Be Completed

Certification: To

Medical

altimore, Maryland 21215-0020

Director

Funeral

þ

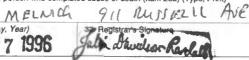
Completed

Be

31. Date filed (Month, Day, Year) OCT 07

12.

30. Name and address of person who complated cause of death (Itam 23a) (Type, Print)



All the British of State of the

No.

Secretaria de la companya del companya del companya de la companya

State of Maryland / Department of Health and Mental Hygiene 31406 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month 8:16 P.M. Dolores Yvonne October 3, 1996
ation of Deeth 4c. County of Deeth 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Frederick Frederick Frederick Memorial Hospital Months Days Hours Min. Jan 7, 1936 7. Age (In yrs. lest birthday) Birthpiace (State or Foreign Country) 1□M 2X F 60 Yrs. Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits Thurmont Frederick 1 Tyes 2 No No 10f. Zip Code 10g. Citizen of What Country? 21788 12713 Layman Road U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Yeer or Detes: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Never Merried 2 Married White 1 ☐ Yes 2 XNo Specify: 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Own Home Homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) FOGLE **DEVILBISS** Beatrice Arthur Mary 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)
229 N Boundary St, Ranson, West Virginia 24538 19e. Informant'a Name/Reletionship (Type, Print) Mrs. Sharon E. May/Daughter 20b. Place of Disposition (Name of cemetery, cremetory or other place)

Resthaven Mem Garden Oct 7,1996 20c. Location - City or Town, State 1 Burlai 2 □ Cremetion 3 □ Removal from State Frederick, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name and Address of Fecility Keeney & Basford P.A. Funeral Home 106 East Church St, Frederick, Maryland 21701 MO0255 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause of each line. Approximate Intervel Between Onset and Death 30minute Due to (or es e consequence of) Due to (or es e consequence of). Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? - Right Break Concer metartation to Brain 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Was an autopsy performed? 1 ☐ Yes 2 No 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Realdence 6 Other (Specify) 1 ☐ Inpatient 2 DOA 28c. Injury at Work? 28e. Dete of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of

Examiner attending physician and for use as the burial-transit The law requires that the death certificate be axecuted Records, P.O. Box 68760, this certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, it

Physician/Medical Completed Be 2

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

Funeral

Director

the Maryland

permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Hatilit and Mental Hygiona. Important: If time 27 is marked other than "natural; or items 23a or 28a-f ahow any injury or other traumatic avant, the Wast of Examine must be notified as

Physician /Medical

Baltimore, Maryland 21215-0020

5. Sociel Security Number

Maryland

Austin

20a. Method of Disposition

Immediate Cause (Finel

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest

disease or condition resulting in deeth)

10e. Street and Number

217-13-7106

Usuai Residence of Decedent

Medical Certification:

Marcosun 25. Was case referred to medical 1 Yes 2 No 27. Manner of Death 1 Neturei

4 - Homicide

29e. Certifier

5 Pending Investigation 2 Accident 3 Sulcide

6 Could not be

1 Yes 2 No 28e. Piece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, and due to the ceuse(s) and manner as stated.

Medical Examiner: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) end menner stated.

29b. Signature and title of certifier when Is. Mondon o. 29c. License number - (8/9/

29d. Date algned (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) John D. Trelevich or 2/202 31. Dete filed (Month, Day, Year)

State Registrar 32. Medistrats, Signature

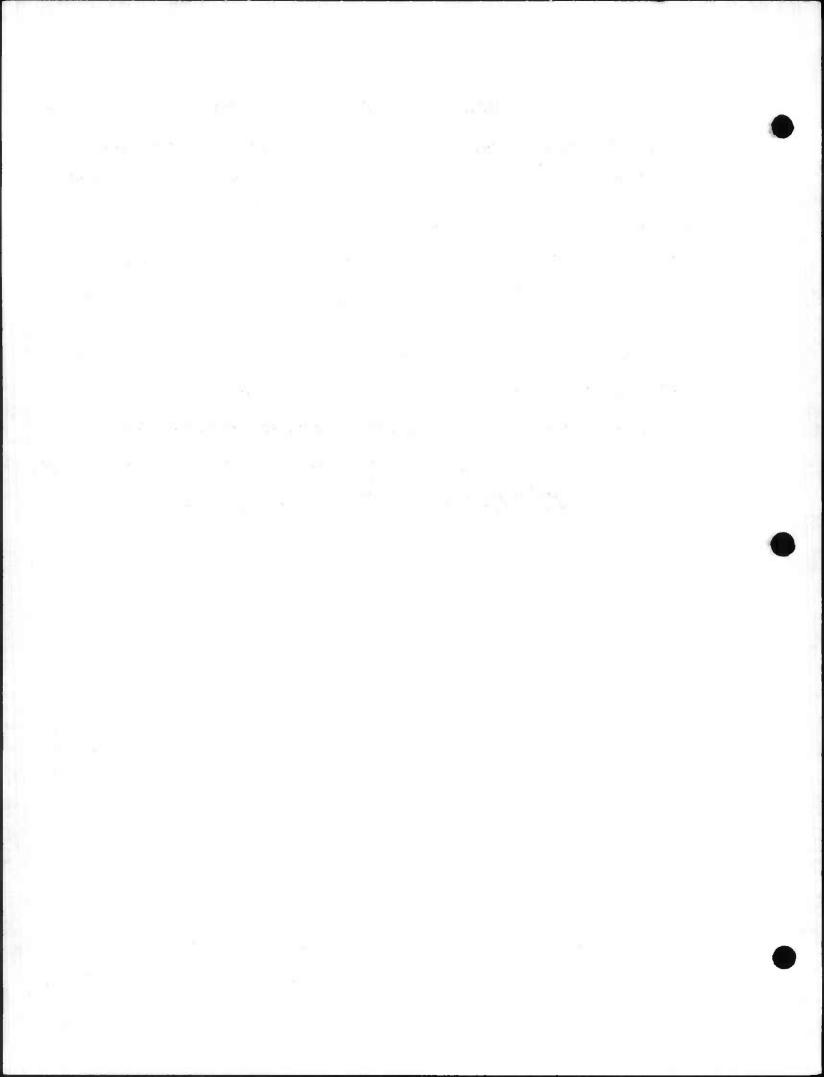
State of Maryland / Department of Health and Mental Hygiene Q 6

			Certificate of Death Reg. No.										
	Salina.	l di	1. Decedent'a Neme (First, Mi	ddla, Last)				2. Dete of Deel	ete of Deeth 3.				
	Physic /Medi		ROY	FRAN	FRANKLIN				Septemb	ember 29, 19		10:00 AM	
	Exami		4e. Fecility Neme (If not institu	(If not institution, give street end number)		FOGLE		4b. City, Town, or		4c. County			
			Frederick	Memorial He	ospital			Frederic	k	Frede	erick		
	Funerai Director		5. Sociel Security Number 215–38–9574	6. Sax 1 X M 2□ F	7. Aga (In yrs. 58		If Under 1 Yaa Months Day			Year) 1937	9. Birthpli Count Mary	aca (Stete or Foraign ry) land	
	and **		Usuei Rasidence of Decedent 10e. Stete 10b. Cou	nty	10c. Ci	ity, Town or Lo	cation				10	d. Inside City Limits	
	daryl f sho	0	C. A Plant								1.0	1 ☐ Yas 2 No	
	the 128s	Director	Maryland Fred	erick	WOO	dsboro	10f. Zip Coda		1	0g. Citizen of	What Count	rv?	
	With Man		10662 Dorcus R	and			21798			United			
	items 23a	Funeral	11. Maritei Stetus	12. Wes Deci	edent Ever in U	J,S. 13. \		Hispanic Origin? (S ben, Maxican, Puer			ce - America		
21215-0020	s 1 and 2 should be filled within 72 hours after deeth with the Maryland if Heelth and Mentel Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by	1 ☐ Navar Married 2 ☐ N 3 🕅 Widowed 4 ☐ Divord	H Van Ch	2 No		t Yas, specify Cu I □ Yes 2 X No		o Rican, etc.)		ck, White, e y: WHI		
5-0	72 ho	Completed		ient's Education thest greda completed)	(Give k life. D			upation	rkina	16b. Kind of B	usinass/ind	ustry	
121	ithin No.	du	Elementery/Secondery (0-1)					Give kind of work done during most of working life. DO NOT usa retired)					
	hygie nt.		12 17. Fether's Name (First, Midd	Ma Larah		Drive	r			Cement Industry			
Maryland	2 should be filed within and Mentel Hygiene. is marked other than raumetic svent, the M	Be							ma (First, Middla, I		ne)		
2	should nd Men marks	2	Robie Hamilt 19e. Intormant'a Neme/Raletic	on Fogle		406 44-70-	- Address (04)		Marie B			0.40	
Ma	d2s than 7 is r							et and Numbar or Ri				200e)	
nore,	permit. Pages 1 and 2 Department of Heelth a Important: If item 27 is any injury or other tra ance.		Jerry Fogle / 20a. Method of Disposition 1 Burial 2 □ Cremetic			Pieca of Dispo	DOTCUS sition (Nema of netory or other pi	Road, Woo		MD 217 20c. Location	-	m, Stata	
	it. Pa rtmer rtant: njury		4 Donetion 5 Other		Roc		L Cemete		10/2/96	Woodsbo	oro, M	laryland	
	permit. F Department Importan any injur		21. Signeture of Funeral Servi	ce Licensee	*		. Nama and Add tauffer	rass of Facility Funeral H	lome				
	Physician /Medicai Examiner		23. Part. Em / tha disease, node, or heart feilure. Limmediete Ceuse (Finel disease or condition resulting in deeth)	ist <i>on</i> ly ona cause on e	RD(A	th. Do not ent	er the mode of dy	Avenue, ying, such es cardia	c or respiratory arm	est,		Approximate Interval Between Onset and Death	
		ē		TD	-	TH((uenca of):	PED (OM	VODAT	-4V			
	od d ansit	Examiner	Convention liet and disease	b	(0)	or as a conseq		12)(0)	(U) n	(1)	1		
ó	an an		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or injury that is interest.	J	200 10 (0	JI 40 4 0011404	donoc ory.				1		
68760,	certificate be executed rding physician and use as the buriel-transit	edical	Cause (Disaase or injury thet initieted events resulting in deeth) Last	C	Due to (c	or es e conseq	uenca of):						
	and and	Med											
Box	eath ce ettendi			d									
	the deeth y the etter sched for u	Physician	Part II. Other significant cond	Itlons contributing to de	eath but not res	sulting in the ur	ndarlying cause g	given in Part I.	23b. Did to	bacco use co	ntributs to	the cause of death?	
P.0	het the de ed by the detached								1 □ Y	2 No	3 Prob	ably 4 Unknown	
JS,	8 8 8	by							40-1				
Vital Record	e law requires thet hes been signed b je 2 should be dets	Completed							24a. Was a perforr	n autopsy ned?	con	re autopsy tindings llable prior to opietion of cause eath?	
E	T at a				_				1 □ Ye	s 2 No	1 🗆	Yes 2□ No	
ō	iclan: The certificata rector, pa	Be	25. Was case reterred to med examiner?	Hospital:			10		oth (Check only on	(e)			
	S S	: To	1 Yes 2 No 27. Menner of Death	101	npatient 2 🔀 of Injury th, Dey Year)	ZER/Outpatien 28b. Tima ot	T 3LI DOA						
	ding h. After fune	tion	1 Naturai 5 Pen 2 Accident inve	28d. Describe how injury occurred									
	if or Attanding Pisatier death. Director: After the in by the funera	Certification:	3 Suicide 6 Cou		28f. Location (Street end Number or Rural Routa Number, City or Town, Stata)								
	To the Hospital o within 24 hours at To the Funeral Di completely filled in	edicai C	29e. Certifier (Check only one)	ying Phyalcian: To the al Examiner: On the be and men	best ot my kno lais of exemine ner steted.	owledge, deeth	occurred at the restigetion, in my	time, dete and plecs opinion, deeth occu	, end dua to tha co rred et the time, de	ause(s) and me ete end piace,	anner as ats	ited. the cause(s)	
	Within To the To the Somp	Me	29b. Signature and Mis-of cert	fier	. 7		29c. Licer	nsa number	2	9d. Dete aigne	d (Month, D	lay, Year)	
			▶ 4AH=	sh			23	54303	5	Sept 30-96 E OVE FREDERICK MD. 21701			
			30. Name and address of person	on who completed caus	e ot deeth (Item	m 23a) (Type,	Print)	TOLCH	201158	DUE 1	PRE.	DERICK	
		- 2	THE PROPERTY OF	0. (17)	~~ / / /	1 9	, 000	COLL	-017-	, ,	~	D. 21701	

State Registrar

31. Dete tiled (Month, Dey, Year)

32. Registrer's Signetura



State of Maryland / Department of Health and Mental Hygiene 31408 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Frances Gilbert October 1996 11:05 AM /Medical 4e. Fecility Name (If not institution, give street end number) **Examiner** GATTIMORE 5. Social Security Number If Under 1 Year 9. Birthplece (Stete or Foreign Country) Sex 1□ M 200 F 7. Age (In yrs. lest birthdey) **Funeral** 213-18-4356 Deys Director death with the Maryland 10a State 10c. City, Town or Location 10d. Inside City Limits items 23a or 28a-f show INDRTON Director 1 | Yes 2 10 No 10e. Street and Number 10f. ZIp Code 10g. Citizen of Whet Country? CHE NECK BOAS 21678 Completed by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 100 If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. filed within 72 hours after Never Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 20 No ŏ Specify: BIACK 3 ☐ Widowed 4 ☐ Divorced "natural". 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Busineas/Industry Hygiene. CAM Elementery/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filled with Department of Health and Mental Hygient Important: If Item 27 is marked other that any Injury or other trauments. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Be Sbury BERLIE BROWN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) MAS, MARYG. FISHER 11601 STILL POND ROAD WORTON, Md. 21698 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremation 3 Removal from State NEW. C. C. OF LOUE WORTON, MO □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licensee

22. Name end Address of Facility

207 Ch LUGRT S 1.

207 Ch LUGRT S 1.

21. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset end Death **Physiclan** astrointestinal Hemorrhage /Medical immediate Cause (Final disease or condition resulting in death) Examiner or Attending Physician: The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury thet initieted events resulting in death) Lest Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. been signed by the ettending physician should be detached for use as the burie Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I 23b. Did tobacco use contribute to the cause of death? perfension, Renal Failure, Aorto-duodenal 1 Yes 2 No 3 Probably 4 Unknown Completed by fistula with repair, Abdominal Aortic 24a. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of ceuse of death? After this certificate hes Aneurysm, Coronary Artery Disease 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicet Be (26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☑ Inpatient 2 □ ER/Outpatient 3 □ DOA 2 1☐ Yes 2K No 27. Manner of Death Certification: 28b. Time of 28c. tnjury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Netural death. To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A completely filled in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Medical 29b. Signature end title 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) STEINLE

32. Registrons Signature

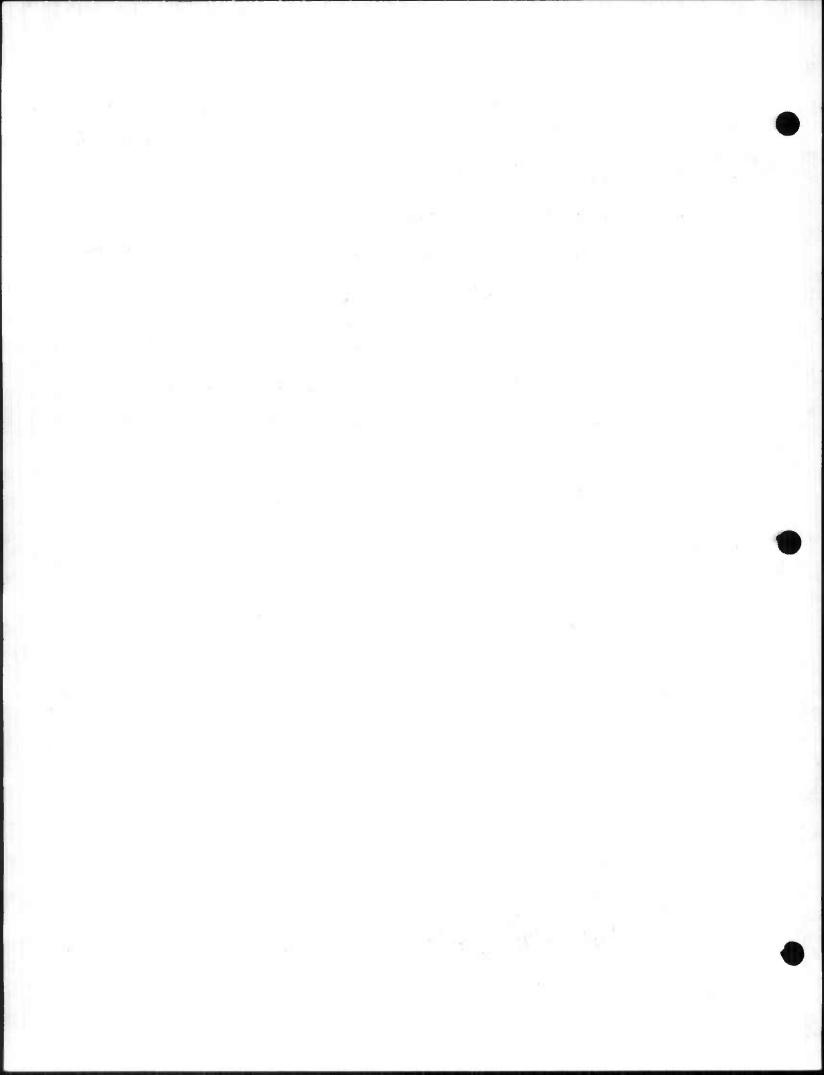
Fina Davidson-Mandell

State

Registrar

31. Date filed (Month Day Year)

'96



State of Maryland / Department of Health and Mental Hygiene

31409

	_			(Certificate	of Death		Reg. No.	0 0 1 1 0 3			
Phys	ician	1. Decedent's Name (First, Middle, Last)					2. Date of D Month	Date of Death Month Day Year 3. Time of Death				
_	dical	Frank	Trac	У	Gi	llin	Septe	mber 10				
Exan	niner	4e. Fecility Neme (If not institution, giv	e street end number)			4b. City, Town,	or Location of Dea	th 4c. County	of Death			
		The Kent and Qu				c. Ch	esterto		Cent			
Funera Directo		091-20-0586	6ex 7. Age (In y		Months D		Ain. September 8. Date of B. (Month, D. September 1)	irth Pey, Year) 28, 1926	9. Birthplace (State or Foreign Country) Onio			
pu »		Usual Residence of Decedent 10a. State 10b. County	100	City Town	or Location				10d Inside City I limite			
sho	5	Maryland Queen			lington				10d. Inside City Limits 1 ☐ Yes 2 ☐ No			
the h	ect	10e. Street and Number	nilles	FILI	10f. Zip Co	do.		10g. Citizen of				
ath with 23s or	Funeral Director	200 Squires Lane			2	21651		U.S.				
or de	nue	11. Marital Status	12. Was Decedent Ever in Armed Forces?	U,S.	Was Decedent If Yes, specify	of Hispanic Origin? Cuben, Mexican, Pu	(Specify Yes or Nuerto Rican, etc.)	o- 14. Red Bla	ce - American Indian, ck, Whita, etc.			
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other treumetic event, the Medical Examinar matter published at	1 by F	1 Never Married 2 Married 3 Widowed 4 Divorced	1 □XYes 2 □ No If Yes, Give Year or Dates: 194	5-46	1 ☐ Yes 2 ☐	No Specify:		Specif	White			
72 h	Completed	15. Decedent's Ed (Specify only highest gre	ducation de completed)	16a. [Decedent's Usual O Give kind of work d life. DO NOT use re	cupation one during most of	working		usiness/Industry			
121 New Yithin	ig m	Elementary/Secondery (0-12)	College (1-4or 5+)						Department			
12 y	ပိ	12 17. Fether's Name (First, Middle, Last,	4	Sy	stem Anal		Neme (First, Middle	of Trea				
and it be for the state of the	Be							e, Meiden Sumen	ne)			
Ly I Mould	2	Franklin Tracy Gi		101			e Herr					
maryland and 2 should be file saith and Mental Hy n 27 is marked other termatic event		19a. Informant's Neme/Reletionship (Roseileen A. Gill	in/Wife	200	Mailing Address (Si	Lane, Mi						
Ore of H of H or oth		20a. Method of Disposition 1 Strial 2 Cremation 3 C		. Place of I	Disposition (Neme of , cremetory or other	f plece)	Date	20c. Location	- City or Town, State			
Pages ment of Bant: If its		4 ☐ Donation 5 ☐ Other (Specif		ryland	Veteran's (emetery/Sep	otember 16,	1996 Hu	rlock, Maryland			
Baltimore, permit. Pages 1 are popartment of Hearm process. It is mortant: If item any injury or other	- Supplemental	21. Signature of Funeral Service Licer	see		22. Neme end A		in C Norm	an Duna	nol IIma D A			
m goes:	a	Brik of the	Gentien		130 Speen	Road. Cl	hestertov	m. Marv	ral Home, P.A. land 21620			
14191		23a. Part . Enter the disease, or construction shock, or heart failure. List only	plications that caused the de	eath. Do no	ot enter the mode of	dying, such as card	diac or respiratory	arrest,	Approximate Interval Between			
Physicia	_								Onset end Death			
/ /Medica Examine	_	Immediate Cause (Final disease or condition	Corde	io ru	luoras	u Apri	rest					
LAGITITIC		resulting in death)	Due to	(of as a co	onsequence of):							
D	ine		, saut	e Z	lyrear	deal	Tupor	chun				
68760, tificate be executed g physician and es the bunal-transit	Examiner	Sequentially list conditions,	Due to	(or as a co	ensequence of): The Care		0					
60, be ex	iii	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	. Antewas c	leis	tu Car	deovar	culan	Dese	cone			
68760, ficate be ex physician as the burial	edicai	that Initieted events resulting In death) Last	Due to	(or as a co	nsequence of):							
X 6			d									
I Records, P.O. Box The law requires that the death cer are hes been signed by the ettendin page 2 should be detached for use	Physician/M											
P.O. hat the de od by the detached	ysic	Part II. Other significant conditions of	ontributing to death but not i	esulting In	he underlying caus	given in Part I.	23b. Dic	tobacco use co	ntributs to the causs of death?			
deta deta	문	Hyperteurion	. 2 preva	in	CUA 2	ie rulen'	1	Yes 2 No	3 Probably 4 Unknown			
Records, e law requires thes been signed by 2 should be do	dby	1	so whete	040 11/0	24a. Wes en autopsy 24b. Were autopsy findings							
To requirements	Completed	Dependent	Stabete	2/	Express	use and	e perl	formed?	available prior to completion of cause			
0 0 00	E								of death?			
f Vital Roysician: The last certificate he director, page		Receptive Apr	casen See	ven	y to cun	12.	10	Yes 2 No	1 ☐ Yes 2 ☐ No			
VISION of Vita Attending Physician: r death. ector: After this certific by the funeral director,	Be	25. Was case referred to medigate examiner?	Hospitai:			26. Place of I	Death (Check only					
Of Phys this	2	1 Yes 2 No	1 L Inpatient 2		atient 3 DOA	4 LI Nursin	g Home 5 Res					
Jn ling l	io	1 ☑Natural 5 ☐ Pending	28a. Date of Injury (Month, Dey Year)	28b. Ti		njury at Work?	280. Describe	how injury occur	red			
Signature death the ritor:	cal	2 Accident investigation 3 Suicide 6 Could not be	10000	home for		1 ☐ Yes 2 ☐ No	20f Location	(Ctroot and Alumb	her as Burel Doute Number			
Division of Vital or Attending Physician: 1 after death. Director: After this certifica in by the funeral director, p	Certification:	4 Homicide determined	28e. Place of Injury - At building, etc. (Spe	28f. Location (Street end Number or Rural Route Number, City or Town, Stete)								
pital Surs Filled		29a, Certifier 1 CertifyIng Ph	velolen. To the heat of my le	soudedee .	double assurand at the	a time what a seed with	and due to the					
Division of the Hospital or Attending Physwithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral directors.	edicai	(Check only 2 Medical Exam	niner: On the basis of exami and manner stated.	nation and	or Investigation, In r	ry opinion, death of	ccurred at the time	ce, and due to the cause(s) and manner as stated. curred at the time, dete and plece, end due to the cause(s)				
o the	₹ E	29b. Signature and title of certifier	and marrier states.	29c. Lic	ense number		29d. Date signed (Month, Dey, Year)					
F 3 F 8		1000	Sus			23889	9	9/11/96				
		30. Neme end address of person who	completed square of death (fi	am 22a\ /T	9	- ,						
	8+	BAHD C. A	N.U.A.B.M. Tu	M/ /	GILLIIA	elining.	Avo C	Ver de La	m ned 21620			
S	tate	31. Date filed (Month, Day, Yeer)	32. Registrar's Sig	neture	, (YOW)	sun ju	1104/11	11-10	- Iva el vec			
Regis		SEP 13'			n-Randoll							
DHMH 16 Rev 6	/95	941]	June 7 come	- www.as	The Marie							

State of Maryland / Department of Health and Mental Hygiene O.C.

				State of Mar			of Death	nu wentai n	Reg. No.	0 3	1410		
Г	Physic	an	Decedent's Neme (First, Middle, Last	,	2. Dete of D Month	eeth Dey	Year	3. Time of Deeth 1:00 P.M.					
	/Medi	cal		ZABETH GREE	at Oh Tau	Oct. 2, 1996							
7	Examir	ner	4a. Fecility Name (If not Institution, give Citizens Nursin	and the second s				lerick	th 4c. County Frede				
-	Funeral		Social Security Number 6. S	ex 7. Age (1	In yrs. last birthdey,	If Under 1 Y	eer If Under 2	4 Hrs. 8. Dete of B			ce (State or Foreign		
П	Director		214-26-4164	□M 2√F	90 Yrs.	Months D	eys Hours	Min. (Month, Dec.	18, 1905	Penn	nsylvania		
	pur *		Usual Residence of Decedent 10a. Stete 10b. County	11	Dc. City, Town or L	ocation				100	d. Inside City Limits		
	Manyla 4 sho	0	Maryland Freder				100	1 X Yes 2 No					
	1 the Inoth	rect	10e. Street and Number Citize		Frederic	10f. Zip Co	de		10g. Citizen of N	What Country	v?		
	h with	Funeral Director	1900 Rosemont			21	702		U.S.A.				
	- dear	Iner	11. Meritel Stetus	12. Wes Decedent Eve Armed Forces?	er in U,S. 13.	Wes Decedent	of Hispanic Orig	in? (Specify Yes or N Puerto Rican, etc.)	o- 14. Rec	e - American			
20	or it	by Fu	1 ☐ Never Merried 2 ☐ Married 3.X Widowed 4 ☐ Divorced	1 ☐ Yes 2 🐧 No If Yes, Give		1□ Yes 2)(1)			Specify	,			
8	be filed within 72 hours after death with the Maryland is! Hygiene. I other than "natural", or items 23s or 28s-f show evert, the Modical Examiner must be notified at	ed b	15. Decedent's Ed	Year or Dates:	16a Dece	dent's Usual O	ccupation		16b. Kind of Bi	Whit	White		
215	nin 72 n n	plet	(Specify only highest gra	de completed) College (1-4or 5+)	(Give	kind of work d DO NOT use n	one during most etired)	pation 16b. Kind during most of working d)			ony		
21	filed with Hygiene. ther than	Be Completed	12	College (1-40(3+)		Homema	aker		He	r Home			
Ind	tal Hy d oth		17. Father's Neme (First, Middle, Last)					's Neme (First, Middl		18)			
e, Maryla	should be and Mental marked o umatic eve	2	George Howard Stor			Belle Gaffney							
	d 2 she th and 7 is ma traum		19e. Informant's Neme/Reletionship (7	or Aural Aoute Num Ourt, New									
	the stand 2 should be filed within 72 hours after death with the Marylan it of Health and Mental Hygiene. If item 27 is marked other than "natural", or itema 23a or 28a-f show or other traumatic event, the Modical Examiner must be notified at		Melanie Modlin/Gra 20e. Method of Disposition		Dete	20c. Location -							
	Pages net of mr if it iry or o		1 Buriel 2X Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Smithsburg Crematory 10/3 Smithsburg, Maryl.										
	+111		21. Signatura of Fungral Service Lights		0 / 2	2. Neme end A	ddress of Fecility						
00	Dapp Impo		Xabert &	Steller				& SON FUI					
			23a. Part . Enter the disease, or comp shock, or heart failure - List only	olications that settled you	ath. Do not en	ter the mode of	dying, such es d	T ST FRE	DERICK-, I	MD 21-7	O 1 Approximate ntarval Between		
a	Physician			. ,	r.					C	Onset and Deeth		
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	· Dea	~e_ti	2 of	Alzh	4 · m + 14	14124		years		
ò		I Examiner		Du	e to (or es a conse	quence of):			′ 1		-		
Pop.	cuted		Sequentially list conditions	b	e to (or es e conse	guence of):							
Ö,	e exercian ar urial-t		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury							i			
68760,	ificate be executed g physician and as the burial-transit	edical	thet initiated events resulting In death) Lest	C. Due	e to (or es e conse	quence of):							
	E 0 6			d						i			
Box	The law requires that the death cert ite has been signed by the attendin page 2 should be detached for use	Physician/M	Port # Other algoldings conditions	antalkastina an atautin hast a	at was this - to the		Dead	anh Di					
P. O.	by the	hys	Pert ff. Other significant conditions co	ontributing to death but h	ot resulting in the t	indenying caus	e given in Pert I.		Yes 22No		he cause of death?		
	on de	by P							,,,,,				
Vital Records,	w requires that been signed should be det								s en autopsy formed?	avalle	autopsy findings able prior to		
ec	has be	Completed						_ '		of de	pletion of cause eath?		
<u>m</u>	: The is							1□	Yes 212 No	101	Yes 2□ No		
	Physician: The ribis certificate and director, page	Be C	25. Wes case referred to medical examiner?	Hospitel:			Other	of Deeth (Check only					
ō	Phys rthis aral di	: To	1 ☐ Yes 2 ☑ No 27. Menner of Deeth	1 LI Inpatient	2 ER/Outpatle		A LI NU	sing Home 5 Res	how injury occur				
o	Attending or death.	atior	1 Neture 5 ☐ Pending Investigetion		te of Injury 28b. Time of finjury 28c. Injury at Work? . M 28c. Injury at Work?								
Division of	is or Attending Paties death. Director: After to by the funer.	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	lice	26f. Location (Street end Number or Rural Route Number, City or Town, State)								
ō	ital or A ins after ral Direction by	1	building, etc. (Specify) City or Town, State)										
	To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	Medical	29e. Certifler 1 ☐ Certifying Phy (Check only one) 2 ☐ Medical Exam	ysician: To the best of mainer: On the besis of ex	aminetion end/or in	h occurred et the vestigation, in i	ne time, dete end my opinion, deett	plece, and due to the n occurred et the time	ceuse(s) end me , dete and plece,	enner as state and dua to the	ed. he cause(s)		
	of the of the omple	Mec	29b. Signeture and title of certifier	end menner steted	l.	29c. Li	cense number		29d. Dete signe	d (Month, Da	ay, Year)		
	F ₹ F 8		A A A	_ 6 (1.	-TW	us N	1642	8	Oct. 3				
			30. Neme and address of person who o	completed cause of deet	h (Item 23e) (Type,	Print)	ארשוי	O I	OCL. 3	, 177	U		
			Casper E. Cline I				eet, Fr	ederick, N	laryland	21701			

Registrar

State 31. Dete filed (Month, Day, Year)

32. Registrer's Signature

BALTIMORE, MARYLAND 21215-0020	If Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

2

	FOR 1 STATE	STATE OF MARYL	AND /	DEPAR	TMENT OF I	IEALTH AND	MENTAL	HYGIEN	E	96	31411	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICATE OF DEATH							V545	3. TIME OF DEATN	
	Ernest Allan	Herk	pert				Sept	ember"	02,	1996	6:15	
DIRECTOR	138-34-5674	5. SEX 6. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		FBIRTH Day, Year) er 6, 1	942	Count	PLACE (State or Foreign (Y)) Jersey	
	99. FACILITY NAME (If not institution, give VA Maryland He		stem	-		Point						
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	~										
E E		en Annes		IUC, CIT	y, town or loca Church						IOd. INSIDE CITY LIMITS?	
BY FUNERAL	10e. STREET AND NUMBER	cii Ailles				I. ZIP CODE					1 XYES 2 NO	
	702 Main Street				100	21623				S.A.	WHAT COUNTRY?	
	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	N U.S. ARI	MED	13 WAS DEC		ANIC ORIGINS	(Casalty Vac		_	American federa	
	Never Married 2 Married 3 Widowed 4 Divorced										k, White, atc. White White	
	15. DECEDENT'S EDU (Specify only highest grade	ICATION	ATION ISB. DECEDENT'S USUAL OCCUPATION							IDUSTRY		
TO BE COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille.	Do NOT us	vork done during more retired.)	ost of working	- 8310					
	12		p e nter	Construction								
	17. FATHER'S NAME (First, Middle, Last)			**		16. MOTHER'S N						
	Effect F. Herbert Genevieve Barthi											
	Joseph Minnick 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P. O. Box 544, Centreville, Maryland 21617											
=	Joseph Minnick		P	. 0.	Box 544	, Centr	eville	, Mar	ylar	nd 21	617	
	20e. METHOD OF DISPOSITION 1 CXBurtel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	novel from State Com	netery cres	matory or o	of disposition (Nather place)	etery/Sep	DATE			- City or To		
	21. SIGNATURE OF FUNERAL SERVICE LI	Helfel	2	>	Fellows	, Helfenb er Road, (ein & N	ewnam F	unera	al Hom	e, P.A.	
	anock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	disease or condition Duntured occupanced warrings									Approximate Interval Between Onset and Desti	
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions,										unknown	
A	If any, leading to immediate cause. Enter UNDERLYING Alcohol abuse									unknown		
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST AICONOL abuse AICONOL abuse OUE TO (OR AS A CONSEQUENCE OF):									dikilowii		
핑	d											
BY PHYSICIAN: MEDICAL	Septicemia Performed?									WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE		
	Cellulitis, right DID TOBACCO USE CONT	Cellulitis, right thigh and leg DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\sqrt{NO} \) NO \(\sqrt{NO} \) UNCERTAIN \(\sqrt{NO} \)										
	25. WAS CASE REFERRED TO MEDICAL				'H (Check only one)							
	EXAMINER? I VES 2 VNO HOSPITAL: OTHER: A Unursing Home 5 Residence 6 Other (Specify)											
	27. MANNER OF DEATN 1 Notural 5 Pending 2 Accident Investigation 28b. TIME OF INJURY AT WORK? 1 YES 2 NO											
ED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Town, State)								loute Number,			
COMPLET		ICIAN: To the best of my knowl									and manner as stated	
			-0011-01		, , ,			T prince, ellic				
BE	296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)											

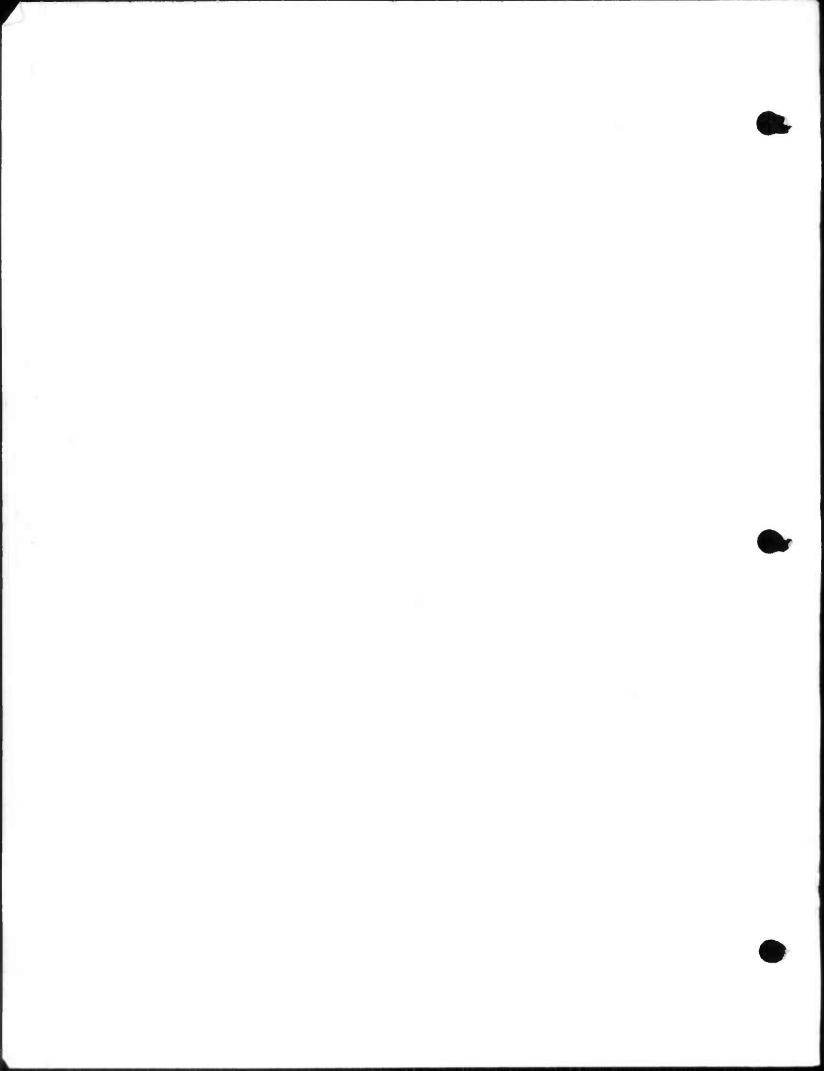
151094-1

Jantes 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. Perry Point, MD 21902

Melecia Santos,
31. DATE FILED (MER)
4 '96 32. REGISTEAR'S SIGNATURE
Julia Davidson-Randelle 16er) '96

09/02/96



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death CHRISTINA Hollis **Physician** SEPT 2:40P /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner The Memorial Hospital Easton Talbot 7. Age (in yrs. last birthday)
Yrs.

If Under 1 Year It Under 24 Hrs. 8, Data of Birth
Months Days Hours Min.

Month, Day, Year) 5. Social Sacurity Number 6. Sax Birthplace (State or Foreign Country) **Funeral** 1 M 2 F 214-18-4614 Director Usual Residence of Decedant 10a. State 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f shot other traumstic event, the Modical Examiner must be notified at QUEEN ANNES CENTREVINE 1 Yes 2 No Director 10g. Citizen of What Country? permit. Peges 1 end 2 should be filed within 72 hours effer death v Department of Health and Mental Hygiene. Important: if flem 27 is marked other than "natural", or flems 23a any finary or other traumatic event, the Medical Example 2006s. 11. Marital Status 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 No It Yes, Give 13. Was Decedent of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuben, Mexican, Puarto Rican, atc.) Nevar Married 2☐ Married IACK Baltimore, Maryland 21215-0020 1□ Yes 2√No Specify: þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) OMESTIC College (1-4or 5+) HOMES 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumama) UNK. HATTIE Hollis 19e. informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kid WEIL CENTREVILLE AND 21617 102 Link SELOROHE MRS. MARCEllA 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funeral Sarvice Licensee 22. Name and Addrass of Facility FUNERAL renneth wall ALLEY chasiertown, md. 21620 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on aach line. **Physician** Immediate Cause (Final disease or condition rasulting in death) /Medical METASTATIC COLON CARCINOMA Zweeks Examiner Examiner CEREBROVASCULAR ACCIDENT been signed by the attending physician and should be detached for use as the burlal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that Initiated events resulting in death) Last Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence ot) Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ò 24b. Ware autopsy findings available prior to 24a. Was an autopsy performed? YPERTENSION completion of causa of death? 1 Yes 28No 1 Yas 2 No 25. Was case reterred to medical 26. Place of Death (Check only one) Hospital: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 2 No 27. Manner of Death 1 Natural 5 Pending investigation spital or Attendir cours efter death. death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide To the Hospital
within 24 hours e
To the Funeral C
completely filled Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. 29e. Certifier edical 29b. Signature and title of cognition 29c. Licensa number

of person who completed cause of death (Item 23a) (Type, Print)

32. Registrary signature

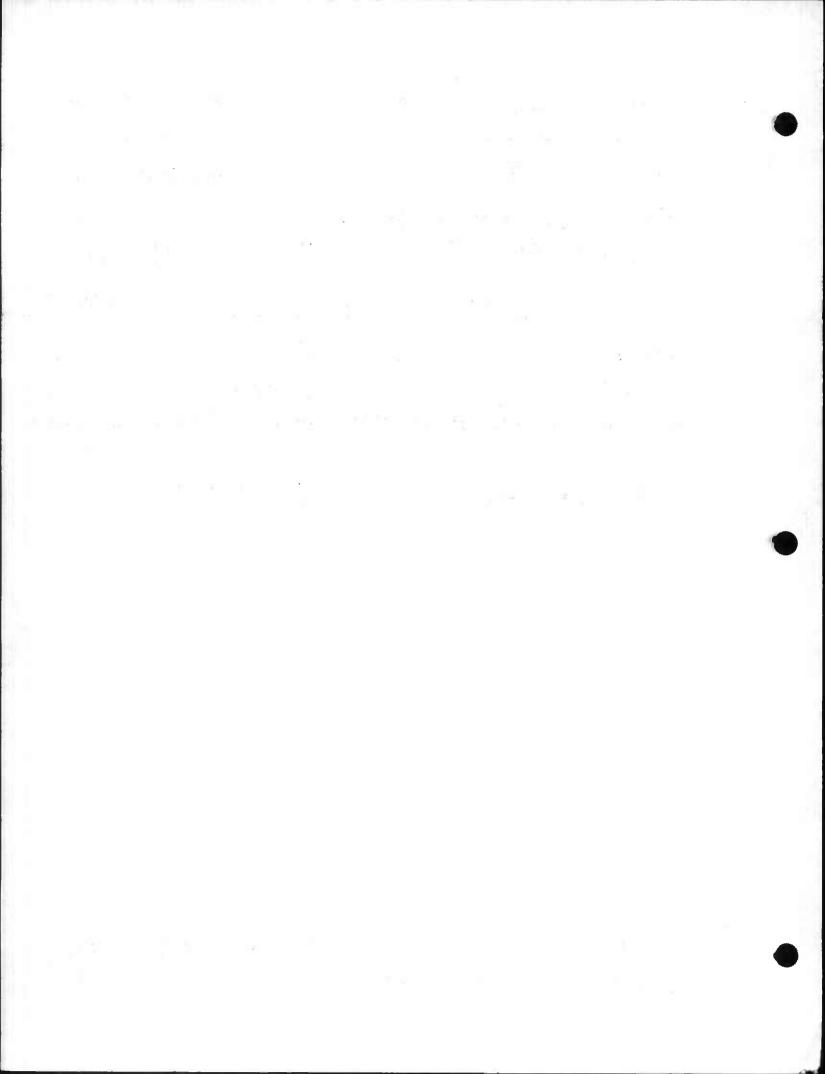
Funda Savidson-Randall

CIGANEK

1098. COMMERCE ST. CENTREVILLE, Md. 21679

DHMH 16 Rev 6/95

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician	
/Medical	
Examiner	

death with the Maryland 28a-f show than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Pages 1 end 2 should be filed within 72 hours efter nent of Health end Mental Hygiene. ont: If Item 27 is marked other than "natural", or ite

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

nt of Health enc If Item 27 is m or other traun

permit. Page Depertment of Important: If any injury or once.

The law requires that the deeth certificate be executed P.O. Box 68760, attending physician for use es the buria should be det Division of Vital Records. page 2 s certificate or Attending Physician: funeral director, this After within 24 hours after death.

To the Funeral Director: All completely filled in by the fu filled in by Hospital

1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Ada HOWARD October 7, 1996 ar 12:30 am 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Frederick Health Care Center Frederick Frederick 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth Month Day, Jun 20, 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** Months 1 M 2 T Days Hours Min Maryland 191-30-2556 93 Yrs. Director Usual Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Frederick Maryland Frederick Director Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 12 East Ninth Street 21701 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ≥ ZENo If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American indian. Bleck, White, etc. 1 Never Merried 2 Married 1 Yes 2 No Specify: þ Specify: 3 X Widowed 4 ☐ Divorcad Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) Private Homes Domestic 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be William DORSEY Addie WILLIAMS 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Faye Lee/ Niece 12 East 9th Street, Frederick, Maryland 21701 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ₺ Burlel 2 □ Cremation 3 □ Removal from Stete Fairview Cemetery Oct 9, 1996 Frederick, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Hicks Funeral Home 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest,

Approximate

Approximate immediate Cause (Final disease or condition resulting in death) ailens Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last Due to (or as a consequence of) Physician/Medicai Due to (or es a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? 1 Yes 2 No 1 Yes 2 No Be 25. Was case referred to medical examiner? 28. Place of Deeth (Check only one) Hospitel: 1 | Inpatient | 2 | ER/Outpatient | 3 | DOA Certification: To 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending 2 Accident Investigation 1 Tyes 2 □ No 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide edical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, and due to the cause(s) end manner as steted. 29a. Certifier 2 Medical Examiner: On the basis of exemination and/or investigetion, in my opinion, death occurred at the time, dete and place, end due to the cause(s) and manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D05111 October 7, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Robert S. Hughes, MD., 700 Montclaire Avenue, Frederick, Maryland 21701

32. Registrar's Signature

DHMH 16 Rev 6/95

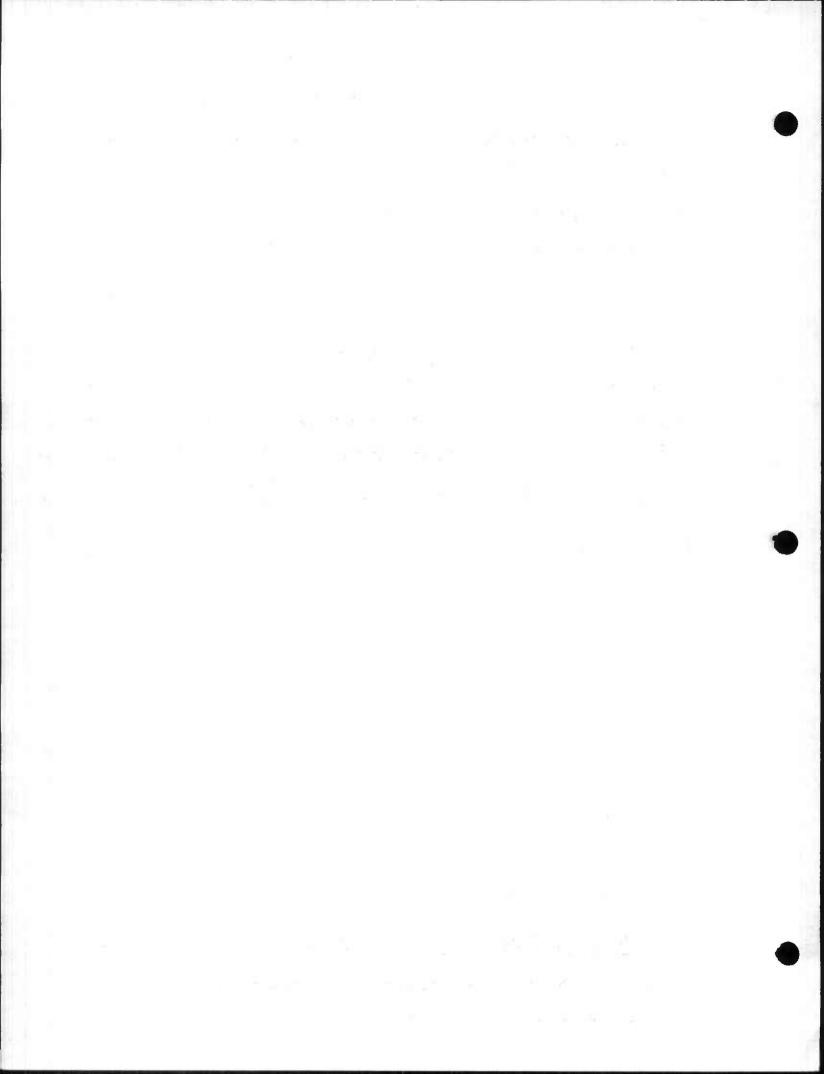
State

Registrar

31. Date filed (Month, Dey, Year)

0 9 1996

ŝ



State of Maryland / Department of Health and Mental Hygiene 3/4/4 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death Month **Physician** PAIIT. October 2, 1996 9:30 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner WATERVIEW HEALTHCARE CENTER SALISBURY WICOMICO 5. Social Security Number If Under 1 Yeer if Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthpiece (State or Foreign Country) **Funeral** Deys 1₩ M 2□ F Hours Yrs. Director 85 163-09-3476 Usual Residence of Decedent Pennsylvania the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 ☐ No Maryland Wicomico Salisbury 10e. Street and Number 10f. Zip Code 10a. Citizen of What Country? 5 217 Hall Drive Nerns 23a 21804 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Biack, White, etc. 11. Maritet Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours effer or Department of Health and Mental Hygiene. Important: if fem 27 is marked other than "natural", or item any injury or other traumatic event. the Mental Control of the Control of the Mental Control of the 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Merried 27 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Architecture Architect 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Unknown Unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Florence Hoppe/wife 217 Hall Dr., Salisbury, MD 21804 20b. Piece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Parsons Cemetery 10/5/96 Salisbury, MD 21. Signature of Runeral Sa MO1051 22. Neme end Address of Facility Holloway Funeral Home homosort 501 Snow Hill Rd., Salisbury, MD 21804 23a. Part 1. Enter the disease, or complications that daused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in deeth) **Examiner** Examiner The law requires that the deeth certificate be executed physician and s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inkleted events Due to (or as e consequence of): Box 68760. Physician/Medical that initieted events resulting in death) Last Due to (or as e consequence of): for use as signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 4 | Unknown Records, þ 24b. Were autopsy tindings evailable prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? page 2 certificate 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; to 25. Was case referred to-medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 ANatural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, and due to the cause(s) end menner as stated. Medical (Check only one) 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme and address of person who completed cause of death (Item 23a) (Type, Print) WILLIAM ROBBINS 1104 Healthway Dr., Salisbury, MD

State

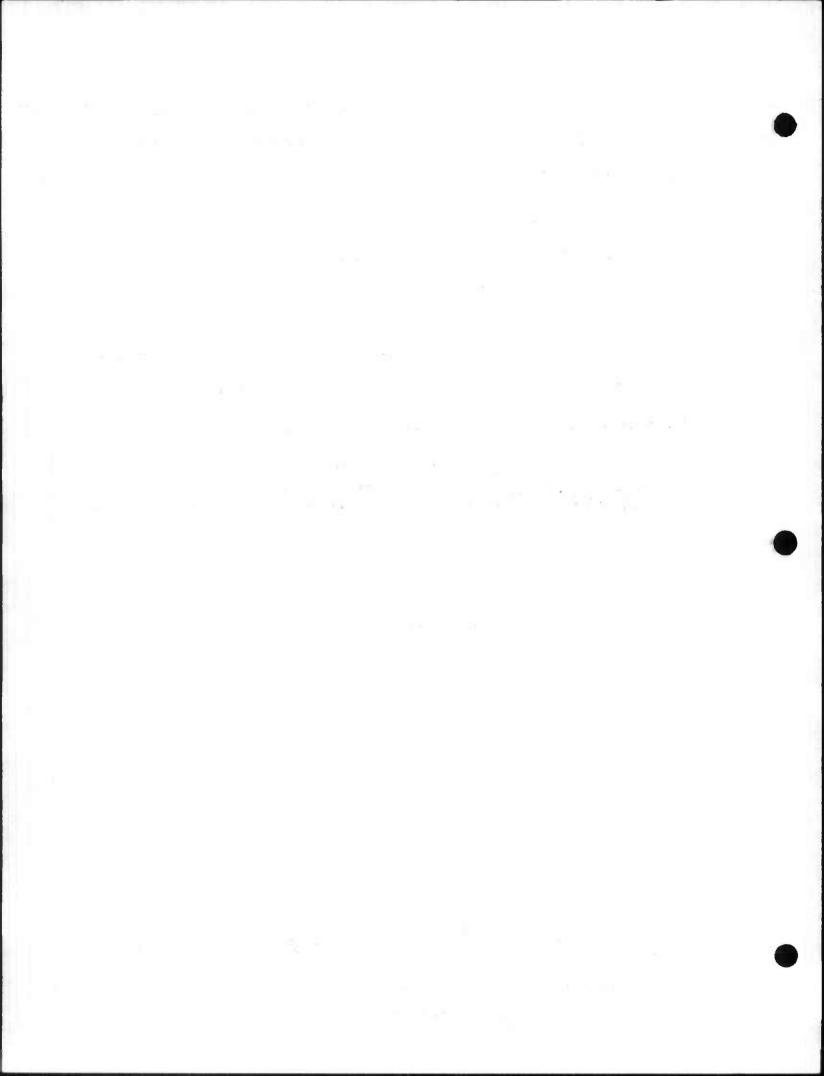
Registrar

31. Date filed (Month, Day, Year)

U**3** 1996

32. Registrar's Signature

the diameter nordall



			State of Maryl		rtment of F tificate of			giene Reg. No.	36	31415	
	Physic	an	Decedent's Name (First, Middla, Last) DELLA	JARMON			2. Data of Dea Month	lh Day	Year	3. Tima of Death	
	/Medio Examir		4a. Facility Name (If not institution, give street and number)	0,111.1011		4b. City, Town, or Lo	,	4c. County		6:45 AM	
	Funeral Director		213-05-0851 ¹□M 2□xF 90	yrs. last birthdey) Yrs.	If Undar 1 Yeer Months Days	BERLIN If Under 24 Hrs. Hours Min.	8. Deta of Birth (Month, Day 9-28		9. Birthpia BERL	ER ace (State or Foreign IN, MD.	
	anyland ahow		Usual Rasidance of Decedant	City, Town or Loca BERLIN	ation		-		10	d. Insida City Limits	
	r 28a-f s	Director	10e. Street and Number	DERLIN	10f. Zip Coda			10g. Citizen of V	Whet Countr	1 ØYas 2 □ No	
	ath with	eral D	103 SCHOOLFIELD STREET		2181			USA			
020	72 hours after death with the Menfand natural, or items 23a or 28a-f ahow deat Examiner must be notified at	by Funeral	11. Meritel Stetus 1 Nevar Married 2 Married 3 Widowed 4 Divorced 12. Was Dacedent Ever in Armed Forcas? 1 Yes, 2 No If Yas, Giva Yeer or Detas:	lf.	es Decedent of H Yas, specify Cube	lispenic Origin? (Spe en, Mexican, Puarto Specify:	ecify Yes or No- Rican, etc.)		e - America ck, White, et		
21215-0	within then	Completed	15. Decedant's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) 7 th Collage (1-4or 5+)	(Giva ki	int's Usual Occup ind of work done O NOT usa retired ESTIC	during most of worki	ing	16b. Kind of Bu		111.7	
land 2	othe othe	To Be Co	17. Fathar's Nama (First, Middla, Last) JOHN NEWTON		23,20	18. Mother's Neme	(First, Middla,	Maidan Sumam			
Mary	2 shound in and M	_	19a. Informant's Name/Ralationship (Type, Print)			and Number or Rura				Code)	
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be Department of Heelth and Menta Important: If Itam 27 is marked any injury or other traumatic angone.		1X Buriai 2 Cramation 3 C Bamovai from State	b. Place of Disposi	ition (Nama of atory or other plac		BERLIN Deta 9-26	, MD. 2 20c. Location - BERLIN	City or Tow	m, State	
Balti	Departm Departm Importar any Inju		21. Signature of Eunarai Sarvice Licensee	22.1	Name end Addre	ss of Fecility JO	LLEY ME SALISBU	MORIAL RY, MD.	CHAPE		
Ì	Physician /Medical Examiner	niner		PULHONA to (or as a consequence RATION	ence ot):					Approximete Intervel Between Onset end Death	
Box 68760,	deeth certificate be executed e ettending physician and for use as the buriel-transit	lan/Medical Examiner	4	if any, leading to Immediata cause. Entar Undarlying Causa (Disease or Injury C	o (or as a conseque						
P.O. E		Physician/M	Part II. Other eignificant conditions contributing to death but not	resulting In the unc	darlying causa giv	an in Part i.				the cause of death?	
	2 52	by					101	100 20 No	3 Probe	ably 4 Unknown	
Records,	2 s L	Completed					24e. Was o	en eutopsy med?	avail	e autopsy findings iable prior to ipletion of cause eath?	
Vital		Be Co	25. Was casa raferred to medical			26. Place of Death	1 ☐ Y	111	10	Yes 2□ No	
ō	Phys this ai di	P	examinar? 1 Yes \$50 No Hospital: 1 Inpatiant 2 27. Mannar of Death 1 Natural 5 Panding (Month, Day Year 2 Accident Invastigation	2 ER/Outpatient 28b. Tima of Injury	3 DOA Oth 28c. Injur Wor M 1	er: 4 Nursing Hor	me 5 Rasid				
Divis	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely lilled in by the funer	Certification:	3 Suicida 8 Could not be datarmined 28a. Placa of injury - A building, atc. (Special Could not be datarmined 28b.)	t homa, tarm, strae	at, tactory, office	1	28f. Location (S City or Tow	itreet and Numb n, State)	er or Rural i	Route Number,	
	To the Hospital within 24 hours of the Funeral completely lilled	edical	29a. Certifiar (Check only one) 1 Certifying Phyelcian: To tha best of my leading the control of the best of axammand manner stated.	knowledga, death o nination and/or Inva	occurred at the tin stigation, In my o	na, data and piaca, a pinlon, daath occurre	and due to tha c ed at tha time, c	cause(s) and ma data and place, a	nnar as sta and dua to t	led. the cause(s)	
	To the To the	Me	29b. Signature end titla of certifiar	d	29c. Licens	e number 8798	4	29d. Data signer	2 4-	ay, Year) 9 C	
	4		30. Name and address of person who complated cause of daeth (I	1) 714	FRANKL	IN AUG	, Guite	104 }	BEKLI	N,40,21611	
	Sta Registr		31. Data filed (Month, Day, Year) SF + 3 0 1996	gnatura on wordell							

DHMH 16 Rev 6/95

enging day of the September 1

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death SEPT. 25 **Physician** 1996 MORRIS J. JONES 205 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 31245 OLD OCEAN CITY ROAD SALISBURY WICOMICO 8. Sex 1 M M 2 ☐ F If Under 1 Yeer If Under 24 Hrs.
Months Days Hours Min. 5. Sociei Security Number 7. Aga (In yrs. last birthday) Birthpiaca (Steta or Foreign Country) **Funeral** Months Yrs 1908 MARYLAND 88 Director 215-20-2170 Usuel Rasidance of Dacedant Peges 1 and 2 should be filed within 72 hours after death with the Merylend nent of Heelih and Mental Hyglene. The firement 21 is marked other than "tatural", or Hems 23 ao z 28-4" show mit if them 27 is marked other than "tatural", or other treumatic event, the Medical Exertine mant be notified at my or other treumatic event, the Medical Exertine mant be notified at 10e. State 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Director MD. WICOMICO SALISBURY 10a, Street and Number 10f. Zip Code 10g. Citizan of What Country? 31245 OLD OCEAN CITY ROAD 21804 U.S.A. Funeral 12. Wes Decedent Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-it Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American indian, Bleck, White, etc. 11. Maritei Stetus 1 ☐ Yas 🏖 ☐ No it Yas, Giva Yaar or Detas: 1 □ Never Merried 2 □ Married 1 Yas 2 No Baitimore, Maryland 21215-0020 ģ Specify: 3 ☑ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coilege (1-4or 5+) TEACHER PUBLIC SCHOOL 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Neme (First, Middla, Maiden Sumama) Be GEORGE HOWARD JONES ROSENA MORRIS P 19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) THOMAS JONES 1754 DUNTON ROAD, ANNAPOLIS, MD. Department of Heelt important: If item 2: any injury or other once. 20b. Place of Disposition (Nama of cematary, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Data 1X Buriai 2 ☐ Cramation 3 ☐ Removal from Steta 4 ☐ Donetlon 5 ☐ Othar (Specify) 9/28 WICOMICO MEMORIAL PARK SALISBURY, MD. 21. Signature of Funaral Service Licansee 2. Nema and Addrass of Facility 21804 BOUNDS FUNERAL HOME, 705 E. MAIN ST., SALISBURY, MD Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one amuse on each line. Approximata intarval Betw Onset and Death Physician /Medicai immediata Causa (Final disaasa or condition rasulting in death) Examiner Dua to (or es e consequence of) Physician/Medical Examiner physician and the burlet-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in daath) Last Dua to (or as e consequence of) Division of Vital Records, P.O. Box 68760, Due to (or es e consequence of): 88 **BSD** P signed by the a d be detached f Part ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yaa 2 No 3 Probably 4 Unknown þ Completed 24a. Was an autopsy 24b. Were autopsy tindings available prior to completion of cause of death? s certificate has t director, page 2 s 9/24/96 1 ☐ Yes 2 ☐ No more much or Attending Physicien: funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Mesidence 8 Other (Specify) 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 20 No After this 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 5 Panding invastigation 1 Naturai death. 1 Ves 2 No 2 Accident after deat Director: 6 Could not be datamined 28t. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicida Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide hours a Hospital 24 hours 29a. Cartifiar 1 Cartifying Physician: To tha bast of my knowledga, daath occurred at tha tima, data and piace, and dua to tha causa(s) and mannar as stated. To the Hosp within 24 ho To the Fune completaly fi (Check only one) 2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred et the time, data and place, and due to the cause(s) end menner stated. 29d. Data signed (Month, Day, Year) a. Wennich 30. Name end addrass of person who complated cause ot deeth (item 23e) (Type, Print) 10 100 POWERST. SALISBURY RODNEY WENRICH 31. Deta tiled (Month, EP 27 32. Registrar's Signatura State John Davidson Rardell 271996 Registrar

DHMH 16 Rev 6/95

24 hours after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 6876

	ages 1, 2, 3 should		
and the second s	use as the burial-transit permit. P		
ALLENDING THE PROPERTY OF THE	his certificate has been signed by the attend		Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IN THE HOSE HALL	TO THE FUNERAL DI	be filed within 72 hours after death	IMPORTANT: If Ite

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Le

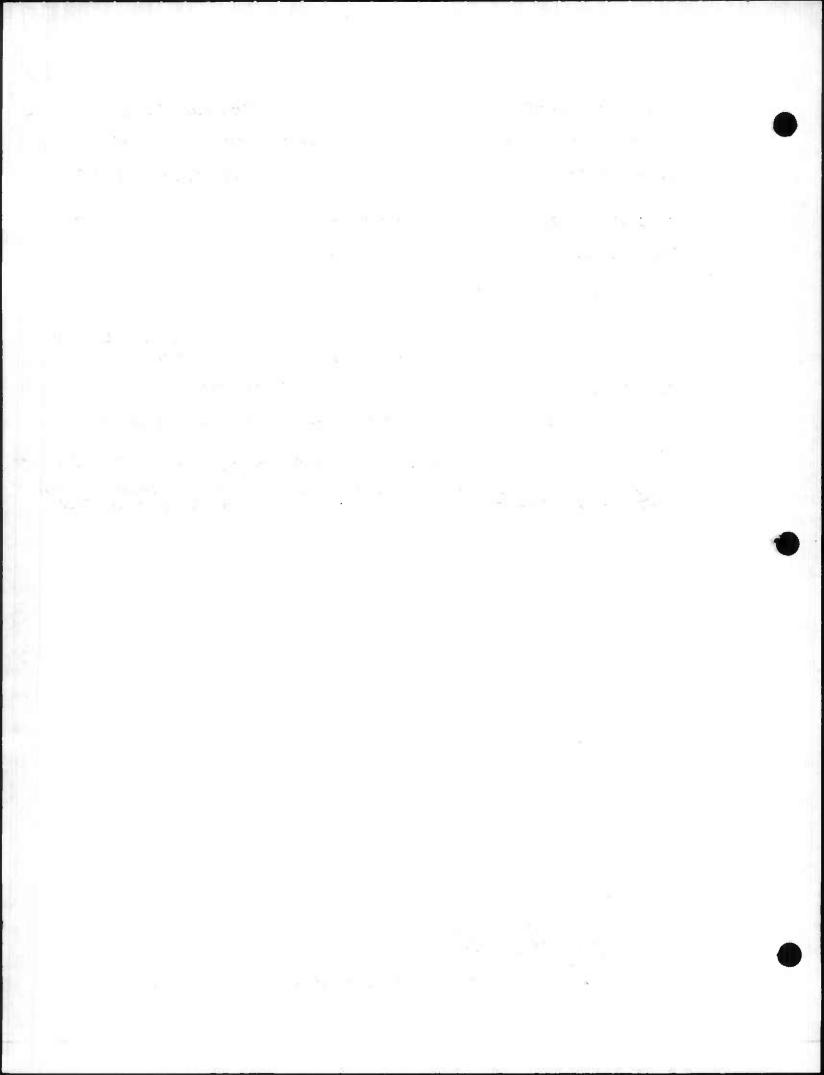
FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle,	Lest)				2. DATE OF DEATH		3. TIME OF DEATH
LULA H.	JACKSON				SEPT. 26	1996	10:40 A.M. M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Foreign ountry)
218-48-605	*	2 YAS.			July 3.19	104	nd.
Sa. FACILITY NAME (If not institution	, give street and number)	96		R LOCATION OF DE	ATH *	9c. COUNTY (
325 WYMAN DR			SALI	SBURY		WICOM	ICO
	COUNTY	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
MD. WI	COMICO	SA	ALISBUE	RY			1 TES 2X NO
10e. STREET AND NUMBER	T 1743		10f	ZIP CODE			OF WHAT COUNTRY?
325 WYMAN DR				21804			U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	2 T NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.) /:		RACE — American Indian, Black, White, etc. SpecifyWHITE
15. DECEDENT (Specify only highes	S EDUCATION t grade completed)	18e. DECEDENT'S USU			16b. KIND OF BUS	INESS/INDUSTI	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	or or morning	d		
6		FARMER			OWN		
17. FATHER'S NAME (First, Middle, La CLAYTON C.				E ESTO PE STATE	ME (First, Middle, Meiden		
19e. INFORMANT'S NAME (Type/Prin		19h MAII ING AD	DBESS (Street a		MATTIE RI Poute Number, City or Town	CHARDS(
	KSON				BURY, MD. 2		1
20a. METHOD OF DISPOSITION	200	PLACEANDDATEOFD				CATION — City	or Town, Slata
1 Burlei 2 Cremation 3 4 Donation J Other (Specific	Removel from State cem	etery, crematory or other ERUSALEM C	place)		9/30 PAR	COMEDIII	C MD
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	0/	22. NAME A	O ADDRESS OF FA	CILITY		
* Duald	1. Kryen	28	BOUN	DS FUNER	AL HOME, SA	LISBURY	Y,MD. 21804
23 PART I, Enter the diseese	a, or complications that ceused	I the death. Do not	enter the mo	de of dying, suc	h as cardiac or respi	ratory arreat,	Approximale
ahock, or heart fa	illure. List only one cause on e		/		-		Interval Between Onset and Death
disease or condition resulting in death)	cerebro	I possed	6	when	1		10 low
1000000	DUE TO (OR AS A	CONSEQUENCE OF):					
Sequentially list conditions,	C b.						
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (DH AS A	CONSEQUENCE DF):					
CAUSE (Disease or Injury thet initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):					<u> </u>
resulting in deeth) LAST	4						
PART II Other elapiticant on	nditiona contributing to death b	and made manufalms. In the	A service of substant	Anthropadation (a)	n		
Parkirs		ut not reauting in t	ne underlyin	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
- Joseph S	04 /04 1				1 [] YES 2	No	OF DEATH?
DID TORACCO USE C	ONTRIBUTE TO CAUSE O	E DEATH VES		UNCERTAI			1 TES 2 NO
25. WAS CASE REFERRED TO MEDI		26. PLACE OF DEATH		JOINCERIAII	١.٠.		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outs		THER:	e 5 Phasidence	8 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCURE	ED
1 Natural 5 Pendin 2 Accident Investig	9	INJURY		PRK? YES 2 NO			
3 Suicide a Could		— At home, larm, stree	et, lactory, offic	0	28f. LOCATION (Street a City or Town, State)		lural Route Number,
4 Homicide detarm	inad						
one) —	PHYSICIAN: To the best of my know						
one) 2 MEDICAL E	KAMINER: On the beals of examination	n and/or investigation, i	n my opinion, o	leath occured at the	lime, data and place, an	d due to the ce	use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CE	RTIFIER			29c. LICENSE NUI		29d. DATE SIG	1
INP	Mores 1	ND		P130	53	- 91	16146
hi Read	ON WHO COMPLETED CAUSE OF DE				010	1	40(96 y M9 2/8)
31. DATE FILED (Month, Day, Vigor)	MIN HARNE	e no 70	00	ower "	24. 30	15BU	y 14 2181
SEP 2719	32 REGISTRAR'S SIGN	rhardall					-
JEF 4 1	JJU P						

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day Year 9:20 p.m. **Physician** Janet Alice Kennard /Medicai 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 511 High Street (At Home) Chestertown Kent Hours Min. June 12, 1923 5. Sociel Security Number 7. Age (In yrs. lest birthdey) If Under 1 Year **Funeral** Birthplece (State or Foreign Country) Days 1 M AFT Director 222-12-0678 Pennsylvania Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location It is marked other than "natural", or Items 23s or 28s-f show traumetic event, the Medical Examiner must be notified at 10d. Inside City Limits Director 1 Yes 2 □ No Maryland Kent Chestertown 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 511 High Street 21620 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indian. Black White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ₩ No If Yes, Give Year or Dates: Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Valve and Coupling College (1-4or 5+) 12 Mail Room Clerk Manufacturer permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Itam 27 is marked othe any Injury or other traumetic events 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Herbert Wright Martha Anderson 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Edward M. Kennard/Husband 511 High Street, Chestertown, Maryland 21620 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Chester Cemetery/September 26, 1996 Chestertown, Maryland 21. Signature of Funeral Service Licansee Fellows, Helfenbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland 21620 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest shock, or heart feilure. List only one cause on each line. **Physician** /Medical Immediate Cause (Finel Cardio Pulmonary
Due to (or as a consequence of): disease or condition resulting in death) Examiner Metastatic Concinima Leptuppen labe to Right Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last and physician a s the bunal-Box 68760, Due to (or as a consequenca of) P.O. | Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1), Hypentunin, Abultmut Siabeta 1 Pres 2 No 3 Probably 4 Unknown signed b Records, ρ Completed Mellities, CAchinia, Chionie Revol Frilence 24a. Was an eutopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be Hospital: 1 | Inpatient 2 | ER/Outpetient 3 | DOA | Other: 4 | Nursing Home 5 | Residence 8 | Other (Specify) P 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Certification: Affer 5 Pending Investigation 1 Natural death. 1 ☐ Yes 2 🗆 No None 2 Accident To the Hospital or Attendent within 24 hours after deat To the Funeral Director: 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and manner stated. Medical completely (Check only one) 29b. Signature end title of confiner 29c. License number 29d. Dete signed (Month, Dey, Year) D23889 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) Tolon C. ARNATSAL The MD 945 WAShington Ave, Ches Les Lovery Med 21420.

Date filed (Month, Dey, Year) 32. Registrara Eignature 31. Date filed (Month, Dey, Year) Julia Davidson-Randall Registrar '96



State of Maryland / Department of Health and Mental Hygiene 96

				,	Cer	tificate of	Death	Re	ig. No.	O	01417
	Physic	ian	1. Decedent's Neme (First, Middle, Li					2. Dete of Deet Month	h Day	Year	3. Time of Deeth
	/Medi		Edwin Jack	cson Lloyd, S	r.			October	6, 199	6	4:00 PM
)	Exami	ner	4e. Facility Neme (If not institution, gir	The state of the s			4b. City, Town, or I		4c. County		
_			Dorchester Gene			Milladard Vasa		ridge		chest	
	Funeral Director		217 03 0140	Sex 7. Age (In yrs 73	s. last birthdey) Yrs.	Months Deys	Hours Min.	8. Dete of Birth March II	, Year 1923	9. Birthp Coun	Maryland
	puel #		Usuel Residence of Decedent 10a. Stete 10b. County	10c. C	City, Town or Loc	ation				1	0d. inside City Limits
	ter deeth with the Marylen Hema 23a or 28a-f ehow Inst. must be notified at	tor	MD Dorche	ester C	ambridge	e					1 ☐ Yes 2 No
	or 28	Director	10a. Street and Number			10f. Zlp Code		16	Og. Citizen of V	What Coun	itry?
	23a	Ta I	5411 N. Skipjac	k Drive		2161	3		US		
	or dec	Funeral	11. Meritai Stetus	12. Wes Decedent Ever in I Armed Forces?	U,S. 13. W	es Decedent of H Yes, specify Cub	Hispanic Origin? (S en, Mexican, Puert	pecify Yes or No- o Rican, etc.)		e - Americ	
0020	of, or	by	1 Never Merried 2 Married 3 Widowed 4 Divorced	1 A Yes 2 □ No If Yes, Give WW Yeer or Detes:	II 1	□Yes 2 No	Specify:		Specify	, Wh	ite
nd 21215-0020	"naturel",	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	(Give k	ent's Usuei Occup	during most of wor	king	16b. Kind of Bu	usiness/Inc	Justry
	Man within	m l	Elementery/Secondery (0-12)	College (1-4or 5+)		O NOT use retire	d)		State 1	Hogni	to1
	Hygi Hygi Frt,		17. Fether's Neme (First, Middle, Last	· · · · · · · · · · · · · · · · · · ·	181	inter	18. Mother's Ner	ne (First, Middle, A			Lai
Maryland	Mental Mental arked c	To Be	Lafayette Langi	all Lloyd				lie Creig		-/	
ary	A DEE	-	19e. fnforment's Neme/Reletionship	(Type, Print)	19b. Meiling	Address (Street	end Number or Ru	ral Route Number,	City or Town,	Stete, Zip	Code)
	CENL		Mary M. Lloyd	Wife	5411	N. Skipj	ack Drive	e Cambrid	lge, Ma	rylan	id 21613
ore	of Heali item 2		20a. Method of Disposition	20b.	Plece of Dispos	ition (Name of atory or other pla	ce) i	Dete 2	20c. Location -	City or To	wn, State
Ë	Peges nent of I ant: If its ury or o		1 Buriei 2 ☐ Cremetion 3 ☐ 4 ☐ Donatjon 5 ☐ Other (Special Control of the Contro	Twellione itom State			ial Park	10/10	Cambri	dge,	Maryland
Baltimore,	permit. Peges Department of Important: If it eny injury or o		21. Signature of Funeral Service Lice	nsee		Name end Addre					
ш	20 = 9 9		I shat for	un	T)	homas Fu	neral Ho	ne, P.A.	o Mar	wl and	21613
	_		23a. Part Enter the disease, or com shock, or heert fellure. List only	plicetions thet caused the decone cause on each line.	eth. Do not ente	r the mode of dyir	ng, such as cardied	or respiretory arre	est,	утаци	Approximete intervei Between
Ş.	Physician				0		1				Onset and Deeth
	/Medical Examiner		immediate Cause (Finel disease or condition resulting in deeth)	θ	ance	101	Tand	eas		13	3 montas
		-	resulting in destri)	Due to	(or es a consequ	ence off				i	
	ned neit	Examiner		b			-				
,	rificate be executed ng physician and es the burial-transit	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events	Due to ((or es e consequ	ence of):				į	
68760,	ysicia be bur	edicai	Ceuse (Diseese or Injury thet initiated events	CDue to ((or es e consequ	ence of):					
	5 00	- Carrier	resulting in deeth) Lest							i	
Box	th cer tendir or use	an	•	d						1	
O.	ires that the death cer signed by the attendir d be detached for use	Physician/	Pert ii. Other significant conditions of	ontributing to death but not re	sulting in the un	derlying cause giv	ven in Pert i.	23b. Did to	bacco use co	ntribute to	the cause of death?
P.0.	The law requires that the ate has been signed by the page 2 should be detache	Ph	Co al Pront	ate Ani	mid			1 □ Ye	10 2 No	3 Prob	bably 4 Unknown
ds,	signe d be	d by	1/	1-	77.000			040 14/00 00		24h W/	ere autopsy findings
20	v require been si should	ete	Hyper	Eusion				24e. Wes ar perform	ned?	COL	allable prior to moletion of cause
Rec	hes 9e 2	Completed							~		death?
a	ficate or, pa		25. Wes case referred to medical					1 ☐ Ye		1L	Yes 2 No
>	Physician: r this certific ral director,	To Be	examiner?	Hospitel: 1 inpatient 2	☐ ER/Outpetlent	3□ DOA Oth	or	oth (Check only one one 5 Reside		as (Canall	.1
O	r Phy or this		27. Manner of Deeth	28a. Dete of injury (Month, Day Year)	28b. Time of	28c. inju		28d. Describe ho			9
Division of Vital Records,	ath. r: Afte	Certification:	1 ☐ Neturei 5 ☐ Pending 2 ☐ Accident investigatio		injury		rk? Yes 2 □ No				
Vis	After ector by th	IIIca	3 ☐ Suicide 8 ☐ Could not be determined		home, ferm, stre	et, fectory, office		28f. Location (Str. City or Town	reet and Numb	er or Rura	l Route Number,
Ö	a Dir	Ce	73.13.11000	building, etc. (Spec	ну)			Only or round	, 31616)		
	To the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	edical	29e, Certifier (Check only one) (Check one) (Che	nyeiclan: To the best of my kn miner: On the basis of exemin end menner steted.	owledge, deeth letion and/or inve	occurred et the tirestigetion, in my o	me, dete end plece opinion, death occu	, end due to the ca rred at the time, de	use(s) end me ate end piece,	inner as st and due to	ated. the cause(s)
	Toth Toth Comp	29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day,									
			6.8	Caumay	miz	2	1434	9	10	17/	96
			30. Name end address of person who	completed ceuse of deeth (ite	em 23e) (Type, P	rint)	00.	10	/ , /-	·	201112
			Eyup Ta	nman	15	Fran	Elin S	1. Can	weig	e/11	2/6/3
	Sta		31. Dete filed (Month, Day, Year)	32. Registrer's Sign	neture	1-11					
Dhi	Registr		UCLII	1996 Julia De	MARK AMAG	the state of the s					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should have a shad writin 72 hours after neath with the State Deut of Health and Mental Hydiene prior to bunial, cremation, or removal.	MPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING P	TO THE FUNERAL DIRECTOR: After this c	MPORTANT: If item 28 is man

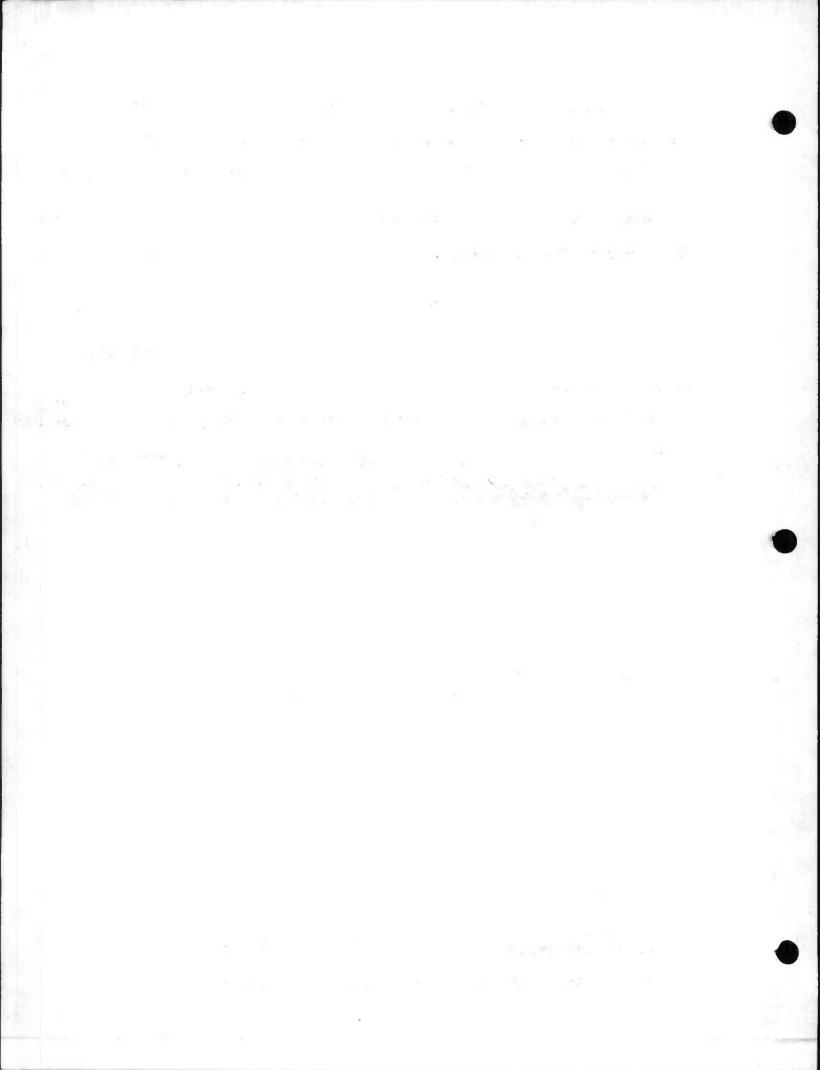
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MEN'	TAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF DEATH		T	3. TIME OF DEATH
	Leonard Leroy Luc	dwig				OC	tober 3	199	YEAR	5:00 a.m. w
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DA	TE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	221-05-0599 96. FACILITY NAME (If not institution, give a		6 YRS.	MONTHS DAYS	HOURS MIN.	Oct	onth, Day, Year) ober 13,			sylvania
m	Laurelwood Center			Elkt	OR LOCATION OF	DEATH	EATH 9c. COUNTY OF DEAT Cecil			
DIRECTOR	RESIDENCE OF DECEDENT			LIKU	J11			`	OCCI	-
일	10e. STATE 10b. COUNT	Υ	10c. Cf7	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
듬	Maryland Ced	cil		Earl	eville					LIMITS?
4	10e. STREET AND NUMBER			10	. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	#4 Buena Vista D	rive			21919			1	U.S.	Α.
5	11, MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS DE	ENDENT OF HIS	PANIC OR	IGIN? (Specify Yes	or No-	14. RACE	- American Indian,
	1 Never Merried 2 Merried	FORCES? 1 X YES			ecify Cuben, Mex 2 XNO Spe		rto Rican, atc.)		Speci	t, White, atc.
ВУ	3 Widowed 4 Divorced	1943-1946		1						White
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	work done during m			16b. KIND OF BUS	SINESS/INDU	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u				n : 1			
COMPL	17, FATHER'S NAME (First, Middle, Last)		Mach	ınıst			Biochem:		kese	arch
					111111111111111111111111111111111111111		.,			
BE	Claude Ludwig 190. INFORMANT'S NAME (Type/Print)		105 444 11 101/	G ADDRESS (Street			ene West		0-4-1	
임	Mildred D. Ludwig	~/Wifo								and 21919
	20e. METHOD OF DISPOSITION		PLACE AND DATE			-		CATION — C		
	1 ☐ Burlet 2 🏋 Cremetion 3 ☐ Rem	noval from State	netery, cremetory or c	ther place	Center I					nsville,Marylan
	21. SIGNATURE OF FUNERAL SERVICE LI								_	
	* Kirk of	Senferin					& Newnam Cecilton,			
-	23. PART I. Enter the disesses, or	complications that cause	d the death. Do					-		Approximats
	immediate Cause (Finel	enly Dne cause Dn e	ach line.	•						Interval Between Onset and Death
1	diseese or condition resulting in death)		0							
	rounting in down,	DUE TO (OR AS	CONSEQUENCE	DF): 1			4			
Z	Conventiable list conditions	a Ya	lung	min	`).	4	ease			
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE	OF):						
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C. DUE TO (OR AS	A CONSEQUENCE O	NEV.			_	_		
	that initieted eventa reaulting in death) LAST	ODE TO (ON AS I	- CONSECUENCE C	<i>,</i> -,-						i = 3
Ü		d								+
AL	PART II. Other aignificant condition	ne contributing to death t	out not reculting	In the underlyis	In Part I	24a. WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
							1 TYES 2			COMPLETION OF CAUSE OF DEATH?
MEDIC										1 YES 2 NO
Z	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	OF DEATH Y	ES 🗆 NO	UNCERT	AIN [
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEA							
SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER: Nursing Ho	ne 5 🗆 Reelden	ce 6 🗆 C	Other (Specify)			
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Yeer)	28b. Til	ME OF 28c. IN	JURY AT ORK?	28d.	DESCRIBE HOW I	NJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
ED	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	f — At home, term, city)	street, factory, offi	ce		LOCATION (Street of City or Town, Stete)		or Rural I	Route Number,
		/	7							
길	0001	SICIAN: To the best of my know								
COMPLET	2 MEDICAL EXAMIN	ER: On the boole of stantings	in and/or investigati	on, in my opinion,	death occured at	the time,	date end place, er	nd due to the	e cause(e	e) end menner ee stated.
ш	29b. SIGNATURE AND UTLA OF CENTIFIE	7 \		100	29c. LICENSE	NUMBER		29d. DATE	SIGNED	(Month, Day, Year)
10 B	Jun	1 X Jan	1 /	SO	1006	18		10	EC	196
=	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE OF DE	(ITEM 27) (100	Property						
	7086 by 11051	HIWH	1000	ste 20	H EL	K40	n, ma	21	92	
5+1	31: DATE FILED (Month, Day, 1) or)	12. REGISTRANS SIGN	Marile >	Dand on						
1	00/07	96 graha	www.lason-/	mueras						

State of Maryland / Department of Health and Mental Hygiene

3 | 42 | Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Day Howard September 11 1996 Stockton Leaverton 1628 /Medical 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** The Kent & Queen Anne's Hospital, Inc. Chestertown Kent if Undar 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 24 Hrs. 8. Date of Birth (Month, Dev. Year) Birthpleca (State or Foreign Country) **Funeral** Deys Months 1**X** M 2□ F Hours 213-26-2574 Director July 6, 1925 Maryland Usual Residence of Decedant 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner traint be notified at 1 Yas 2 No Director Maryland Kent Chestertown 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 6 238 9917 Augustine Herman Highway 21620 U.S.A. Funerai 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - American Indian, Black, Whita, atc. filed within 72 hours after 1 Ves 2 No if Yes, Give Yeer or Detas:1950-56 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorcad 'natural', White Completed 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 12 Farmer Agricultural 17. Fether's Neme (First, Middla, Last) 18. Mother's Nama (First, Middle, Meiden Sumema) h and Mental F Peges 1 and 2 should be 1 nent of Health and Mental I Howard S. Leaverton, Sr. Myrtle Judefine 19b. Mailing Address (Streat and Number or Rurel Route Number, City or Town, State, Zip Code) 21620 19e. informent's Name/Raletionship (Type, Print) Department of Health a Important: If item 27 is any injury or other trai 9917 Augustine Herman Highway, Chestertown, Maryland Amy D. Leaverton/Wife 20b. Pieca of Disposition (Neme of cemetary, cremetory or other pieca) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removal from Stete 4 ☐ Donetlon 5 ☐ Other (Spacify) Wesley Chapel Cametery/September 14, 1996 Rock Hall, Maryland Fellows, Helfenbein & Newnam Funeral Home, P.A. 21. Signeture of Funaral Service Licenses 130 Speer Road, Chestertown, Maryland 21620 complication, that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest **Physician** ~1hr /Medical Immadiate Cause (Finei Sudday Condiac Deal disease or condition resulting in deeth) Examiner Examiner Chraire Congestive The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disaese or injury that initiated evants resulting in daeth) Last рие low P.O. Box 68760. ettending physician for use as the burie 121 12c Physician/Medicai Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? been signed by should be detec 1 Yes 2 No 3 Probably 4 Unknown portersion Records, Completed by 24b. Were eutopsy findings eveilebla prior to 24e. Wes an autopsy performad? completion of cause of deeth? 1 ☐ Yas 2 ☐ No certificate 1 ☐ Yes 2 ☐ No Division of Vital I or Attending Physician: effer death. Director: After this certifica 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only ona) 200 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Deta of injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturei 5 Pending 1 ☐ Yas 2 ☐ No Invastigetlor 2 Accident filled in by the 6 Could not be 3 Sulcide 281. Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Pleca of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours eff To the Funeral Di completely filled in 1 Certifying Physician: To tha best of my knowledga, daath occurred et the time, deta and piace, and due to tha ceuse(s) end manner as stated.

2 Medical Examiner: On tha basis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) end manner stated. Medical 29a, Certifia 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Dey, Year) 005 0996 96 20 30. Name end eddress of person who completed causa of deeth (item 23e) (Type, Print) Dr. Neil Stoddard, 100 Brown Street, Chestertown, Maryland 21620 31. Dete filed (Month, Day, Yeer) 32. Registrer's Signeture State SEP 13 Aulia Davidson-Randale Registrar

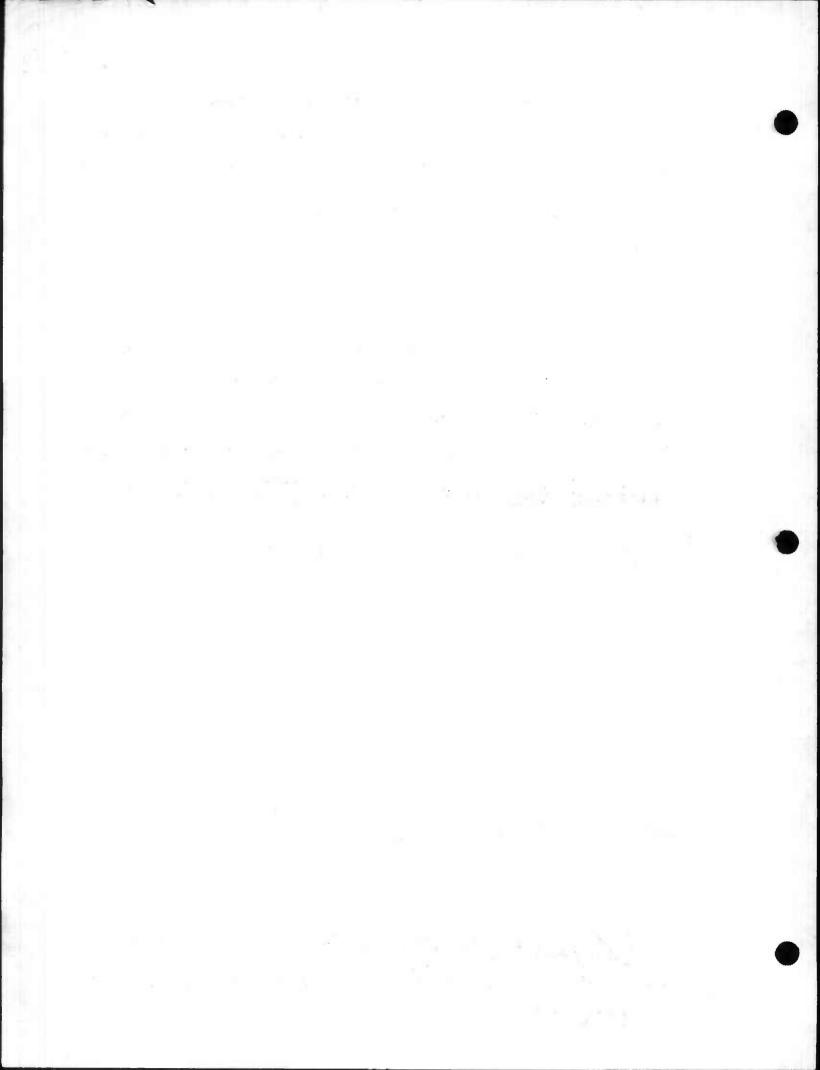
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 3/422 Certificate of Death 1. Decadant's Nama (First, Middla, Last) 3. Tima of Daath 2. Data of Daath **Physician** October 7, 1996 Alice LOWMAN 8:00am May /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 628 Military Road Frederick Frederick 5. Social Security Number If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth May 13, Year 899 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Months 1 □ M 2 🛱 F Days Hours 218-10-2456 97 Maryland Yrs. Director Usual Rasidance of Dacedant filed within 72 hours efter death with the Maryland 10a. Stata 10b County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show adical Examiner must be notified at Maryland Frederick Frederick Director 1 Yas 2 □ No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 628 Military Road 21702 U.S.A. Completed by Funeral Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 11. Marital Status 12. Was Dacadant Evar in U,S. Armad Forcas? 14. Race - Amaricen fndlan, Black, Whita, atc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☑ No Specify: Specify: White 3 Widowed 4 □ Divorced traumatic avent, the Medical 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Educetion (Specify only highast grada complated) 16b. Kind of Business/Industry el Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) 6 Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) . Pages 1 end 2 should be filt ment of Health end Mentel Hant: If Nem 27 is marked oth jury or other traumatic svem Be Marshall BOONE Josephine WILSON 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mrs. Charlotte K. Smith, Daughter 628 Military Road, Frederick, Maryland 21702 20a. Method of Disposition

ABurlal 2 Cramation 3 Ramoval from Stata 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) Data 20c. Location - City or Town, Stata permit. Page Department of important: If any injury or Linganore Methodist Cemetery, Oct. 10, 1996 Unionville, Md. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice License 22. Nama and Addrass of Facility Keeney and Basford P.A. Funeral Home MO0255 106 East Church St., Frederick, Md. 23a. Part1. Entar the disease, or complications that ceused the death. Do not entar the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Baty Onsat and Daath **Physician** /Medicai Immediata Causa (Final disaasa or condition rasulting in daath) eroscleratic HearTDizease Examiner Examiner Attending Physician: The law requires that the deeth certificate be executed buriel-trans Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaase or injury that initiated avants rasuiting in daath) Last pue Dua to (or as a consequence of): Box 68760, physician Physician/Medical the Dua to (or as a consequence of): for use as P.0. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown þ Division of Vital Records, 24b. Wara autopsy findings availabla prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No funeral director, 25. Was cesa rafarrad to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yas 2 No this To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how injury occurred 28b. Tima of 28c. fnjury at Work? 1- Natural 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida Could not be datarmined 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 4 - Homicida edical 29a. Certifiar 🕊 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) Σ 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) October 7, 1996 30. Nama and addrass of portion who complated causa of death (Itam 28a) (Type, Print) Casper E. Cline III, MD, 300 West Ninth Street, Frederick, Maryland 21701 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State : Devilson Rarlall Registrar

DHMH 16 Rev 6/95

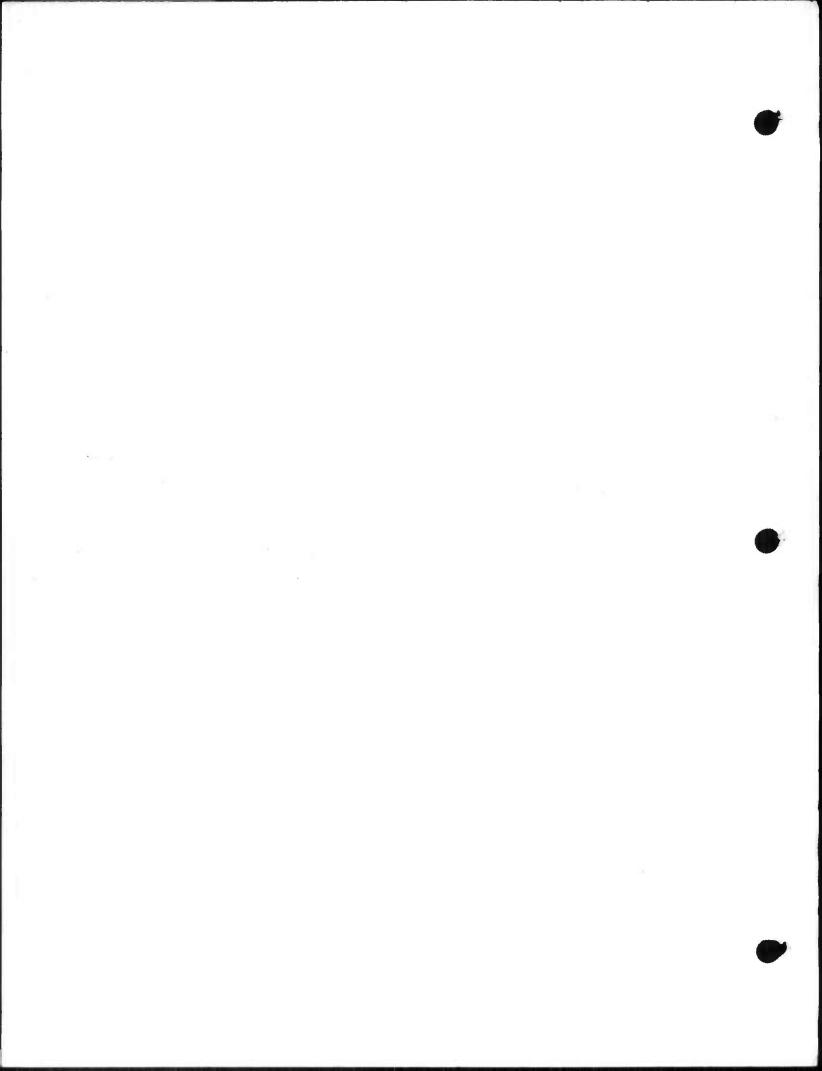


			State of Maryland / Dep	ertificate of I			a. No.	31423
Е			1. Decedent'a Name (First, Middle, Last)			2. Date of Death Month	Day Ye	3. Time of Death
	Physici /Medic		Katherine M. Lor	ng		October	6, 1996	6:45 AM
	Examir		4a. Facility Neme (If not institution, give street end number)	4	4b. City, Town, or L		4c. County of D	
			Frederick Memorial Hospital	(u) If Under 1 Year	Freder:		Frederi	
	Funeral Director		5. Social Security Number 217-10-9107 6. Sex 1 M 2 F 7. Age (In yrs. last birthday 1 M 2 F 85 Yrs.	Months Deys	Hours Min.	8. Dete of Birth (Month, Day, Y	1910 M	Birthplaca (State or Foreign Country) (aryland
	aryland show d at	_	Usuei Residence of Decedent 10a. State 10b. County 10c. City, Town or I	Location				10d. inside City Limits 1 ☐ Yes 2 ☑ No
	Ne Mi	Director		erstown				
	with t		10e. Street and Number	10f. Zlp Code	0.0	100	g. Citizen of What	
	na 23	erai	11.817 Hunt Club Road 11. Meritei Stetus 12. Was Decedent Ever in U.S. 13	2178		ecify Vee or No.	U.S.	M. M. Marican Indien,
Maryland 21215-0020	be filed within 72 hours efter deeth with the Manyland hal hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	Armed Forces? 1 Never Married 2 Merried I Yes, Give Year or Dates:	3. Was Decedent of H If Yes, specify Cube	an, Mexican, Puerto Specify:	Rican, etc.)	Biack, W	White, etc.
5-0		ted	15. Decedent's Education 16a. Dec (Specify only highest grade completed) (Giv	cedent's Usuai Occup	ation	ing 16	6b. Kind ot Buaine	ess/Induatry
2	within ene.	Completed	Eiementary/Secondary (0-12) Coilege (1-4or 5+)	. DO NOT use retired	ding most of work			
121	e filed within al Hygiene. I other than vent, the Me	Cor		Clerk			Jewelry	Store
and	ould be fi Mental H arked off	Be	17. Father's Name (First, Middle, Last) Philip H. Culler		Ruth O.	e (First, Middle, Me	eiden Sumeme)	
Z	d 2 should by th and Menta 7 is marked traumatic ev	T _o		iling Address (Street			City or Town Stat	to Zin Code)
	d 2 g		Sandra K. Long/Niece 1200	5 Lucy Roa		ont, Mary	land 217	788
Baltimore,	permit. Pages 1 an Department of Heel Important: If Item 2 any Injury or other once.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify)	rematory or other place			Oc. Location - City Jtica, Ma	
Ball	Depart Import any inj		Place 190 rd R	22. Name end Addres OBERT E. I	DAILEY &			
			23s. Part Enter me disease, or combinations that caused the death. Do not enable of head failure. List only one partie on each fine.	15 EAST MA	IN STREE'ng, such es cardiac	T, THURMO or respiratory arres	NT, MD	21,788 Approximate
N	Physician		and the control of the second					Interval Between Onset end Deeth
d	/Medical Examiner		Immediate Cause (Final disease or condition	JFXPCTION	0			
Ш	Lxammer	_	Immediate Cause (Final disease or condition resulting in deeth) a. MO CONTROL (No. 1) Due to (or es a conse	equence ot):	^			
_	ted nsit	nine	6. CHROMC REN	KL FALL	NE			
,	icate be executed physician and s the burial-transit	Examine	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying					i
68760,	sicla burn	edicai	that initiated events					
	certificat nding phy use es th	-	resulting in death) Last	squarioa oty.				
Box	ath for	Physician/M	-					
P.O.	het the de ad by the a detached	ysi	Part II. Other significant conditions contributing to death but not resulting in the	underlying ceuse giv	en in Part i.		. /	Dute to the cause of death? Probably 4 Unknown
	thet the ned by the detach	by P	MIGRIEUSION			1 🗆 Yes	212 No 3	JProbably 4[] Unknown
Records,	lew requires their es been signed is a should be det	Completed b	HIATAL HERMA			24a. Was an performe		4b. Were autopsy tindings available prior to completion of ceuse of death?
	The lew ste hes page 2	Eo				1 ☐ Yes	2 12 No	1 Yas 2 No
Vital		Be	25. Wes cese reterred to medical examiner?			h (Check only one))	
of <	Physician: this certific ral director,	10	1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient		4 LI Nursing no	ome 5 🗆 Residen	ce 8 DOther (5	Specify)
ion	nding Path. r: After ti e funera	ation:	27. Menner ot Death 1 ☑Naturei 5 ☐ Pending 2 ☐ Accident investigetion 28a. Date of injury (Month, Day Year) injury	Wor	yat k? Yes 2 □ No	28d. Describe how	v Injury occurred	
Division	al or Atte s after de il Directo ed in by th	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Piace of injury - At home, tarm, a building, etc. (Specify)	28t. Location (Stre City or Town,		r Rural Route Number,		
	To the Hospital or Attending Is within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai (29a. Certifier (Check only one) 1 ☐ Certifying Physician: To the best of my knowledge, dea 2 ☐ Madicat Examiner: On the best of examination and/or land manner steted.					
	To the To the Complex	2	29b. Signature and title of certifier	29c. Licens	+7(84		d. Date signed (M	onth, Day, Year)
			30. Name and address of peraon who completed cause of death (item 23a) (Type KINGS of DOMIN		Nochs Box	eo Mb	21798	
	Sta Registr		31. Date filed (Month, Day, Year) 32. Registrar's Signeture—					•
	- i legisti		OCT 0'8 1996 Proc Marchantan	delle				

_	
4	,
0	
9	
~	
∞	
68760	
-	
0	
BOX	
_	
$\dot{}$	
P.0	
Δ.	
_	
40	
5	
RECORDS	
$\overline{}$	
U	
O.	
iii	
~	
OF VITAL	
7	
-	
_	
=	
LL.	
\overline{C}	
\mathbf{C}	
7	
=	
O	
U)	
7	
_	
0	

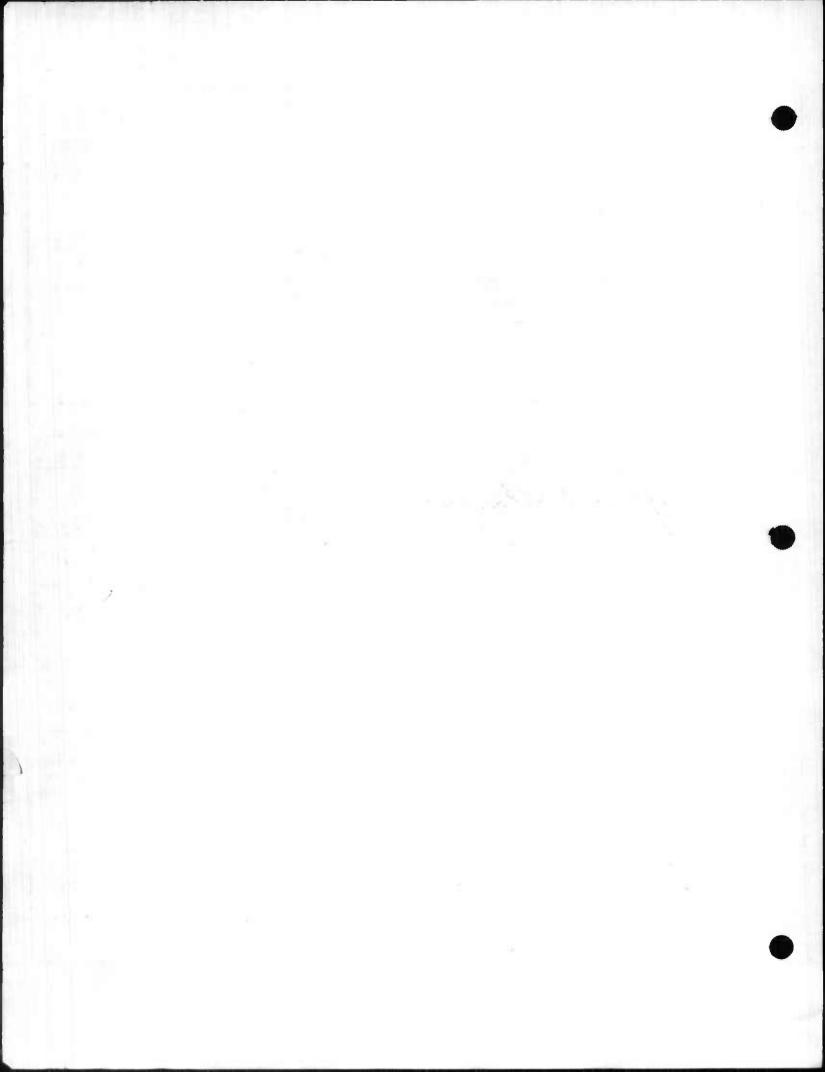
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SEPT. 20 0850 PATRICIA Α. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign NOV . Day Y 215-26-1920 65 HOURS 1 M 2 F YRS. 1930 PA. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR PENINSULA REGIONAL MEDICAL CENTER WICOMICO SALISBURY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES A NO MD. WICOMICO SALISBURY permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 117 COULBOURN completely filled in by the funeral director, page 5 should be detached for use as the burial-transit DRIVE 21804 U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. **BALTIMORE, MARYLAND 21215-0020** 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Wildowed 4 Divorced Specify: WHITE COMPLETED 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp Elementary/Secondary (0-12) College (1-4 or 5+) CLERK NEWS CO. 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle Maider Surname 76 SAMUEL A. THOMAS DOROTHY BE KEPLINGER notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 DALE Ε. LONG 117 COULBOURN DR., SALISBURY, MARYLAND 21804 8 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 1V Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) OATE 20c. LOCATION - City or Town, State must BAKERSVILLE CEMETERY 10/4 BAKERSVILLE, MARYLAND examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. BOUNDS FUNERAL HOME, SALISBURY, MARYLAND 2180 medical 23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart feilure. List only one ceusa on each line. interval Batwe 6 IMMEDIATE CAUSE (Fine) Onset and Death cremation, the disease or condition acute Rosport event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF burial. miling traumatic CERTIFICATION and Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury the attending physician. Mental Hygiene prior to the death certificate be R & other t OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART II. Other significant conditions compributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL DIRECTOR: After this certificate has been signed by thours after death with the State Dept. of Heath and Item 28 is marked, or item 23 shows any in requires that ROVEMINA mund 1 TYES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES □ NO □ UNCERTAIN □ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate ha filed within 72 hours after death with the State D HOSPITAL:
1 De Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO ng Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL D within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 2 MEDICAL EXAMINER: On the basis of as mination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Minth, Day, Year) BE -JIL 30 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Badros Joseph M.D 813B 32. REGISTRAR'S SIGNATURE Jahra Davelson Rardall 01 1996



	ľ
68760,	
BOX	
, P.O	
OF VITAL RECORDS, P.O. BOX	
OF VITAL	
DIVISION	

	1. DECEDENT'S NAME (First, Middle,	(Last)				2. DATE O		we	3. TIME OF DEATN
	James Clevelan	d Lambertson				MONTH	DAY	YEA 5 1006	6.00
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AC	GE (In yrs. last birthday)	F UNDER 1 YEAR		7. DATE O	F BIRTH Day, Year)	- T 8. B	IRTNPLACE (Stelle or Fore
	218-12-1911		36 YRS.	MONTHS DAYS	HOURS MIN.	100			
	9a. FACILITY NAME (If not institution,	, give street end number)		9b. CITY, TOWY	OR LOCATION OF	DEATH 2/26/09 Sc. COUNTY OF BEATH and			
DIRECTOR	Hartley Hall N	ke City			Worce	ster			
<u> </u>	RESIDENCE OF DECEDER	OUNTY	10c Ct	TY, TOWN OR LOC	ATION				
E									10d. INSIDE CITY LIMITS?
	Maryland Wo	orcester	PC	ocomoke	101. ZIP CODE			40- 01717711	1 TYES 2 N
R	2404 November	are III observe		10	2185	1		USA	DE WHAT COUNTRY?
FUNERAL	2404 Worcester Highway 11. Marital status 12. Was Decedent Ever in U.S. Armed FORCES? 1 Ves 2 Ve No 13. Was Decembent of Hispanic Origin? (14. Was Decembent of Hispanic Origin? (15. Was Decembent of Hispanic Origin? (16. Was Decembent of Hispanic Origin? (17. Was Decembent of Hispanic Origin? (18. Was Decembent of Hi								ACE — American Indian
ETED BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	If yes,	apocify Cuban, Mexic ES 2 RO Spec	an, Puerto Ric	can, etc.)	8	Specky: White, atc. White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							NESS/INDUSTR	
	(Give kind of work done during most of working Elementary/Secondary (0-12) College (1-4 or 8 +) (Give kind of work done during most of working life. Do NOT use retired.)								
COMPL	9	n	pount	ry/sea:	food				
Ö	17. FATHER'S NAME (First, Middle, La	AME (First, Mic	ddle, Meiden Sc	urname)					
BE	Harrison	Lambertson			Floren	ce	Ardis	S	
2	19e. INFORMANT'S NAME (Type/Print				t end Number or Flural				
-	Betty B. Simme	erman/daughter	160	7 Cedar	St., Poc	omoke	City,	MD 21	851
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3		20b. PLACE AND DATE		Name of	OATE	20c, LOCA	ATION — City o	or Town, State
	4 Donetion 6 Dother (Specify	1)	First Ba	otist Ce	emetery	9/28	Poc	omoke (City, MD
	21. SIGNATURE OF PURENAL SERVI	ICE LICENSEE			AND ADDRESS OF F		71		
	* Los	1400000	211		loway Fu. Snow Hi			alousers 1	MD 21204
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	llure. List only one cause of	oyth line.		Eng	0			Interval Bet Onset and
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. Oue to (on a DUE to (on a C	S A CONSEQUENCE OF	ge Obet	10	0			Interval Bet Onset and
ICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR A) C. DUE TO (OR A) d. dittions contributing to death	S A CONSEQUENCE O	GE COP:	Emp	hys	Const.	Deary D	Interval Bet Onset and I 2 4 5 4 5 4 9
CAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant con	a. DUE TO (OR A) C. DUE TO (OR A) d. dittions contributing to death	S A CONSEQUENCE O	GE COP:	Emp	hys	Conses.	Deary D	Interval Bet Onset and I 2 3 5 4 5 5 4 5 5 4 5 5 6 5 6 6 6 6 6 6 6 6
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant con	a. DUE TO (OR A) C. DUE TO (OR A) d. dittions contributing to death	S A CONSEQUENCE O	GE COP:	Emp	hys	Const.	Deary D	Interval Bet Onset and I 2 3 5 4 5 5 4 5 5 4 5 5 6 5 6 6 6 6 6 6 6 6
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con Characteristics of Characte	a. DUE TO (OR A) C. DUE TO (OR A) d. d. d. d. months by the contributing to death	S A CONSEQUENCE O	OF:	Emp revoteu	Part I. 2	Const.	Deary D	Interval Bet Onset and I 2 3 5 4 5 5 4 5 5 4 5 5 6 5 6 6 6 6 6 6 6 6
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con Consumptions.	a. DUE TO (OR A) C. DUE TO (OR A) d. d. CAL HOSPITAL:	S A CONSEQUENCE OF S A CONSEQUEN	OF): In the underlying the second of the sec	ruoteu	Pert I. 2	4a. WAS AN AI PERFORM	Deary D	Interval Bet Onset and I 2 7 3 5 7 24b. WERE AUTOPSY FINI AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant con Cauchy Cause	a. DUE TO (OR A) C. DUE TO (OR A) d. d. CAL HOSPITAL: 1 Inpetient 2 ER/O 28a. DATE OF INJUR	S A CONSEQUENCE OF S A CONSEQUEN	OF): In the underlyi OTHER: 4 fil Nursing No. ME OF 28c. II	Ing couse given in	Part I. 2	4a. WAS AN AL PERFORM 1 YES 2 A	Deary D	1 □ YES 2 XNO
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant con Cauchy (Cause Cause) PART II. Other algnificant con Cauchy (Cause Cause) PART II. Other algnificant con Cauchy (Cause Cause) PART II. Other algnificant con Cauchy (Cause C	a. DUE TO (OR A) C. DUE TO (OR A) d. d. CAL HOSPITAL: 1 Inperient 2 ER/O (Month), Day, Year	S A CONSEQUENCE OF S A CONSEQUEN	OF): In the underlyi OTHER: 4 M Nursing Ho JURY 26. II	Ing ceuse given in	Part I. 2	4a. WAS AN AL PERFORM 1 YES 2 A	Deary D	Interval Bet Onset and I 2
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant con Cauchy (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	a. DUE TO (OR A) C. DUE TO (OR A) d. DUE TO (OR A) d. CAL HOSPITAL: Inpatient 2 ER/O Month, Dey, Year antion 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR 28e. PLACE OF INJUR	S A CONSEQUENCE OF S A CONSEQUENCE OF Dut not resulting	OF): In the underlyi OTHER: 4 M Nursing Ho ME OF JURY M 1	PLACE DF DEATN [C] POPULATE OF DEATN [C] POPULATE OF DEATN [C] PURY AT YORK? YES 2 ND	Part I. 2 heck only one) 6 Other (-) 28d. DESCI	4e. WAS AN AN PERFORM U YES 2	UTOPSY EO?	Interval Bet Onset and I
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigations.	a. DUE TO (OR AL DU	S A CONSEQUENCE OF S A CONSEQUENCE OF Dut not resulting	OF): In the underlyi OTHER: 4 M Nursing Ho ME OF JURY M 1	PLACE DF DEATN [C] POPULATE OF DEATN [C] POPULATE OF DEATN [C] PURY AT YORK? YES 2 ND	Pert I. 2 heck only one) 6 Other (28d. DESCI	4e. WAS AN AN PERFORM U YES 2	UTOPSY EO?	Interval Bet Onset and I 2
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant con EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation of the conditio	a. DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) d. DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A)	S A CONSEQUENCE OF S A CONSEQUEN	26. OTHER: 4 \$1 Nursing Home OF Jury M 1 street, factory, off	PLACE OF DEATN (C) PURCE OF DEAT	Pert I. 2 heck only one) 6 Other (28d. DESCI	As. WAS AN AL PERFORM I YES 2 A Specify) RIBE NOW INJ IDN (Street and Town, State)	UTOPSY EO? IN NO	Interval Bet Onset and 2
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant con EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation of the conditio	a. DUE TO (OR A) DUE TO (OR A) C. DUE TO (OR A) d. DUE TO (OR A) d. DUE TO (OR A) d. DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A)	S A CONSEQUENCE OF S A CONSEQUEN	OF): In the underlyi 26. OTHER: 4 M Nursing Ho ME OF JURY M 1 street, factory, off	PLACE OF DEATN (C) PLACE OF DEAT	Part I. 2 heck only one) 6 Other (28d. DESCI 28t. LOCAT City or	Aa. WAS AN AN PERFORM I YES 2 M Specify) IDN (Street and Town, State)	UTOPSY EO? I NO URY OCCURET	Interval Bet Onset and I 2
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant con Examiner? 1	a. DUE TO (OR AL DUE TO (OR AL d. DUE TO (OR AL	S A CONSEQUENCE OF S A CONSEQUEN	OF): In the underlyi 26. OTHER: 4 M Nursing Ho ME OF JURY M 1 street, factory, off	PLACE OF DEATN (C) PLACE OF DEAT	Part I. 2 heck only one) 6 Other (28d. DESCI 28t. LOCAT City or	Aa. WAS AN AN PERFORM I YES 2 M Specify) IDN (Street and Town, State)	UTOPSY EO? I NO URY OCCURET	Interval Bet Onset and 2
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant con EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation of the conditio	a. DUE TO (OR AL DUE TO (OR AL d. DUE TO (OR AL	S A CONSEQUENCE OF S A CONSEQUEN	OF): In the underlyi 26. OTHER: 4 M Nursing Ho ME OF JURY M 1 street, factory, off	PLACE OF DEATN (C) PLACE OF DEAT	Part I. 2 Peck only one) 6 Other (28d. DESCI 281, LOCAT City or to the cause time, date as	As. WAS AN AL PERFORM I VES 2 A Specify) RIBE NOW INJ ION (Street and to low, State) (e) end manned and place, end of	UTOPSY EO? O NO URY OCCURET	Interval Bet Onset and I 2
O BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant con PART II. Other algnificant con EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investig: 3 Suicide 6 Could n determing Check only 0ne) 2 MEDICAL EX. 29b. 96 NATURE AND TITLE OF CER	a. DUE TO (OR A) C. DUE TO (OR A) d. DUE TO (OR A) d. CAL HOSPITAL: 1 Inpatient 2 ER/O aution 28s. PLACE OF INJUR (Month, Dey, Year aution 28s. PLACE OF INJUR (Month, Dey, Year AMINER: On the basis of examinas	S A CONSEQUENCE OF S A CONSEQUEN	26. OTHER: 4 M 1 street, factory, off	PLACE OF DEATN (C) Ome 5 Residence NJURY AT YORK7 YES 2 NO Tice The end place, and due, death occured at the	Part I. 2 Peck only one) 6 Other (28d. DESCI 281, LOCAT City or to the cause time, date as	As. WAS AN AL PERFORM I VES 2 A Specify) RIBE NOW INJ ION (Street and to low, State) (e) end manned and place, end of	UTOPSY EO? O NO URY OCCURET	Interval Bet Onset and I 2
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant con Examiner? 1	a. DUE TO (OR A) C. DUE TO (OR A) d. DUE TO (OR A) d. CAL HOSPITAL: 1 Inpatient 2 ER/O aution 28s. PLACE OF INJUR (Month, Dey, Year aution 28s. PLACE OF INJUR (Month, Dey, Year AMINER: On the basis of examinas	S A CONSEQUENCE OF S A CONSEQUEN	26. OTHER: 4 M Nursing Ho ME OF 26c, if JURY M 1 street, factory, off	PLACE OF DEATN (C) Ome 5 Residence NJURY AT VORKY I YES 2 NO Idee The end place, and due, death occured at the 29c. LICENSE NU D 29	Pert I. 2 Pert I. 2 Deck only one) 6 Other (28d. DESCI 28t. LOCAT City or to the cause time, date ar	Conservation of the second of	UTOPSY EO? I NO URY OCCURET If No I Number or Ru I Number of Ru I Number	Interval Bet Onset and 2 2 4b. Were Autopsy fin Adrianate Prior to Completion of Ca of Death? 1 Yes 2 (And Carlotte Number, 1 1 26 - 96



State of Maryland / Department of Health and Mental Hygiene 96 31426

						Certi	ficate o	f Death		Reg. No.	20	01920
	Dhuaia	ion	1. Decedent's Nama (First, Middle, Last,)					Mor	of Death ith Day Yaar		3. Time of Death
44	Physic /Medi		NETTIE MCCUI	140111	E LOUIS	SE MC	GUIRK		OCT	OBER 04	1996	20:37
3	Exami		4a. Facility Nama (If not Institution, giva THE JOHNS HOPKIN	S HOSPITAL		-		BALTIM	m, or Location of ORE CIT	Ž.	ounty of Death	
	Funeral Director		5. Social Security Number 6. Sat 214-07-9402	V	(In yrs. last b		If Undar 1 Yas Months Day		Min. (Mor	of Birth th, Day, Year) 7, 1918	9. Birth Con Ma	nplaca (Stata or Föreign untry) aryland
	Meryland of show	tor	10a. Stata 10b. County Maryland Baltimor		10c. City, Tov	or Local						10d. Insida City Limits 1 XYaa 2 □ No
	with the 3a or 28a	il Director	10e. Street and Number 1325 Willow Road				10f. Zip Code	21222		10g. Citizar	US	intry?
Baltimore, Maryland 21215-0020	n 72 hours after death with the Meryland "natural", or frams 23a or 28a-f show refical Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Et Armed Forces? 1 ☐ Yas 2 ANO if Yas, Giva Year or Datas:		If Y	s Decedant or as, specify Cu	ıban, Maxicen,	in? (Specify Yas Puarto Rican, a	(c.)	Race - Amar Black, White	
	9 1 2	Completed	15. Decedent's Edu (Specify only highest grade Elementery/Secondery (0-12)	cation a <i>complated)</i> College (1-4or 5+		a. Deceden (Giva kin lifa. DO	it's Usual Occ d of work don NOT usa reti	upation a during most red)	of working	16b. Kind	of Business/I	ndustry
	offled al Hygi other vent, r	Be Con	17. Fathar's Nama (First, Middla, Last)			Lib	rarian			Middle, Malden Su	lic Li mama)	brary
		2		Addi Davidson								
	alth er		19a. informant's Name/Ralationship (Ty Gary S. Gushee So		1	7934	Garden		# 31 Hag	erstown,	Mary]	land 21740
	o to		20a. Method of Disposition XX Burial 2 Cramation 3 R 4 Donation, 5 Other (Specify)	amoval from Stata	cemate	ary, cremat	on (Nama of lony or other p Memor		Data rk 10/9		ion-City or 1 ibridge	Town, Stata e, Maryland
Balt	permit. Pag Department Important: I any Injury o		21. Signature of funaral Sarvice License	ea		Tho	omas Fu	rass of Facility	Home, P.	A. idge, Ma	ryland	1 21613
)	Physician /Medical Examiner	Jer.	23a. Pari / Entar tha disaesa, or complished, or heart failure. List only or Immediata Causa (Final disaesa or condition resulting in deeth)	corona		not antar t	disea	ying, such as o	eardlec or raspire	tory errest,		Approximate Interval Between Onset end Death
Box 68760,	leath certificate be executed attending physician and d for use es the burial-transit	an/Medical Examiner	Sequentially list conditions, if any, leeding to immediata cause. Entar Undarlying Cause (Disease or injury that initiated evants rasulting in death) Last	ò	ue to (or as a							
P.O. E	t the c by the tache	Physician	Part II. Other significant conditions con	tributing to death but	not rasulting	In the unde	arlying causa	givan in Part I.	231			to the cause of death?
Records,	ew requires is been sign 2 should be	Completed by							246	. Was an autopsy performed?	0	Vara autopsy findings ivellable prior to completion of cause if death?
Vital R	Physicien: The interpretable the certificate he rel director, page	Be	25. Was casa relarred to medical axaminer?						of Death (Check	1 ☐ Yas 2 🖽 only one)	10 1	☐ Yas 2☐ No
Division of	afing Phys h. After this funeral di	Certification: To	27. Mennar of Death 1 Netural 5 Panding Invastigation 2 Accident Invastigation of bedden not be	1 Anpatiani 28a. Data of Injury (Month, Day) 28a. Place of Injury	lay Year) Injury Work? M 1 □ Yas 2 □ No						ccurred	ral Routa Number,
Ö	5 5 5 E		4 Hornicida	building, afc.	(Specify)		•		City	or Town, Stata)		
	To the Hospital within 24 hours a To the Funeral I completely filled	Medical	29b. Signatura and titla of certifier 29b. Certifiler (Check only one) 12d. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar a date and place, and due to the cause(s) and due to							ace, and dua	to the causa(s)	
	8 7 1 1		▶ Sara Cosgn	, M.I	D.		N2º	193/R	ES-00	Octo	er 5,	1996
			30. Nama and address of person who co	mplated cause of das	ath (Itam 23a)	(Type, Pri	pital	Baltim	ore M	aryland	212	F 7
	Sta Registi	_	31. Data filed (Month, Day, Year) OCT ~ 9 1	32. Ragistrar	s Signatura	or-Rand	all					

DHMH 16 Rav 6/95

The second secon THE ST COUNTY OF THE STATE OF T

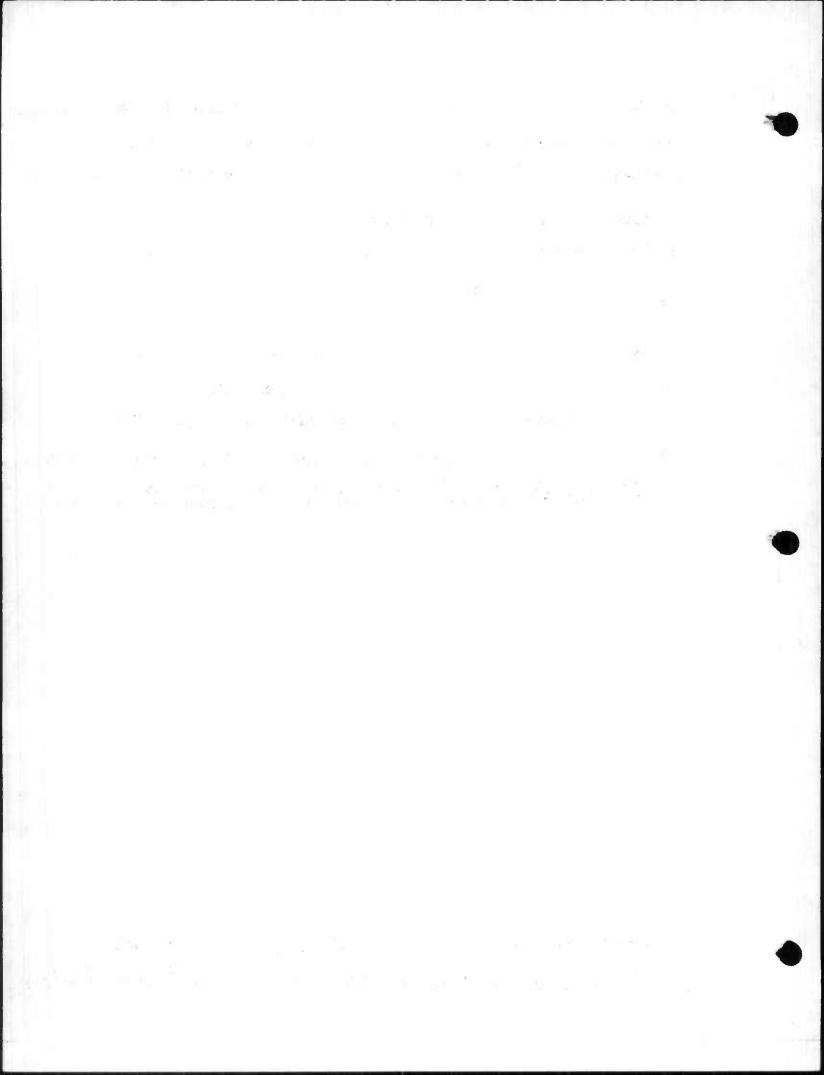
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Dey Year September 23, 1996 **Physician** Jean W. Massey 6:00 p.m. /Medical 4e. Facility Name (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner 190 Comegys Street (At Home) Millington
If Under 24 Hrs. 8. D If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthpiace (State or Foreign Country) **Funeral** 1□ M 280 F Days Yrs. Director 69 222-20-0840 May 7, 1927 Maryland 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified Director Yes 2□ No Maryland Kent Millington 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 21651 190 Comegys Street U.S.A. 238 death Funeral Home ; 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ ☐XNo If Yes, Give Year or Dates: 11. Maritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 72 hours after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: natural', or Specify: þ 3€XWidowed 4 □ Divorcad White Completed the Medical 15. Decedent's Education (Specify only highest grede completed) 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 18b. Kind of Business/Industry nd Mentai Hygiena. merked other than Elementary/Secondary (0-12) College (1-4or 5+) 10 Companion and Care Provider Health Care 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Pages 1 and 2 should be 1 nent of Health and Mental I int: If item 27 is marked of Guy Walmsley Mildred Shelly 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 s Department of Health an Important: If item 27 is any injury or other trau-once. P. O. Box 86, Millington, Maryland 21651 Robert L. Bramble/Son 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 Cremation 3 Removel from State Crumpton Cemetery/September 26, 1996 Crumpton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licansee 22. Name and Address of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximete Approximete Interval Between Onsel and Death Physician /Medical Immediate Cause (Finel years disease or condition resulting in deeth) Examiner Due to (or as e consequenca of): Physician/Medical Examiner The law requires that the death certificate be axecuted burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting In deeth) Last Due to (or es a consequence of): Box 68760. the Due to (or as e consequenca of) P.O. Pert II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 → Yes 2 No 3 Probably 4 Unknown Turawary TB, pulmonary Records. þ 24b. Were autopsy findings available prior to completion of cause of deeth? pege 2 should Completed 24e. Wes an autopsy performed? Ostoporosis, 1□ Yes 2□ No 1 ☐ Yes 2 ☐ No of Vital Physician: Be 25. Was case referred to medical 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Mesidenca 8 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA the funeral 27. Manner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred After Division or Attending 5 Pending investigation within 24 hours after death. To the Funerel Director: A 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 4 Homicide the Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. Medicai (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Trun aun 9/2586 30, Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) Brown St. Chester 10 31. Date filed (Month, Dey, Year) 32. Register's Signature

Guna Davidson State 25 Registrar

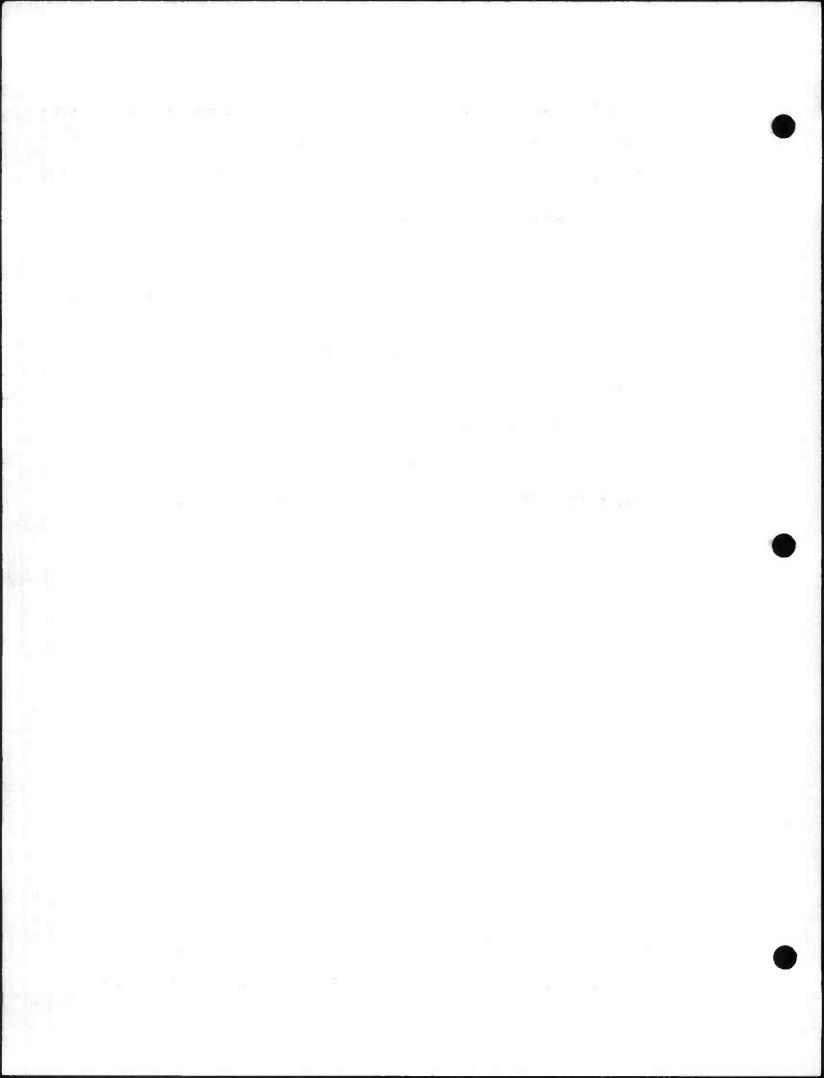


State of Maryland / Department of Health and Mental Hygiene 96

96 31428

					Cei	rtificate of	Death		Reg. No.		1460
	Dhusia	ion	Decedent's Name (First, Middla, Last					2. Date of Dea		Year 3.	Tima of Death
Į	Physic /Medi		Stanley Masl					October	2, 19		:05 A.M
β.	Exami		4a. Facility Nama (If not institution, giva	street and number)			4b. City, Town, or	Location of Death	4c. County	of Death	
	0.01.0		Frederick Memori				Frederi			lerick	1
	Funeral Director		100 100 1	7. Age (In	yrs. last birthday) Yrs.	If Under 1 Year Months Days			, 1915	9. Birthplace Country) Pennsy]	(Stata or Foreign Lvania
	Pand Mand	1	Usual Residence of Decedent 10a. State 10b. County	10	c. City, Town or Lo	cation				10d. lr	nside City Limite
	a-f aho	ctor	Maryland Frederic	ek 1	Mt. Airy					_	XYes 2□No
	23a or 28 ust be no	ral Director	10e. Street and Number 12402 Hill Court	:		10f. Zip Code 21771	1		10g. Citizen of V		
21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow may highly or other traumatic event, the Medical Examinat must be notified at ances.	by Funeral	11. Marifal Stafus 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:		Was Decedent of If Yas, specify Cub I ☐ Yes XX No	Hispanic Origin? (S ban, Mexican, Puerl Specify:	pecify Yas or No- o Rican, etc.)		ca - American Inck, White, efc. White	
	72 h	Completed	15. Decedent's Edu (Specify only highast grad		(Giva	dent's Usuai Occu	during most of wo	kina	16b. Kind of B	usinass/Industry	1
	ithin ne.	JQH.	Elementary/Secondary (0-12)	College (1-4or 5+)	lifa.	DO NOT usa ratire	ed)	9	M2 2		
7	hygier th		10		COS	al Miner	40.45.0.6.15		Mining	,	
Maryland	2 should be filed within and Mental Hygiene. is marked other than surmatic event, the M.	To Be	17. Father's Nama (First, Middla, Last) Charles		MASHAKAS	S	Agn	ne <i>(First, Middl</i> a, es		re) IRLAVAGE	S
ary	shound M	-	19a. informant's Name/Relationship (7)	rpe, Print)	19b. Maliir	ng Address (Stree	ot and Number or Ru	ıral Routa Numbe	or, City or Town,	Stata, Zip Code	9)
Ξ.	Health a Health a Health a sem 27 is other tra		Mr. Stanley C. Mas	shakas, Son	12402	2 Hill Co	ourt, Mt.	Airy, M	laryland	21771	
Ore	of Herr		20a. Method of Disposition 14 Burial 2 □ Cremation 3 □ F		Ob. Place of Dispo	sition (Nama of natory or other pla	ace)	Date	20c. Location -	City or Town, S	Stata
Ĕ	Peges nent of h ant: If ite ury or of		4 □ Donation 5 □ Other (Specify)	emoval from State	St. Peter a	& Paul Cat	holic Cemet	ery, Oct.	5, 1996	Tamaqua,	Pa.
Baltimore,	Departme Importan any injur		21. Signature of Funeral Sarvice Licens	9	22	2. Name and Addr	ress of Facility and Basfor	d D A E	unoro1	Homo	
10	80 = 99		Richarde	MO02!			Church S				.701
	109 1		23a. Part1. Enter the diseasa, or compleshock, or heart failure. List only or	cations that caused the	daath. Do not ent	er the mode of dy	ing, such as cardia	or respiratory ar	rast,	App	roximate rvai Between
	Physician										
	/Medical Examiner		immediate Causa (Final diseasa or condition	CANCER	- PR	-IMARY	UNICH	DINN		Y	LS
	LAGITITIET	Ļ	resulting in death)		to (or as a consec			V -			
	be di	Examiner),						İ	
	entificate be executed Jing physician and se as the buriel-transit	xan	Sequentially list conditions, if any, leading to immediate	Due	to (or as a consec	juanca of):					
68760,	be a sician burle		Cause (Diseasa or injury	ò							
587	phys s the	edical	that initiated events resulting in death) Lasf	Dua	to (or as a conseq	uence of):				İ	
X	din	3	L .	J					-		
ă	d for	Cla	Part tt. Other eignificant conditions cor	delbusing to double business	d annuithe a to the co	adad dan asusa si	tura la Dana I	not Dida		naulhouto do dho	anne of death
9	that the death cer ed by the attandin detached for use	Physician	0.			~	Ven in Part I.		Yee 2□No	3 ☐ Probebly	cause of death
7.	signed to	by P	CHUONIC OIR	RUCINE	FULMON	my /	JUEAIR		10110	0_1,10000,	7
Hecords,	need should	Completed b	BLACK LUNG					24a. Was a performan	an autopsy med?	availabi	utopsy findings e prior to tion of cause 1?
	The law ite has page 2	mo						101	es 2 No	1 🗆 Yaq	2 No
<u>ra</u>	ysician: The last certificate hadirector, page	Be	25. Was case referred to medical				26. Piace of De	ath (Check only o	ne)		
_		To	examiner?	lospifai:	2 ER/Outpafler	1 3 DOA	ther: 4 Nursing H	lome 5 Resid	denca 6 □Oth	er (Specify)	
0	ter th		27. Manner of Death 1 SNatural 5 ☐ Pending	28a. Date of Injury (Month, Day Yea	ar) 28b. Time of injury	28c. Inju	ury af ork?	28d. Describe h	ow injury occur	red	
200	endline eath. or: A	catl	2 Accident investigation			M 1	Yes 2□No				
Division of Vital	trect frect n by	Certification:	3 Suicida 6 Could not be datermined	28e. Piace of Injury - building, atc. (S	At home, farm, str pecify)	eet, factory, office		28f. Location (5 City or Tow		oer or Rural Rou	ıta Number,
	urs al										
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Cartifiar 1 Certifying Physical Control (Check only one) 2 Medical Examination	ner: On the basis of axa and manner stated.	knowiedga, daath mination and/or in	occurred at the treestigation, in my	ime, date and place opinion, death occu	, and due to the or rred at tha tima, o	cause(s) and ma data and piace,	annar es stated. and due to tha	cause(s)
	To the To the Comp	Ň	29b. Signature and fitta of certifier				se number		29d. Dala signe	d (Month, Day,	Year)
			I Warand	~ ms		DA	7611		10/2/	96.	
,			30. Name and addrass of person who co	mpleted cause of death	(itam 23a) (Type,	Print)					
			NEW Johnson	MN 1423	TIA. F.	1-1-	204 tre	DERICH	MD 7	1707	

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

3	1	1.	2	0
0	1	1.7	6	J

_								Cer	titicate	e or	Death			Reg. No.			
			1. Decedent's Neme ((First, Middle, Li	est)								2. Date of De		Wasa	3. Tima of Deat	th
	Physic		STANLEY	S. MUT	CHLER	JR.							Sept.	27. 1	996	4:45 P.1	М.
	/Medi Examir		4a. Facility Name (If n								4b. City, To	wn, or Lo	ocation of Deal		ty of Death		
	Examilia	iei	10.000.000.000.000.000.000.000.000.000.	Elizabe													
\vdash			5. Social Security Num		Sex	7 400 /	In yrs. last birt	thday)	If Under	1 Year	Del II		R Date of Bi		omico	lace (State or For	- lan
	Funeral				XIXM 2□F	67	•	Yrs.		Days	Hours	Min.	8. Dete of Bi (Month, Di	ey, Year)		place (State or Fore stry)	ыgп
	Director		213-22-95 Usual Residence of D			07							Mar.29	,1929	Md.		
	pure *			10b. County		10	Oc. City, Town	or Loc	cation						1	0d. Inside City Lin	nits
	Sho sh	5	W.I	113	1											X□ Yes 2□	
	No N	ect	Md.	Wicom	100		Delmar		Total								
	5 6	Director	10e. Street end Numb						10f. Zlp					10g. Citizen o	f What Cour	ntry?	
	23 ab		502 E.	Elizabe	th St.				21	875				USA			
	n 72 hours after death with the Meryland "netural", or ferms 23a or 28a-f show solicel Examiner must be nothled at	Funeral	11. Meritel Stetus		12. Was Deci	edent Eve	er in U,S.	13. W	Vas Decede	ent of H	lispanic Orl	gin? (Sp	ecity Yes or No Rican, etc.)		ece - Americack, White,		
0	or h		1 Never Married		1 X Yes If Yes, Gir	2 No	1.6 1.7		☐Yes 2		Specify:	,				010.	
00	Par.	l by	3 ☐ Widowed 4.	Divorced	Year or D	Dates:	946–47	'	_ 163 E	LATINO	opecity.			Spec	Wh:	ite	
5-0	72 h	Completed	(Specific	5. Decedent's E	ducation		16a.	Deced	ent's Usual	Occup	ation during mos	t of work	ina	16b. Kind of	Business/In	dustry	
7	G * #	ple	Elementary/Second		College (1-4or 5+)		life. D	OO NOT use	e retire	d)	OFWORK	w ry				
21	TO 100 No. 100	No	10				Me	at	Cutte	er				Food	Store		
b	Il Hygie other	Be	17. Fether's Neme (Fi	irst, Middle, Las	t)						18. Mothe	r's Nam	e (First, Middle	, Meiden Sume	me)		
Maryland 21215-0020	id b in sold by ic sold sold sold sold sold sold sold sold	To	Stanley	S. Mut	chler, S	Sr.					Ann	e Wi	11iams	Mutch1	er		
ary.	2 should be and Mental is marked or raumatic ave	-	19a. Informant's Nam	ne/Relationship	(Type, Print)		19b.	Mallin	a Address	(Street	and Numbe	er or Run	al Route Numb	er, City or Tow	n. State. Zic	Code)	
			Margaret	H. John	nson		50)2 E	. Eli	zab	eth S	t. D	elmar.	Md. 21	875		
0	of Health of Health Itsm 27 i		20a. Method of Dispos				20b. Plece of	Dispos	sition (Nem	e of			Dete	20c. Location		own. State	-
5	Pages nent of i		1 ☐ Burial 2 🔯	Cremation 3			cemeter	y, crem	atory or of	her ple			I Pete				
들	tment tant		4 Donation 5				Cambri					1	-30	Cambri	dge, l	Md.	
Baltimore,	permit. Page Department of Important: If i any injury or socs.		21. Signature of Fune	erel Service Lica	nsee) .					ss of Fecilit	•	т				
ш	205 2 S		aulle	sin M	Hol	4							, Inc.	De. 199	/· O		
	16 14		23a. Part1. Enter the shock, or heart to	disease, or con	plications that	caused the	e deeth. Do n	not ente	or the mode	of dylr	ng, such es	cardiac	or respiretory	irrest,	4.0	Approximate Interval Between	
	Physician		SHOOK, OF HEALT	renure. List offiny	One cause on	Paul IIIIe.										Onset and Death	1
20	/Medicai		Immediate Cause (Fi	inal	2.4	4.1	1: 1	4 . 4	(·	
8	Examiner		disease or condition resulting in death)		a. ///	TOSTA	1/2 6	49	(an	cer					-	74/	
		ē				Dū	e to (or as a c	consequ	uence of):								
	certificate be executed ding physician and ise as the burial-transit	Examiner	_		b. ———										-		
	al-tre	X	Sequentially list cond if any, leading to Imm cause. Enter Underly Cause (Disease or Inj	litions, rediate		DU	e to (or as e o	onsequ	uence ot):						1		
68760,	certificate be executed ding physician and ise as the burial-transit		Cause (Disease or Inj that initiated events	jury	c												
8	phy:	√Medical	resulting in death) Las	st		Due	e to (or es e c	onsequ	uence of):						- 1		
ŏ	ding	Š			d										1		
B	- 50																
o.	v requires that the deeth been signed by the site should be detached for	Physicia	Pert II. Other significa	ant conditions	contributing to de	eath but n	ot resulting in	the un	derlying ca	use giv	en in Part I		23b. Did	tobacco use o	ontribute to	the cause of dea	uth?
P.O.	that the ed by detac												30	Yes 2 No	3 Pro	bably 4 Unkn	lown
Ś	the set the se	þ															
50	requires	Completed												an autopsy ormed?	24b. W	ere autopsy finding allable prior to	gs
ပ္ထ	law ra les be s 2 sh	ple													co	mpletion of cause death?	
ď	0 - 5	E											10	Yes 20 No	1.	Yes 2□ No	
a	certificate rector, pag		25. Was case referred	d to medical							20 Diese	of Doot			1		
>	Physician: this certific ral director,	o Be	examiner?		Hospital:	tanations	a∏		3 □ DO	Oth	or.		h (Check only			i a	-
ō	Phys	: To	27. Manner of Death		28a. Date	of Injury	2 ER/Out	-		A j Bc. Injur				how injury occ		γ)	
Division of Vital Records,	Attending or death. ector: After by the fune	to		5 Pending investigation	(Mon	ith, Dey Yo		njury	м	Wor	k? Yes 2□						
S	death. ctor: A y the ft	ca	√2 ☐ Accident 3 ☐ Sulcide	6 Could not b	OB Disease	of Injury	At home for	on oten			.00 20		29f Location	(Street and Nur	nhar or Pur	I Route Number,	
⋛	or Attending after death. Director: After In by the lune	Certification:	4 Homicide	determined		ing, etc. (- At home, fai Specify)	iii, alie	et, rectory,	UIIICO			City or To	wn, Stete)	noor or mare	ir riodie reambor,	
	urs a		00- 0	d =													
	To the Hospital or Attending Ph within 24 hours after death. To the Funerel Director: After th completely filled in by the funeral	edical	(Check only < 2	Certifying PrMedical Example	miner: On the bi	asis of ex	amination end	deeth Vor Invi	occurred a estigation,	it the tir in my o	ne, date en pinion, dea	d piece, th occun	end due to the ed at the time,	cause(s) and r date and place	nanner as s e, and due to	tated. the cause(s)	
	the uppe	Med	one)	to of souther	end man	ner stated	1.		1.00	1111111				001 0 1	-101-11	D W 1	
	5 × 5 8	-	29b Signature and titl	te of certifier	1/1	//	0		290.	Licens	e number			29d. Date sign	ied (Month,	Dey, rear)	
			RAL	10	14	- W			D	126	1278			7-5	0-96	-	
	/		30. Nama and address	s of person who	completed caus	e of deat	h (Item 23a) (Type, F	Print)		0 2	,					
	12			(seal)	NO 1	145 E	Signature Signature	41	54.		Sols	bury	MO	9-3 21	801		
	Sta	te	31. Date filed (Month, SEF	Dey, Year)	C 62 B	Registrars	Signatura	lath				1	7				
	Registr	ar	SEF	3 0 199	b Jung	William		-									

State of Maryland / Department of Health and Mental Hygiene 96

						Cei	titicate	e of	Death			Reg. I	No.		
	Physic /Medi		Decedant's Neme (First, Middle, La VIRGINIA	L.		MORRI	S				2. Date of D Month SEPT.	2		Year 996	3. Time of Death 3; OOPM
	Examir	ner	4e. Facility Name (If not institution, giv	e street and nur	mber)			- 1	4b. City, To	wn, or Lo	ocation of Dea	th	4c. County	of Death	
			SALISBURY CENTER	: GENES	IS ELDE	RCARE			SALISE		MD	W	ICOM:	ICO	
	Funeral		5. Social Security Number 6. S		7. Age (In yrs. I		If Under Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Dete of B (Month, D	irth av. Yes	er)	9. Birthp	lace (State or Foreign
	Director	Н	215-20-1774	□м 2ДГ г	87	Yrs.	Will the state of	- Lyo	1.00.0		FEB.	17	1909	000.	MD.
	p.		Usual Residence of Decedent				- 1								
	ahow all		10a. State 10b. County		10c. City	, Town or Lo	cation							1	0d. Inalde City Limits
	Me Me	cto	MD. WICOMIC	CO		SALISI	BURY								1 ☐ Yes 🎘 ☐ No
	5 5 E	Director	10a. Street and Number				10f. Zip	Code				10g. 0	Citizen of \	What Coun	ntry?
	h wi		2542 OLD OCEAN CI	TY ROAD)		21	1804					U.S	.A.	
	dea	Funeral	11. Meritel Status	12. Was Dece Armed Fo	edent Ever in U,	S. 13. \	Ves Deced	lent of H	lispanic Ori	gln? (Sp	ecify Yes or N Rican, etc.)	lo-		e - Americ ck, White,	
0	or Its		1 Never Married 2 Married	1 ☐ Yes If Yes, Giv	2 No		Yes 2	CF.	Specify:	, 1 0010	riioan, oto.)				etc.
9	Sur Sur Sur Sur Sur Sur Sur Sur Sur Sur	by	3 Divorced 4 Divorced	Yeer or Da	ates:		10165 2	Z [] 140	эреспу.				Specify	WI	HITE
21215-0020	within 72 hours efter death with the Meryland iene. than "naturs!", or flems 23s or 28s-f show the Medical Examinet must be notified at	Completed	15. Decedent's Ed (Specify only highest gra	ducation		16a. Deced	lent's Usua	l Occup	ation during mos	t of work	ina	16b.	Kind of B	usiness/ind	dustry
21	.5	npie	Elamentary/Secondary (0-12)	College (1	-4or 5+)	life. L	OO NOT us	se retired	d)		9	Ι,	OWN H	OME	
		ပ္ပ	12			HOUSE	WIFE						OWN D	OPIE	
pu	0 = 0 5	Be	17. Father'a Name (First, Middle, Last)						18. Mothe	r's Name	e (First, Middle	e, Maid	en Suman	10)	
y a	should be nd Mental marked o	10 L	JOHN DISHAROON						M	ARGA	RET I	NGE	RSOLL		
Maryland	end end m		19a, Informant's Name/Ralationship (Type, Print)		19b. Mallin	g Address	(Street	and Number	er or Aur	al Route Num	ber, Cit	y or Town,	State, Zip	Code)
	C T N F		PEGGY HICKMAN						N CIT	Y RC	AD, SA	LIS	BURY,	MD.	21804
ore	of Heal		20a. Method of Disposition 1	Damoval from t		lace of Dispo emetery, cren	sition (Nam natory or of	ne of ther plac	ce)		Date	20c.	Location -	City or To	wn, State
altimore,	Pages nent of I int: If Its iry or o		4 Donation 3 Other (Specif			OMICO	MEMOI	RTAL	PARK	1	0/2		SALTS	BURY	MARYLAND
a	pemit. Pag Department Important: f any injury o		21. Signature of Funeral Service Licar	1500	0				ss of Fecili		91.5		J. 12 I	20111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
m	Deparimbo impo any ir		1 Sound	1/2	und	BO	UNDS	FUN	ERAL	HOME	SALIS,	BUR	Y. MD	. 218	304
	_		23a. Part1. Enter the disease, or com	plications that c	aused the death									-	Approximate
	Physician	0.1	Shock, or haart failure. List only	one cause on e	ach line.									į	Interval Between Onset and Death
P	/Medical		Immediate Cause (Final	D			1	01	1		1	_		i	
П	Examiner	ш	disease or condition resulting in death)	a e	noerb	as a conseq	- 41	96	um	27	14	-	e	1	grs.
		je.		05		an a conseq	dende of):	1 1						1/	
	be executed sician and burial-transit	Examiner	Sequentially list conditions	b. 440	7 4 Sun to in	as a conseq	y Lu	(el)	in					19	11-1
Ó	certificate be executed iding physician and ise es the burial-transit		Sequantially list conditions, if any, leading to immediate cause. Enter Underlying	a		/	man in account							1	
68760	ysicie	/Medical	cause. Enter Underlying Cause (Disease or Injury that initiated evants	С.	Due to (or	as a conseq	uanca ot):							1/2	feldel
	ntificate ng physi es the	Pa	resulting in death) Last	1	(1) .			,					
XO		2		d. /	cl o	00	al.	12	0					19	fug.
Ω.	death e etter ed for u	lcle	Part II. Other significant conditions of	ontributing to de	eath but not rasu	ilting In the ur	derlying c	ause niv	en in Part I		23b. Die	1 tobac	CO USS CO	ntribute to	the cause of death?
Ö	के के के	Physician		orning to do			rectly ing or	acco giv	011 111 11 111				2□ No		bably 4 Unknown
S, D	s that ned by e deta	ру Р									-	, , , ,	212 110	V.23.10.	, , , , , , , , , , , , , , , , , , , ,
ğ	requires een sign hould be										24e. Wa				ere autopsy findings
8	_ 00	lete									per	iormed	?	CO	allable prior to mpletion of cause death?
Record	The law ate has b	Completed											1		
<u>a</u>			W									- 74	2 No	1 L	Yes 2□ No
Vital	Physician: rthis certific ral director,	Be	25. Was case referred to medical examinar?	Hospital:				Oth	or.		h (Check only				
of	Phys this ral di	<u>۲</u>	1 ☐ Yes 2 ☑ No 27. Manner of Death	1 🗆 I		ER/Outpatien 28b. Time of		PA	4LY NU		ma 5 Ras				γ)
		lon	1 Avatural 5 Pending	(Mont	h, Day Year)	Injury	M	8c. Injur Wor	k? Yes 2□		28d. Describe	S FIOW II	ijury occur	160	
Sic	tent feet for: the	ical	2 Accidant Investigation 3 Suicide 6 Could not be		of Injury At ho	tot-			163 2	-	38f Logation	(Street	and Alumi	ar or Dura	I Route Number,
Division	i or Attence after deeti Director: d in by the	Certification:	4 Homicida determinad	buildir	of Injury - At ho ng, etc. (Specify	me, tarm, str	aai, raciory	, onice			City or To			Der OF PIGE	ir noute Number,
_	Hospital 24 hours Funeral stely filled		29a. Cartifiar 1/4 Certifying Ph	velelen. To the	boot of my know	مامورات مامورات		na ab n ain		el elece	a and along the time		(a) and m		hatad
		edicai	29a. Cartifiar 1 ☐ Certifying Ph (Check only one) 2 ☐ Madical Exam	Nnar: On the ba	asis of examinat	vieuge, daath ion and/or Inv	astigation,	in my o	na, data an pinion, daa	u piace, th occurr	red at the time	, date a	nd placa,	and due to	the cause(s)
	To the Within 2 To the comple	Mec	29b. Signature and title of contilior	oriu manr	ner stated.		29c	Licens	e number			29d. f	Date signe	d (Month	Day, Year)
	5 ¥ 5 00		1	114			1	2	97	10		5	2/25	6	- 1/1 / 251/
	1		///	11			2	d	179	//		- 1	131/	16	
	D		30. Name and address of person who						,	/		/	/	,	
			Will: am Robin	s, Mi				DR	.,SAL	ISBU.	RY, MD	. 218	304		
Tr.	Sta	1000	31. Date filed (Month, Day, Year) OCT 01 19	96 32. R	egistrar's Signat	or Karda	4								
	Registr	ar	001 01 3	30 07		100									

		1 Decederate No.	ma /Einst halidate - t	and		C	ertificate	e of l	veath	7	2. Dete of De	Reg. No.				31
Physicia	an		ma (First, Middla, L								Month	Dey		Yeer		ne of Death
/Medic		GEORGE	FRANC (If not institution, gi		MALONE	S	R		lh City Tou	un orlo	09 cation of Deat	30		96 of Death	2	030
amin	er				uniber)					WII, OI EO	ation of Deat					
eral		5. Social Security	ERRY ROAD Number 6.	Sex	7. Age (In yrs.	last birthde	(y) If Under	1 Yaar	DEN If Undar 2	24 Hrs.	8. Dete of Bir (Month, De		ICON	1I CO 9. Birth	olace (St	ata or Fore
ictor		218-16-5		№ М 2□ F	7	72 Yrs.	Months	Deys	Hours	Min.	MAR. 1	4, 19	24	Coul		MD.
		Usuel Residence	of Decedent			- 00										
Examiner must be notified at	_	10a. Stata	10b. County		10c. Cr	ity, Town or										ie City Lim Yas 2□1
	Director	MD.	WICOM	1ICO		SALIS		- 1								185 2
		10e. Street and No	umber				10f. Zip					10g. Citi		Whet Cou	ntry?	
	Funerai	401 P	RISCILLA		cedent Ever in U	J.S. 13	3. Wes Decede		21804	in? (Spe	city Yes or No)-		S.A.	can India	n.
	Fun		rried 2 Married	Armed F	Forcas?	AVY	3. Wes Decede If Yes, speci			Puerto F	lican, atc.)			ck, White,	etc.	
	by		4 ☐ Divorced	if Yes, G Yaer or l	ive		1 ☐ Yes 2	No No	Specify:				Specify	WH]	LIE	
	Be Completed	/90/	15. Decedent's E	Education	0	16a. Dec	cedent's Usue ive kind of work b. DO NOT use	Occupi	ation	of working		16b. Ki	ind of B	usiness/In	dustry	
	nple	Elementery/Sec			(1-4or 5+)			e retired) most	Of WORK	9					
	Co	7					OWNER		C. C. A. C. C.					TE CO	ONSTI	RUCTI
		17. Fathar's Name	e (First, Middle, Las	it)					18. Mother	r's Nema	(First, Middle	, Maiden	Sumen	ne)		
	2		IAM F.			100.00		101				HILGH				
			Neme/Reletionship	(Type, Print)			elling Address L PRISC							1804	Code)	
		DORIS 20a. Mathod of Dir	MALONE		20b. I	Piece of Dis	sposition (Nem	ne of		JAI	Data			City or To	own Stat	9
		1 3 Burial	Cremetion 3		n Stete	cemetery, ci	remetory or of	har plac		JQ 1	10/4			, MAR		
			5 ☐ Other (Speci Funarei Sarvice Lice		1 31	-	22. Nama and				.0/4	1111	71(01)	,	r marra	
any injury or other		b. 4.	0 0/1	1 14		1/					ME, SAL	CDIID	W M	ADVI	ANID '	3100
	-	23a Part1 Enter	the disease or con	nolin linna that	une	/ Y	עאטטע				I Dr. Offilia			ULLITIE	מעוב	
lan				IIDIIGATIONS MAL	caused the deal	th. Do not e							,			
		shock, or he	ert fellure. List only	y one cause on	each line.	th. Do not e	enter the mode								Approx	imate Between and Deeth
al		immediete Ceuse	(Final				enter the mode	e of dyln	g, euch es d	cardiec o	respiretory e				Approx Intervei Onset	imate Between and Deeth
al er			(Final		ERIOSCLE	ROTIC	enter the mode	e of dyln	g, euch es d	cardiec o	respiretory e				Approx	imate Between and Deeth
al er	Iner	immediete Ceuse disaese or conditi	(Final		ERIOSCLE	ROTIC	CARDIC	e of dyln	g, euch es d	cardiec o	respiretory e				Approx Intervei Onset	imate Between and Deeth
al er	caminer	immediate Cause disaase or conditi resulting in death)	e (Final ion)		ERIOSCLE Due to (c	ROTIC or es a cons	CARDIC	e of dyln	g, euch es d	cardiec o	respiretory e			1	Approx Intervei Onset	imate Between and Deeth
cal ner	al Examiner	immediete Ceuse disaese or conditi resulting in death) Sequentially list of if env. leeding to	e (Final ion)		ERIOSCLE Due to (c	ROTIC or es a cons	CARDIC sequence of):	e of dyln	g, euch es d	cardiec o	respiretory e				Approx Intervei Onset	imate Between and Deeth
ner	dicai	immediate Cause disaase or conditi resulting in death)	e (Final ion) conditions, immediate serlying or injury		Due to (c	ROTIC or es a cons	CARDIC sequence of):	e of dyln	g, euch es d	cardiec o	respiretory e				Approx Intervei Onset	imate Between and Deeth
ner	dicai	immediete Ceuse disaese or conditi resulting in death) Sequentially list of if eny, leeding to i cause. Enter Und Ceuse (Dissese o that initiated even	e (Final ion) conditions, immediate serlying or injury		Due to (c	ROTIC or es a cons	CARDIC sequence of):	e of dyln	g, euch es d	cardiec o	respiretory e				Approx Intervei Onset	imate Between and Deeth
eal ner	dicai	immediete Ceuse disaese or conditi resulting in death) Sequentially list of if eny, leeding to cause. Enter Und Ceuse (Diseese of that initiated even resulting in death)	conditions, immediate berlying or injury ts	e. ARTE	Due to (c	ROTIC or es a cons or es a cons	CARDIC sequence of): sequence of):	of dyln	g, euch es c	DIS	respiretory e				Approx Intervei Onset	imate Between and Deeth
er	dicai	immediete Ceuse disaese or conditi resulting in death) Sequentially list of if eny, leeding to cause. Enter Und Ceuse (Diseese of that initiated even resulting in death)	e (Final ion) conditions, immediate serlying or injury	e. ARTE	Due to (c	ROTIC or es a cons or es a cons	CARDIC sequence of): sequence of):	of dyln	g, euch es c	DIS	EASE 23b. Did	tobacco	uee co	ntribute t	Approx Intervel Onset (imate Between and Deeth RS
ner	Physician/Medical	immediete Ceuse disaese or conditi resulting in death) Sequentially list of if eny, leeding to cause. Enter Und Ceuse (Diseese of that initiated even resulting in death)	conditions, immediate berlying or injury ts	e. ARTE	Due to (c	ROTIC or es a cons or es a cons	CARDIC sequence of): sequence of):	of dyln	g, euch es c	DIS	EASE 23b. Did	errest,	uee co	ntribute t	Approx Intervel Onset (mate Between and Deeth RS
cal	by Physician/Medical	immediete Ceuse disaese or conditi resulting in death) Sequentially list of if eny, leeding to cause. Enter Und Ceuse (Diseese of that initiated even resulting in death)	conditions, immediate berlying or injury ts	e. ARTE	Due to (c	ROTIC or es a cons or es a cons	CARDIC sequence of): sequence of):	of dyln	g, euch es c	DIS	EASE 23b. Did 1 □	tobacco Yee 2	uee co	ntribute t	YEA	imate Between and Deeth
al er	by Physician/Medical	immediete Ceuse disaese or conditi resulting in death) Sequentially list of if eny, leeding to cause. Enter Und Ceuse (Diseese of that initiated even resulting in death)	conditions, immediate berlying or injury ts	e. ARTE	Due to (c	ROTIC or es a cons or es a cons	CARDIC sequence of): sequence of):	of dyln	g, euch es c	DIS	EASE 23b. Did 1 □	tobacco Yee 2	uee co	ntribute t 3 Pro	Approximately intervel onset of YEA	imate Between and Deeth RS
al er	by Physician/Medical	immediete Ceuse disaese or conditi resulting in death) Sequentially list of if eny, leeding to cause. Enter Und Ceuse (Diseese of that initiated even resulting in death)	conditions, immediate berlying or injury ts	e. ARTE	Due to (c	ROTIC or es a cons or es a cons	CARDIC sequence of): sequence of):	of dyln	g, euch es c	DIS	23b. Did	tobacco Yee 2 sen eutopormed?	uee co □ No	ntribute t 3 Pro	Approxintervel Onset (YEA o the cautopallable per autopallable per per open of the cautopallable per per open of the cautopallable per per open of the cautopallable per open of the cautopallable per open open of the cautopallable per open open open open open open open open	imate Between and Deeth RS use of dea 4 Unkr psy findin- rior to of cause
al er	Completed by Physician/Medical	immediete Ceuse disaese or conditi resulting in death) Sequentially list of feny, leeding to a cause. Enter Und Ceuse (Diseese of the initiated even resulting in death) Pert II. Other sign.	conditions, immediate berrying or injury tast	e. ARTE	Due to (c	ROTIC or es a cons or es a cons	CARDIC sequence of): sequence of):	of dyln	g, euch es d	DIS	23b. Did 1 □ 24e. Wes	tobacco Yee 2 sen eutopormed? Yes 2	uee co	ntribute t 3 Pro	Approximately intervel onset of YEA	imate Between
al	Be Completed by Physician/Medical	immediate Cause disases or condition resulting in death) Sequentially list of if any, leading to it ause. Enter Und Cause (Dissess of that initiated even resulting in death) Pert II. Other sign	conditions, immediate services to medical serving or injury to Last	e. ARTE	Due to (c	ROTIC or es a cons or es a cons or es a cons	CARDIC sequence of): sequence of): sequence of):	OVAS	g, euch es c CULAR en in Pert I.	DIS	23b. Did 1 □ 24e. Wes perfe	tobacco Yee 2 sen eutopormed? Yes 2 one)	uee co □ No Dosy	ntribute t 3 Pro	Approximatervel Onset of YEA	imate Between and Deeth RS
il r	To Be Completed by Physician/Medical	immediete Ceuse disaese or conditi resulting in death) Sequentially list of if eny, leeding to i f eny, leeding to i the think that in the cause. Enter Und Cause (Dissess o thet initiated even resulting in death) Pert II. Other sign 25. Wes casa refe exeminer? 1	conditions, immediate serving or injury its Last	e. ARTE	Due to (c	PROTIC or es a cons or es a cons or es a cons sutting In the	CARDIC sequence of): sequence of): sequence of): sequence of):	OVAS	g, euch es c CULAR en in Pert 1.	DIS of Deeth	23b. Did 1 □ 24e. Wes	tobacco Yee 2 sen eutopormed? Yes 2 one)	uee co □ No □ No □ No □ No	ntribute t 3 Pro	Approximatervel Onset of YEA	imate Between and Deeth RS
	To Be Completed by Physician/Medical	immediate Cause disaasse or conditi resulting in death) Sequentially list of if any, leading to it cause. Enter Und. Cause (Disaasse of the Initiated even resulting in death) Pert II. Other sign.	conditions, immediate deriving or injury its just to medical erred to medical No eth 5 Pending invastigation	e. ARTE	Due to (c	ROTIC or es a cons or es a cons or es a cons sutting In the	CARDIC sequence of): sequence of): sequence of): sequence of):	OVAS ause give	g, euch es c CULAR en in Pert 1.	DIS of Deeth	23b. Did 1 □ 24e. Wes perfo	tobacco Yee 2 sen eutopormed? Yes 2 one)	uee co □ No □ No □ No □ No	ntribute t 3 Pro	Approximatervel Onset of YEA	imate Between and Deeth RS
il r	To Be Completed by Physician/Medical	immediete Ceuse disaese or conditi resulting in death) Sequentially list of if eny, leeding to it eny, leeding to it eny, leeding to to thet initiated even resulting in death) Pert II. Other sign 25. Wes casa referencements 25. Wes casa referencements 27. Menner of Dee 1 Neturel	e (Final ion) conditions, immediate berlying or injury its) Last ifficant conditions or injury is 5 No isth 5 Pending invastigation 6 Could not its 5 Could not injury in the injury	e. ARTE b	Due to (condeath but not resident but no	PROTIC or es a cons or es a con	CARDIC sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of):	OVAS	g, euch es d CULAR en in Pert 1. 26. Piece er: 4 Nur	DIS of Deeth rsing Hon	23b. Did 1 □ 24e. Wes perfet 1 □ (Check only the 5 □ Resiled. Describe	tobacco Yee 2 sen eutopormed? Yes 2 one) idenca (how injur	uee co □ No □ No □ No □ No □ No □ No □ No	ntribute t 3 Pro 24b. W second of	Approxintervel Onset of VEA	Imate Between and Deeth RS
al er	Certification: To Be Completed by Physician/Medical	immediete Ceuse disaese or conditi resulting in death) Sequentially list of if eny, leeding to it cause. Enter Und Ceuse (Diseese of the tinitiated even resulting in death) Pert II. Other sign 25. Wes casa refe exeminer? 1	e (Final ion) conditions, immediate berlying or injury its) Last ifficant conditions or injury is 5 No isth 5 Pending invastigation 6 Could not its 5 Could not injury in the injury	e. ARTE b	Due to (condeath but not resident and injury nth, Dey Yeer)	PROTIC or es a cons or es a con	CARDIC sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of):	OVAS	g, euch es d CULAR en in Pert 1. 26. Piece er: 4 Nur	DIS of Deeth rsing Hon	23b. Did 1 1 24e. Wes perfu	tobacco Yee 2 sen eutopormed? Yes 2 one) idenca (how injur	uee co □ No □ No □ No □ No □ No □ No □ No	ntribute t 3 Pro 24b. W second of	Approxintervel Onset of VEA	Imate Between and Deeth RS
	Certification: To Be Completed by Physician/Medical	immediete Ceuse disaese or conditi resulting in death) Sequentiality list of if eny, leeding to I cause. Enter Und Ceuse (Dissess of thet initiated even resulting in death) Pert II. Other sign 25. Wes casa referencement? 1 Neturel 27. Menner of Dee 1 Neturel 2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only)	erred to medical No sh Pending invastigation 1 Could not to determined	eARTE b c d contributing to d 28e. Dete (Mor) 28e. Piec build hyelclan: To the miner: On the b	Due to (continue) Due to (conti	PROTIC or es a cons or es a cons or es a cons sutting In the lateral properties of the sutting In the lateral properties of the sutting In the Injury owner, Ierm, so	CARDIC sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of): sequence of):	A Other Sc. Injury World	g, euch es of CULAR CULAR en in Pert 1. 26. Piece er: 4 Nur / at / 27 / yes 2 N	DIS of Deeth rsing Hon 2	23b. Did 1 1 24e. Wes perfection of the control of	tobacco Yee 2 sen eutopormed? Yes 2 done) idenca (how injur Wn, Stele	uee co □ No □ No □ S □ No □ No □ No □ No □ No □ No □ No □ No	ntribute t 3 Pro 24b. Was coo of 11	Approximatervei Onset of VEA	Imate Between and Deeth RS
c n there is directly, page & should be delighed for use as the bullet-transit	edical Certification: To Be Completed by Physician/Medical	immediete Ceuse disaese or conditi resulting in death) Sequentially list of if eny, leeding to if eny, leeding to if eny, leeding to if eny, leeding to if eny, leeding to if eny, leeding to if eny, leeding to the initiated even resulting in death) Pert II. Other sign 25. Wes casa reference we will be a condition of the condi	erred to medical No string invastigation or conditions, immediate betrying in injury its jury	eARTE b c d contributing to d 28e. Dete (Mor) 28e. Piec build hyelclan: To the miner: On the b	Due to (c Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c) Due to (c)	PROTIC or es a cons or es a cons or es a cons sutting In the lateral properties of the sutting In the lateral properties of the sutting In the Injury owner, Ierm, so	CARDIC sequence of): sequence	A Other ause given at the tirr in my or	g, euch es d CUT_AR CUT_AR en in Pert 1. 26. Piece er: 4 □ Nur / at // at	DIS of Deeth rsing Hon 2	23b. Did 1 1 24e. Wes perfection of the control of	tobacco Yee 2 sen eutopormed? Yes 2 one) idenca (how injur Street an wm, Stete	uee co □ No □ No □ No □ S □ Oth □ No □ No □ No □ No □ No □ No □ No □ No	ntribute t 3 Pro 24b. Wave confidence (Special red) anner as a and due to	Approximatervel Onset of Stated.	imate Between and Deeth RS
pletely filled in by the funeral director, page 2 should be detached for use as the buriel-transft 1 pi	Certification: To Be Completed by Physician/Medical	immediete Ceuse disaese or conditi resulting in death) Sequentiality list of if eny, leeding to I cause. Enter Und Ceuse (Dissess of thet initiated even resulting in death) Pert II. Other sign 25. Wes casa referencement? 1 Neturel 27. Menner of Dee 1 Neturel 2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only)	erred to medical No string invastigation or conditions, immediate betrying in injury its jury	eARTE b c d contributing to d 28e. Dete (Mor) 28e. Piec build hyelclan: To the	Due to (continue) Due to (conti	PROTIC or es a cons or es a cons or es a cons sutting In the lateral l	CARDIC sequence of): sequence	A Other ause given at the tirr in my or	g, euch es of CULAR CULAR en in Pert 1. 26. Piece er: 4 Nur / at / 27 / yes 2 N	DIS of Deeth rsing Hon 2	23b. Did 1 1 24e. Wes perfection of the control of	tobacco Yee 2 sen eutopormed? Yes 2 one) idenca (how injur Street an wm, Stete	uee co □ No □ No □ No □ S □ Oth □ No □ No □ No □ No □ No □ No □ No □ No	ntribute t 3 Pro 24b. Was coo of 11	Approximatervel Onset of Stated.	imate Between and Deeth RS
the funeral director, page 2 should be detached for use as the buriel-transit 1 points	edical Certification: To Be Completed by Physician/Medical	immediete Ceuse disaese or conditi resulting in death) Sequentiality list of if eny, leeding to it outside the cause. Enter Und Cause (Dissess of thet initiated even resulting in death) Pert II. Other sign 25. Wes casa reference with the control of the control of the case of the case of the case of the case of the case of the case of the cause of the cause of the cause of the case of	erred to medical No string invastigation or conditions, immediate betrying in injury its jury	e. ARTE b	Due to (continue) Due to (conti	PROTIC or es a cons or es a con	CARDIC sequence of): sequence	A Other ause given at the tirr in my or	g, euch es d CULAR en in Pert 1. 26. Piece er: 4 Nur y et x 7 Yes 2 N	DIS of Deeth rsing Hon 2	23b. Did 1 1 24e. Wes perfection of the control of	tobacco Yee 2 sen eutopormed? Yes 2 one) idenca (how injur Street an wm, Stete	uee co □ No □ No □ No □ No □ No □ No □ No □ N	ntribute t 3 Pro 24b. W av co of 1 (inter (Special red per or Run anner es s and due t d (Month,	Approximatervel Onset of Stated.	imate Between and Deeth RS

Registrar DHMH 16 Rev 6/95

State

31. Data filed (Month, Dey, Year)
OCT 01 1996

32. Registrer's Signeture

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** October 4, 1996 3:05 PM ARNOLD FILMORE NALLEY /Medical 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Health Care Center Frederick Frederick If Under 24 Hrs. Hours Min. Min. Month, Day, Year)

March 25, 1913 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Yeer Birthpiaca (State or Foreign Country) **Funeral** Months Days XXM 2 F Director 220-07-4168 83 Maryland Usual Residence of Decedent death with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinat must be notified at XXYes 2 No Maryland Frederick Frederick 10e. Street and Number 10f Zip Code 10g, Citizen of What Country? 610 West patrick Street Apt. 7 21701 United States permit. Pages 1 and 2 should be filed within 72 hours after dear Department of Health and Mental Hygiene. Importunit if flem 27 is marked other many injury or jether traumment. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 11. Marital Status Black. White, etc. 1 X Yes 2 □ No If Yes, Give Year or Dates: 1933–36 1 ☐ Never Merried 2 X Married 1 ☐ Yes 2 X No Specify: Specify: þ White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 11th Chief Police 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Jacob F. Nalley Norma Knadler 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret Nalley, wife 610 West Patrick Street Apt. 7 Frederick, MD 21701 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 10/6/96 Hagertsown, Maryland Hagerstown Crematory 22. Name end Address of Facility Stauffer Funeral Homes, P.A. 21. Signature of Funeral Service Licenses 1621 Opossumtown Pike Frederick, MD Do not enter the mode of dying, such as cardiec or respiretory arrest, or complication Approximate Interval Between Onset end Deeth Physician Severe End Stage C.O.P.D. Immediate Cause (Final disease or condition resulting in death) /Medical 10 years Examiner Examiner the burlal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Iriury that initiated events resulting in death) Last 2 Due to (or as a consequence of): physician Physician/Medical Due to (or as a consequence of): 980 ed by the a detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobecco use contribute to the cause of death? signed by U.T.I.s, Thrombocytosis 1 Yss 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes en autopsy performed? Completed Myelodysplasia certificate has 1 ☐ Yes 1 Tyes 2 No. Attending Physician: 25. Was case referred to medical examiner? 28. Place of Deeth (Check only one) Hospitei: 1□ Yes 2N No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 8 27. Manner of Death 28d. Describe how Injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 1 Netural 2 Accident 5 Pending investigation death. 1 ☐ Yes 2 ☐ No after death Director: / 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral D Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, end due to the ceuse(s) end manner as stated.

Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier Medical (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Dev. Year) 30. Name and address of person who completed cause of death (item 23a) (Type, Print) Frederick Md. 300 W. Ninth St. Crizzon

32. Rajstrar's Signature

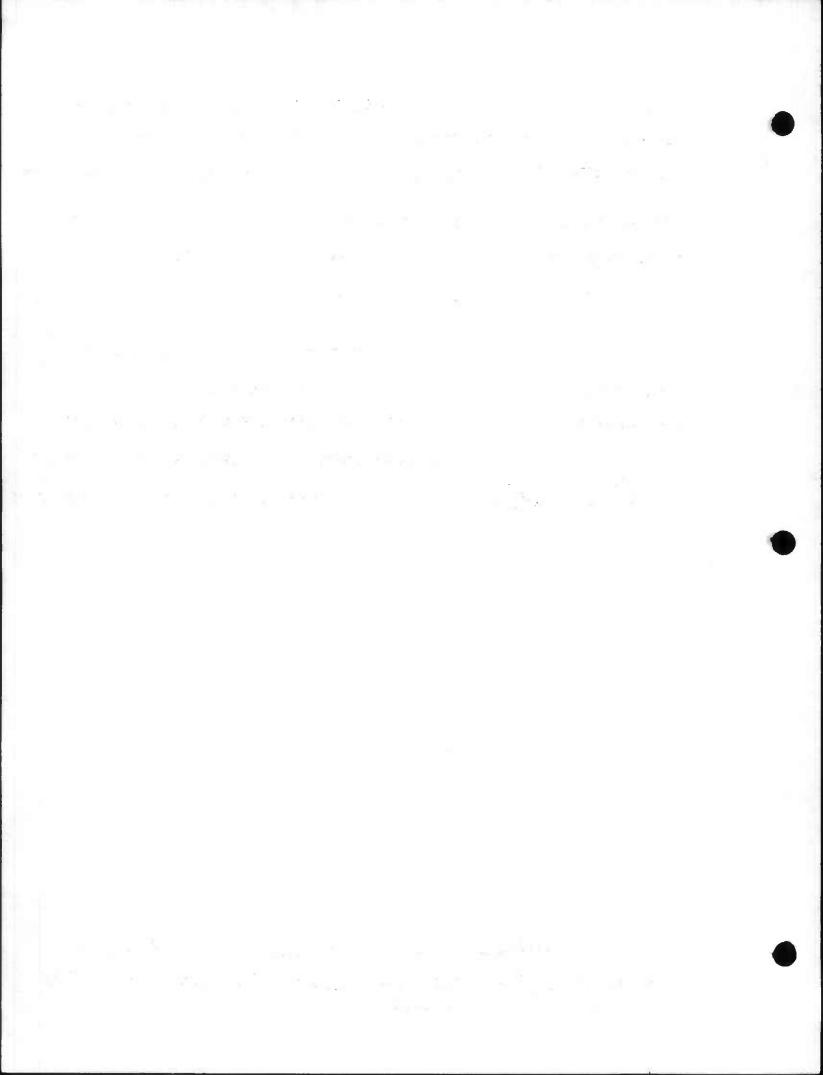
State Registrar

Division of Vital Records, P.O. Box 68760,

State of Maryland / Department of Health and Mental Hygiene

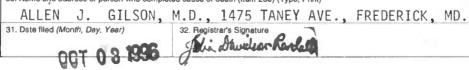
3 4 3 3 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month 1996 **Physician** NEWTON 1009 DORSEY SEPT 28 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foreign **Funeral** Days 10 M 2□ F 251-10-6386 Director 74 SOUTH CAROLINA MAY 29, 1922 Usual Rasidance of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. tnside City Limits ir than "netural", or itema 23a or 28a-f show the Medical Exampler must be notified at 1 X Yas 2 □ No Directo FENWICK ISLAND DELAWARE SUSSEX 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 19944 USA Funeral 12 WEST ESSEX STREET death 12. Was Decedant Evar in U,S. Armed Forcas? 1 M/Yas 2 □ No If Yas, Giva Yaar or Datas: WWII 11. Maritai Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after to Department of Heelth and Mental Hygiene. Important: if flem 27 is marked other than "netural", or fren eny injury or other traumetic event, the Medical Exercises once. Black, Whita, etc. 1 Navar Married 2 X Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: WHITE à 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) U.S. GOVERNMENT 4 PATENT EXAMINER 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be 2 DORSEY NEWTON ETHEL BLACKWELL 19a. tnformant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 12 WEST ESSEX STREET, FENWICK ISLAND, DE. 19944 LYNDA C. NEWTON 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☒ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) SALISBURY CREMATORY 9/29/96 SALISBURY, MARYLAND 21. Signature of Funaral Sarvice Licensas 22. Nama and Addrass of Facility HASTINGS FUNERAL HOME, SELBYVILLE, DELAWARE 19975 Part I. Entar tha disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause of each line. Approximata Intarval Between Onset and Death Physician immediate Causa (Final disease or condition resulting in deeth) /Medical Examiner Dua to (of as a consequence of) Examiner that the death certificate be executed physician and s the burial-trans Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disaase or injury that initiated evants rasulting in death) Last P.O. Box 68760 Physician/Medical 82 980 0 signed by the a Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Ware sutopsy findings available prior to completion of cause of daath? 24a. Was an autopsy performed? Completed peed page 2 has 2 No certificate 1 ☐ Yas 1 Yas 2 No Division of Vital funeral director, 25. Was casa refarred to medical axaminar? Be 26. Place of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this Certification: 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Dascribe how injury occurred After 1 DNatural 5 Panding investigetion death. 1 Yas 2 No or Attendi after death. Director: A 2 Accidant the To the Hospital or Attai within 24 hours after des To the Funeral Director completely filled in by th 6 Could not be datarmined 3 Sulcida 28a. Place of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physictan: To tha best of my knowladga, daath occurred at tha time, dete end place, and dua to the cause(s) and mannar as stated. Medical 29e. Certifian 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29d, Date signed (Month, Day, Year) 29c. Licansa number 30. Name and addrass of person who ed causa of daath (Itam 23a) (Type, Print) 145E CARROCUST J 32. Registrar's Signature 31. Data filed (Month, Dey, Year) State SEY 3 0 1996 Registrar

DHMH 16 Rev 6/95



				State of Ma	arylan				lealth and it Death	-	giene G	96	3 4	34
			1. Decedent's Name (First, Middle, Last)							2. Date of De	ath	925	3. Time	of Death
	Physici Medio/			HELEN CH	RIST	INE	OSTER			OCTOBE	$R \stackrel{\text{Day}}{1} 19$	96	4:50	P.M.
	Examir		4a. Facility Name (If not institution, give s	street end number)					4b. City, Town, or L	ocation of Deet	4c. Coun	ty of Death		
			COLLEGE VIEW CEN						FREDERIC		FRED	ERICK		
	Funeral Director		213-01-31/3	7. Age	e (In yrs.	last birthd	Month	ler 1 Year s Deys	If Under 24 Hrs. Hours Min.	8. Date of Sir (Month, Da APR . 9	y, Year)	9. Birthp Cour MAR	VLAND	or Foreign
	and **		Usuel Residence of Decedent 10a. State 10b. County		10c. Cit	y, Town or	r Location					1	Od. Inside	City Limits
	Mary	Po	MARYLAND FREDERIO	r .		FMMIT	SBURG							s 2 No
	1 28e	Directo	10e. Street snd Number	JIV				Zip Code			10g. Citizen of	f What Cour	ntry?	
	h witi		27 PARK DRIVE					2172	7		U.S.	Α.		
	deat	Funeral	11. Msritel Stetus	12. Wes Decedent E Armed Forces?										
20	or h		1 Never Married 2 Married	1 ☐ Yes 2 💢 N If Yes, Give	Yes 2 M No Specify:									
8	72 hours after death with the Manylar "neturel", or Neme 23s or 28s-f show added Examiner must be notified at	d by	3 Widowed 4 Divorced	Year or Dates:								MHI		
21215-0020	filed within 72 hours after death with the Maryland Hyglene. ther then "netural", or ferme 23a or 28a-f show int, the Medical Examinar must be notified a	Completed	15. Decedent's Education (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) (CT 100										-	
212	ione.	ошо	Elementery/Secondary (0-12)	College (1-4or 5	+)		OUSEK				ST. JC PROVINC		_	
		Bec	17. Father's Name (First, Middle, Last)				TOOOLI		18. Mother's Nan			-	9031	
Vlai	should be nd Mental marked o	ToB	WILLIAM TROXELL						М	ARY TOP	PER			
Maryland	nd 2 alth ar 27 le		19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, 2										Code)	
			RICHARD OSTER 27 PARK DRIVE, EMMITSBURG, MD. 21727 20e. Method of Disposition 20b. Place of Disposition (Name of Date 20c. Location - City or To											
more,	Pages nent of h nt: If he		1 X Burlei 2 ☐ Cremation 3 ☐ R	emoval from State	C	emetery, o	crematory o	r other pla	GARDENS	10000	20c. Location	1 - City or To	own, Stete	
altin	# 돌림을		4 □ Donation 5 □ Other (Specify) 21 Signature of Fugural Service License		RES	THAVE	N MEM		L 10/	4/96	EMMITS	BURG,	MD.	21727
Ba	Deparential Depare		M.	16-1					S	KILES F				
			23a Boot Enter the disease or compli	cations that caused	the deat	h Do not			IN ST., E			2172	7 Approxim	ato
Ÿ	Physician		23a Phort. Enter the disease, or compli- thock, or heert failure. List only on	e ceuse on each lin	Θ.								Interval B Onset and	etween
	/Medicai		Immediate Cause (Final disease or condition	lia	te	V	Nyo	car	deal of	nfarc	tun		min	ite
ı	Examiner	Ļ	resulting in death) e	0	Due to (o	resa con	sequence o	0:	deal of	0			100	ur
	p is	lner	_ b	Con	ma	47	ar	tery	Des	ease				
	be executed sician and burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate	,	Due to (o	r od a con	sequence o	f):						
8760,	be ex	dical E												
687	# F#	40	thet initiated events resulting in death) Last	(Due to (or	r as a cons	sequence o	f):				- 1		
Box	eath certific attending p	N/u	d											
	death e atte	Physician/M	Part II. Other algnificant conditions con-	tributing to death bu	it not resi	ulting in th	e underlying	cause gi	ven in Part I.	23b. Dld	tobacco uae c	ontribute to	the cause	of death?
P.0	that the de led by the a detached	Phys	Do tr				,			10	Yes 2 No	3 □ Pro	bably 4[Unknow
	9 5 7	by	Zecinori.											
orc	v require been sig should t	Completed									an autopsy med?	av	ere autops allable prio mpletion o	rto
360	e law has t	Idm											death?	
of Vital Records,	E ag		05.111							10		1[☐Yes 2	□ No
5	sicienti certificacto	To Be	25. Was case referred to medical examiner? 1 ☐ Yes 2 ☑ No	ospital:	nt 2□	ER/Outpa	itient 3□	Ott	28. Piaca of Dea	ith <i>(Check</i> on <i>ly c</i> ome 5 ☐ Resi		ther /Casell	6.1	
0	£ 5 m		27. Mannar of Deeth	26a. Date of Injur (Month, Day	v	28b. Tim	e of	28c. Inju Wo	-	28d. Describe			71	
jo	utending i death. ctor: After y the fune	atlo	1 Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day	rear)	Injui	М		Yes 2 □ No					
Division	or Attendate deat Director:	Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Inju- building, etc	ry - At ho	ome, ferm,	street, fect	ory, offica		28f. Location (City or To		nber or Rura	Il Route Nu	ım <i>ber</i> ,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by		Manual Ma											
	To the Hospital within 24 hours a To the Funeral I completely filled	edical	29a. Certifier 1 A Cartifying Physics (Check only one) 2 Medical Examin	Iclan: To the best of er: On the basis of and manner sta	examine	wiedge, de tion end/o	eath occurre r investigeti	ed at the ti on, in my o	me, date and placa opinion, death occu	, and due to the rred at the time,	cause(s) and r dete and plece	nsnner as s e, and due to	tated. the cause	e(s)
	o the o the omple	Mec	29b. Signature and title of certifier	and marmer sta			2	9c. Licens	se number		29d. Date sign	ned (Month,	Day, Year))
	⊢ s ⊢ ŏ		Add V	Alle I liken				D 26516 OCTOBER 2, 1996						
7			30. Name and address of person who con	mpleted cause of de	eth (Item	1 23e) (Ty	pe, Print)	1	20000		. J. JULI	-, -		

State Registrar



			State of Ma	aryland /		f Health and N	Aental Hygie	ne 96	3 435			
					Certificate of	of Death	Reg.	No.				
		1. Decedant's Nama (First, Middla, L	ast)				2. Data of Death	20 00	3. Tima of Deal			
Physic /Medi				OTTER			AUG. 27		4:00 F			
Exami	ner	4a. Facility Nama (If not institution, gi				4b. City, Town, or L		4c. County of D	Death			
	P	2317 4-H PARK ROAD 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) 1 Under 1 Year If Under 24 Hrs. 8. Data of Birth										
Funeral Director		219-34-4120 Usual Rasidance of Dacedant	8. Data of Birth (Month, Day, Ye JUNE 25	, 1918	Birthplaca (Stata or For Country) MARYLAND							
Bud *		10a, Steta 10b, County		10c. City. To	wn or Location				10d. Inside City Lin			
a-f sho	Director	MD QUEEN	ANNE		TREVILLE				1 ☐ Yas 2 ☐			
2 2 2	1	10e. Street and Number			10f. Zip Cod	ia	10g.	Citizen of What	Country?			
7 win	a D	2317 4-H PARK	ROAD		216	517		USA				
Herne Herne	Funeral	11. Marital Status	12. Was Decedant 8 Armed Forces?		U.S. 13. Was Decedant of Hispanic Origin? (Specify Yaa or No- If Yas, specify Cuben, Maxican, Puarto Rican, atc.)				Amarican Indian, Vhita, atc.			
72 hours after death with the Maryland "natural", or fleme 23a or 28a-f show idical Examinet must be notified at	þ	1 ☐ Never Married 2 💢 Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yas 2X N If Yas, Giva Yaar or Datas:	lo	1□ Yas 2√□	No Specify:		Specify: WHITE				
	Completed	15. Decedent's E (Specify only highast gi	rada completed)		a. Decedant's Usual Oc (Giva kind of work do life. DO NOT usa ra	ona during most of work	ing 16t	16b. Kind of Business/Inc				
be filed within tai Hygiene. d other than event, the life	E	Elementery/Secondary (0-12)	College (1-4or 5		EATING CO	NTRACTOR		HEATIN	G			
tai Hygid d other event,	Be C	17. Fathar's Nama (First, Middla, Las	it)				a (First, Middla, Mak	den Sumama)				
marked o	ToB	WILLIAM WA	LKE POTT	ER		MABI	EL DUNH	AM				
permit. Pages 1 and 2 should Department of Health and Men Important: If item 27 is marks eny injury or other traumatic once.	-	19a. Informent's Name/Raiationship	(Type, Print)	19	b. Mailing Addrass (Str	reet and Number or Rur	al Routa Number, Ci	ta Number, City or Town, Stata, Zip Code)				
		JANE C. POTTE	R / WIFE	2	317 Д_н р	ARK RD.,	CENTRETT	TTTE	MD 21617			
of He and		20a. Mathod of Disposition		20b. Place	of Disposition (Nama of	f		Location - City	or Town, State			
ment of l		MDBurial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special			ary, crematory or other TERFIELD	CEMETERY	8-30 C	ENTREV	ILLE, MD			
Departr Departr Importu eny Infe		21. Signature of Funeral Service Lice	1.11		22. Nama and Ad FELLOWS	HELEENE	BEIN & N	EWNAM	FUNERAL H			
_		23a Part 1. Enter the disease, or con shock, or heart failure. List only	nolications that caused	the death. Do	114 W.	WATER ST.	CENTR	EVILLE	MD Approximate			
Physician	. (shock, or heart failure. List only										
/Medicai	П	Immediata Causa (Final disaasa or condition	1111	a Car	rippma	- Renocho	conic Albi	1200000	lama Zy			
Examiner		resulting in death)	a	Dae to (or es a	consequence of):	- William	gerrician	ocarci	corna cy			
2 2	Je l		Toba	can K	961150							
cate be axecuted physician and the burial-transit	Examiner	Sequentially list conditions	b. / Conc	Dua to (or as a	consequence of):							
an ar	ŭ	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		•	,				1			
ysici e	dical	that initiated events	c	Dua to (or as a	consequence of):							
as the	1 40	rasulting in death) Last							i			
endir ruse	Z		d									
o att	Sick	Part II. Other significant conditions	contributing to death but	rt not rasulting	In the underlying cause	givan in Part I.	23b. Did tobar	co use contrib	ute to the cause of dea			
signed by the attending p d be detached for use as	by Physician/M	11	Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given L hronic Obstructive Pulmonary Disc						Probably 4 Unkn			
peen		Coronary A.	rtery D.	iseas	ie /		24a. Was an a		lb. Wara autopsy finding available prior to completion of cause			
ysicien: The law s certificate has I director, page 2 a	Completed	Carotid Arter		1 ☐ Yas	2.X.No	of death?						
certificate rector, pag	Be	25. Was casa refarred to medical				26. Placa of Deat	h (Check only one)					
Carotid Artery Disease 24a. Was performed by the performance of the p							ma 5 Chasidence	6 Other (S	Specify)			

To the Hospital or Attending Physic within 24 hours after death.

To the Funeral Director: After this ce completely filled in by the funeral directors. Division of

Medical Certification: To

27. Mennar of Death

1 Natural

2 Accidant

3 Suicide

4 - Homicida

29a. Certifiar (Check only one) Tecrtifying Physician: To the best of my knowledga, deeth occurred at tha tima, date and piece, and due to the causa(s) and mannar as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and mannar stated. 29c. Licansa number 29b. Signatura and titia of certifiar 29d. Data signed (Month, Day, Year)

28c. Injury at Work?

1 Yas 2 No

5 Pending invastigation

6 ☐ Could not be detarmined

D46820

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

28d. Dascribe how injury occurred

30. Nama and addrass of persen who completed causa of death (Itam 23a) (Type, Print)

21601

28b. Tima of Injury

28e. Piace of Injury - At home, ferm, street, factory, office building, atc. (Specify)

State Registrar

28a. Date of Injury (Month, Day Year)

State of Maryland / Department of Health and Mental Hygiene 96 31436

					Certificate of	f Death		Reg. No.	0	71400		
П	Dhuais		1. Decedent's Name (First, Middle, L				2. Dete of Dea	-	Yeer	3. Time of Deeth		
J	Physic /Medi		James Arthur P	arker			Oct.	•	996	0625		
r	Exami		4e. Facility Neme (If not institution, ga			4b. City, Town, or Lo		4c. County	of Deeth			
			The Kent & Que			Chester		Kent				
	Funeral Director		5. Social Security Number 218-20-685 Usual Residence of Decedent	Sex 7. Age (In yrs. le:	Yrs. If Under 1 Yea Months Deys		8. Dete of Birt (Month, De)	y, Year)	9. Birthp Coun	lece (Stete or Foreign		
	he Maryland 18a-f show	Director	10a. Stete 10b. County	10c. City,	Town or Location 57/1/	RONDNE			Tan	0d. Inside City Limita 1 ☐ Yes 2 No		
	23e or 2	rai Dir	2.5180 St. 11	POND NECK	10f. Zip Code 216	20		10g. Citizen of				
0020	permit. Pages 1 end 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hygiene. Important: If them 27 is marked other than "natural", or Items 23e or 28e-f show mitholium or other traumetic event, the Macical Evantment must be nutrited at ances.	d by Funeral	11. Maritel Stetus Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes No If Yes, Give Yeer or Detes:		Hispenic Origin? (Spe ben, Mexican, Puerto o Specify:	ecify Yes or No- Rican, etc.)	Bie	ce - Americ ck, White, y: (3)			
21215-0020		Completed	15. Decedent's Eigenstrate (Specify only highest gr	ducation ade completed) College (1-4or 5+)	16e. Decedent'a Usuei Occu (Give kind of work don life, DO NOT use retir	e during most of working) and)	ing	16b. Kind of B	ualness/Ind			
Maryland:		To Be C	17. Fether's Neme (First, Middle, Las	RKER	4	18. Mother's Neme	(First, Middle,		ne)			
			19e. Informent's Neme/Reletionship MiSSSMARON 20e. Method of Disposition	PARKER 20b. Ple	19b. Melling Address (Street 25180 S 7:// ce of Disposition (Neme of netery, crematory or other pl	Longhe			JOY,	nd-21678		
Baltimore,	permit. Pages Department of I Important: If its any injury or o		Buriai 2 Cremetion 3 [4 Donetion 5 Other (Speci	fy) NE	W.C.C. of L	OUE 10	17/86	STITS	Pang	i pw		
Ba	Departi Departi Imports any inju		21. Signeture of Funeral Service Lice	wally	22. Name end Addi	A LUERT Nesseler	85.	. Em.	216	20		
	Physician /Medical		23a. Pert1. Enter the diseese, or con shock, or heert failure. List only immediate Cause (Final	one ceuse on each line.	Do not enter the mode or dy	ring, such es cardiac o	or respiretory ar	rest,		Approximate Intervel Between Onset end Deeth		
	Examiner	16	diseese or condition resulting in deeth)		s e consequence of):					14000		
Т	nsit	nine		b. Coronary Ar	tory DISeas	le						
60,	be execucian and cian and burief-tra	ai Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury	Due to (or e	s e conséquence of):							
ox 68760,	eath certificete be executed attending physician and for use as the buriel-transit	//Wedical	d									
. Bo	d for u	iciar	Part II Other elapitioent conditions	antributing to doub but not conditi		iner in Death	one Dida		1			
P.O.	res that the death signed by the atter I be deteched for u	Physician	Pert II. Other significant conditions of		4			obacco usa co ∕es 2□ No	3 (Prob	the causa of death?		
	es thu igned	by	Hyportession,	Gost vo esepuege	J replace Disea	vap,						
Records,	aw requi	Completed					24e. Wea e perfor	en eutopsy med?	ava	ore sutopsy findings allable prior to appletion of cause death?		
		Com					1 🗆 Y	es 2 No	1 🗆	Yes 2□ No		
/ita	Physician: The this certificate and director, pag	Be	25. Wes case referred to medical exeminer?			28. Piece of Deeth	(Check only or	ne)				
2		2	1 ☐ Yes 2 No	Hospitei: 1 ☐ Inpatient 2 ☐ EF	VOUIDBIIBIII 3M DOA	ther: 4 Nursing Hon	ne 5 Resid	ence 6 □Oth	er (Specify)		
Division of Vital	the the	Certification:	27. Menner of Deeth 1. Neturei 5 Pending 2 Accident investigation	(Month, Dey Year)	Bb. Time of lnjury M 1 1	ury at 2 ork?] Yes 2 □ No	28d. Deacribe h	ow injury occur	red			
DIVID	s ofter death	Sertific	3 Suicide 6 Could not be determined	28e. Piece of injury - At hom- building, etc. (Specify)	e, ferm, street, fectory, office	2	28f. Location (S City or Tow		er or Rura	l Route Number,		
	To the Hospital or Attendi within 24 hours efter death To the Funeral Director: A completely filled in by the fi	edicai	29e. Certifier (Check only one) 1 Certifying Pr	ysician: To the best of my knowle niner: On the basis of examinetion end menner steted.	edge, death occurred et the t n end/or investigetion, in my	ime, dete end place, a opinion, death occurre	and due to the co	ause(s) end ma late and piece,	anner as st and due to	ated. the cause(s)		
	To t	×	29b. Signeture end title of certifier	200 Des		se number 050996		29d. Dete signe	1	Dey, Year)		
			30. Name and eddress of person who Nail Staddovd	completed ceuse of death (item 2	3e) (Type, Print)	050996 Westoutou	שני שיני)	(10.			
	Sta	te	31. Date filed (Month, Dev Year)	Kent of Oworn Ann 32. Registrerie Signetur 96 Fulia Da	9	000	bil-	,				
	Registr	ar	nri 10	'96 Dulia Da	udson-Handale							

State of Maryland / Department of Health and Mental Hygiene

							Certif	ficate of	Death		Re	g. No.		01101
			1. Decedent's Neme (First, Middle	, Last)						Ĭ	2. Dete of Deeth	1		3. Time of Deeth
	Physic		Mary Elizabet	h Poarc	0						September	Dey 13 10	Yeer	2330 hrs
	_/Medi		4e. Facility Neme (If not institution,						4h City To		cation of Deeth		ty of Deatl	
	Examir	ner												Ų.
_			535 Cecilton Warwic		AT Hon			f Under 1 Yeer		iltor			ecil	
10	Funeral Director		216-52-7846	6. Sex 1 □ M 2 □ F	7. Age (/n	yrs. last birti		fonths Deys		Min.	8. Dete of Birth (Month, Day, December 2	Year) 22, 192	9. Birth Con Ma	hpleca (State or Foreign untry) ryland
3	D		Usuel Residence of Decedent 10a. Stete 10b. County		100	c. City, Town	or Locatio	ion						10d. Inside City Limits
Monda	Se-f sho	Director	Maryland Ce	cil				Cecilt	on					1 Yes 2 No
4	22	Jire	10e. Street and Number				1	10f. Zip Code			10	g. Citizen o	What Co	untry?
4	23 a	ai	535 Cecilton War	rwick Roa	ad				2191	3		Unite	ed St	ates
6	8 65	Funeral	11. Meritel Stetus	12. Wes Dec Armed F	edent Ever	in U,S.	13. Wes	Decedent of I	Hispanic Ori	gin? (Spe	city Yes or No-	14. R	ace - Amei	rican Indian,
Maryland 21215-0020	within 72 nours effer deem with the meryland ene. The Medical Everyling must be notified at	by Fu	1 Never Merried XXMarrie 3 Widowed 4 Divorced	ed 1 Yes If Yes, G Year or I	2 XX 0		1 1	es, specify Cub Yes 2 No		i, Pueno	rican, etc.)	Spec	leck, White hify:	White
Ď,	in in	8	15. Decedent'	s Education		16a.	Decedent	t's Usuel Occu	pation		1	6b. Kind of	Business/	Industry
1 2		Completed	(Specify only highest	t grade completed,			(Giva kind	d of work done NOT usa retire	during mos	t of worki	ng			,
2	4 P 9 P	E	Eiementery/Secondery (0-12)	College	(1-4or 5+)		II	and the same					/	0 11.
9 2	tal Hygiene. d other than		17. Fether's Neme (First, Middle, L	ast)			Homen	naker	18 Moths	r's Nama	(First, Middle, M			Own Home
an an	d d o	Be											,	
Z Z	d Menta	P	Samuel R. Powell					-	-		Statz		_	
19	2 単単音		19e. Informent's Name/Reletionsh	Ip (Type, Print)		19b.	. Mailing A	Addrass (Stree	t and Numbe	er or Rura	I Route Number,	City or Tow	n, State, Z	Zip Code)
	f Health free 27 other tr		Andrew Jackson	Pearce	- 0.0	53	5 Cec	cilton	Warwi	ck Ro	oad, Cec	ilton.	Mar	yland 21913
ω.	五百百		20e. Method of Disposition			0b. Plece of	Dispositio	on (Name of ony or other pla			Dete 2	Oc. Location	- City or	Town, Stete
Ĕ	Department of importants if its iny injury or o		1 Buriel 2 □ Cremetion Donetion 5 □ Other (Sp		State					ombo	18, 19	06 W	Sapeak	e City
₽ ;			21. Signeture of Funerel Servica L		/ /	ecilei		ame end Addre			10, 19	an war	yland	
Ball	Dep in b		La transfer de la contract de	101	241	1//	Fell	ows, Hel	fenbeir	& Ne	wnam Funer	cal Hom	e, P.A	
			William L. King	.Jr. &	Wh.L	~4.	226	Fact M	ain S	troot	Cocil	ton I		
			23a. Pert1. Enter the disease, or o shock, or heert feilure. List of	complications that	caused the	eath. Do n	not enter th	he mode of dy	ng, such es	cardiac o	r raspiratory arre	st,		Approximata Interval Between
P	hysician		oncon, or noon rollars. Else c	THY ONE COUCS ON		-							- 1	Onset and Deeth
	/Medical		Immediate Cause (Finel	Mad		de Cee			41. T.	•				0.14-11
E	xaminer	ш	disease or condition resulting in death)	a. Met				oma of	the L	iver				2 Months
		5			Dua	to (or as a c	consequen	nca of):					i i	
3	lsit a	듣		b										
x 68760,	attending physician and for use es the burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate		Due	to (or es e c	onsequen	nce of):						
68760,	ian vina	=	cause. Enter Underlying Cause (Diseese or Injury	,										
2 2	he t	Medical	thet initieted events resulting in death) Last	ŭ	Due	to (or es e co	onsequen	ca of):						
≨ ⊙	0.0	Jec												
-	use		`	d									1	
on .	ed by the atte	Physician	Doet il Other elemificant con ditter		lands but an	A		*********	in to Death		non Distant			A. M
j §	ched	ıys	Pert ii. Other signiffcant condition	as contributing to c	seath but no	t resulting in	tne unger	nying cause gi	ven in Per i					to the cause of death?
ةِ ــ	ed by detac	۵	Origin of Carcin	noma prob	pably	G.I. 3	Tract	t			1 □ Ys	s 21X No	3∐ Pr	obably 4 Unknown
S	8 8	þ											L	
Hecords	peen s	Completed									24e. Wes er perform			Were autopsy findings available prior to
	2.5	pie												completion of cause of death?
	ate has	E									1□ Ye	s 2 XNo		1 ☐ Yes 2 ☐ No
			25 Was asso referred to medical							6 Pb - 11				10 100 2010
Or Vital	s cartificate director, pag	Be	25. Wes case referred to medical exeminer?	Hospital:				O#	har		(Check only one			
0 4	5 To	은	1 Yes 2 No	1		2 ER/Out		3LI DOA	4 🗆 140		ne 5 AReside			cify)
		0	1XX aturel 5 ☐ Pending		of injury oth, Day Yes	28b. Ti	njury	28c. Inju Wo			28d. Describe ho	w injury occ	hued	
VISION	or:	Sati	2 ☐ Accident invastiga					M 1	Yes 2	No				
		Certification:	3 ☐ Suicide 8 ☐ Could no 4 ☐ Homicide determin	18d 28e. Plec	a of Injury - ling, etc. (S _l		rm, street,	fectory, office		1	28f. Location (Str. City or Town,		nber or Ru	ıral Route Number,
5 }	Direct of in by	Je.		Dana	ing, oto. (o)	500.197					ony or rown,	01414)		
To the Hoadital or	within 24 hours effer deat To the Funeral Director: completely filled in by the	edicai (29a. Certifier 1 Certifying (Check only one) 1 M Certifying 2 Msdfcal E	Physician: To the xaminer: On the b	e best of my besis of examiner steted.	knowledge, minetion end	, deeth occ	curred et the ti igetion, in my	me, dete en opinion, dee	d plece, e	end due to the ca	use(s) and r te end plece	nanner as , end due	stated. to the causa(s)
4	ithin wmpl	M	29b. Signeture and title of cartifier	wing into	stored.			29c. Licen	se number		29	d. Dete sign	ned (Monti	h, Day, Year)
P	₹ 18	250												
			wallace a	Oliens hou	in h	10		D 0	7129		Sep	otember	14, 1	996
~	i		30. Nama and address of person w	ho completed cau	sa of daeth	(Item 23a) (1	Type, Prin	nt)						
		12	Wallace Obenshain	Maryland	Route	213. Ce	cilta	n. Marvi:	and 21	913				
	Sta	ite	31. Dete filed (Month, Day, Year)	32. F										
	Registr		SEP 19'9	6	Julia D	signature avidson-	-Manda	الله						

	ages 1, 2, 3 should
	sit permit. F
physician.	burial-trans
fing	最
rten	use as the
27.20	NS
tal	9
he hospi	detached
DA C	2
e retained	pino
eta	-S
2	96
6 тау б	2
6 6	ecto
20	9
death.	funeral.
the	removal
ed within 24 hours at	in b
8	P. o.
70	ation a
With With	plete
per	al.
GCL	Pa
8	r to
ate t	prio
tilic	a ph
Cer	Hygi
eath	the attendi Mental Hy
9	いい
att	बु के
SS CA	at the
deir	been signed by the of Health and Me
₩ Te	Dee
9	Pas Ped
Ē	tate
JAN	he S
NS.	is cel

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	CATE OF D	LTH AND MEN	TAL HYGIENE REG. NO.			U
	1. DECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH	YEAR 96	3. TIME OF DEATH	
	Alice R. 4. SOCIAL SECURITY NUMBER	Poore	(In yrs. last birthday)	IF UNDER 1 YEAR		ATE OF BIRTH			A
	212-32-4985 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢	90 YRS.		ours Min. Ma	y 25, 190	6 Ma	THPLACE (Store or Formaty) Tyland	eign
E .	Calvert Health Ca			Rising		9	c. COUNTY OF		
5	RESIDENCE OF DECEDENT						ce	cil	
DIRECTOR		ecil		town or location		6		10d. INSIDE CITY LIMITS?	NO
FUNERAL	1455 Glebe Road				1919	1		S.A.	
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		DENT OF HISPANIC OR y Cuban, Mexicen, Pue NO Specify:		Bie	CE — American Indier ick, White, etc.	n,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad		(Give kind of w	JSUAL OCCUPATION ork done during most o	l working	18b. KIND OF BUSINI	ESS/INDUSTRY		
삗	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT us	retired.)	-	C1 - 41-	d a		
SOME	Unknown 17. FATHER'S NAME (First, Middle, Last)		CTOTHI	ng Inspec		Cloth			
1 au 1	Franklin Rhoades				Mary E. Pt		neme)		
TO BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING		Number or Rural Route I		Stete. Zio Code)		_
2	Walter Poore/Son				cks Point			Maryland 2	219
	20a. METHOD OF DISPOSITION 15 Burlel 2 Cremation 3 Ren			F DISPOSITION (Name		ATE 20c. LOCAT	ION City or	Yown, State	
	4 Donation 5 Other (Specify)	Be	thel Cem	etery/Sep	tember 11	1990 M	esapeal ryland	ke City,	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			, Helfenbe				10
	23. PART I. Enter the diseases, or	tellows		130 Spec	er Road. (Chesterto	wn. Mar		
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in death) LAST	c	A CONSEQUENCE OF	o y Th	e Colon			Onset and	
A P	PART II. Other significent condition	ns contributing to death b	out not resulting in	the underlying ca	suse given in Part I	. 24s. WAS AN AUT		b. WERE AUTOPSY FINE AVAILABLE PRIOR TO	
MEDIC						1 - YES 2 (3)	(NO	COMPLETION OF CA OF DEATH?	
Σ	DID TORACCO LIST CONT	DIDLITE TO CALLEE O	E DE ATH ME					1 YES 2 NO	0
AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	THE TO CAUSE C	26. PLACE OF DEAT		UNCERTAIN 🛚	L		NA	
YSICI	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outs		OTHER:	☐ Residence 6 ☐ C	Wher /Crenthal			
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY	AT 28d.	DESCRIBE HOW INJU	RY OCCURED		
BY PH	1 Natural 5 Pending 2 Accident Investigation			M 1 TES	2 NO				
a	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	f — At home, farm, st cify)	reet, factory, office		OCATION (Street and Oity or Town, State)	Number or Rurei	Route Number,	
COMPLET		ICIAN: To the best of my know ER: On the beals of examination						(a) and menner as sta	Med.
TO BE COM	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	Jude He	Mrs. N	10	C. LICENSE NUMBER	82	DATE SIGNE	146	
	ST. DATE FILEO (MODIF), Day, Year)	32. REGISTRAR'S SIGN	ZUCShi	inesville	Nd DAR	lington,	nid?	1034-03	00
1	SEP 13 '96		vidson-Rand						

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician
/Medical
Examiner

MICHAEL CHRISTOPHER 4a. Facility Nama (If not institution, give street end number)

10b. County

1. Decedent's Name (First, Middle, Last)

PATCH

2. Date of Death Day 5, October 1996 1530p

, Funeral

C&O CANAL NATIONAL PARK 5. Social Security Number 6. Sex ★XM 2□ F 7. Age (In yrs. lest birthday) 336-78-7315 Usual Residence of Decedent

SANDY HOOK If Undar 1 Yaar | If Under 24 Hrs. | Months | Days | Hours | Min. | Yrs.

8. Date of Birth (Month, Day, Year)

 Birthplace (State or Foreign Country) Illinois

Director

28a-f show

ŏ 238

Herns

e filed within 72 hours efter al Hygiene. other than "natural", or ite

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If flem 27 is marked othe any Injury or other traumatic event.

Physician

/Medical Examiner

Baltimore, Maryland 21215-0020

Box 68760,

P.0.

Division of Vital Records,

2

certificate

The law requires that the death

Attending Physician:

6

Hospital 24 hours a

death.

after death Director:

within 2

filled in by

completely

certificate has page 2

this funeral by

Completed

Be

Director

Funeral

by

Completed

Be

2

traumetic event, the Medical Examiner must be notified at

the Maryland

Frederick Maruland 10e. Street and Number

10c. City, Town or Location Mt. Airu

10g. Citizen of What Country?

5193 Almeria Court

10a State

1XX Nevar Married 2 Married

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Mo If Yes, Giva Yaar or Dates:

13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 1 Yes 2000 Specify:

Black, White, etc.

3 ☐ Widowed 4 ☐ Divorced

15. Decedent's Education (Specify only highest grade completed)

16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT use ratired)

10f. Zip Code

12

Elementary/Secondary (0-12) College (1-4or 5+)

Waiter

Restaurant

17. Father's Name (First, Middle, Last) Richard K. Patch

19a. Informant's Name/Relationship (Type, Print)

Margaret J. Stepniak

Richard K. Patch, father

5193 Almeria Court Mt. Airy, Maryland 21771

20a. Method of Disposition 1 ☐ Buriai 2XXCremation 3 ☐ Ramoval from State 20b. Placa of Disposition (Name of cemetery, crametory or other place) Hagerstown Crematory

10/7/96 Hagerstown, Maryland

4 □ Donation 5 □ Othar (Specify) 21. Signature of Funeral Service Licensee

22. Name and Address of Facility Stauffer Funeral Homes, P.A.

Jurco Enter the disease, or complications that ca , or head failure. List only one cause on an

Immediate Cause (Final disease or condition resulting in death)

Due to (or as a consequence of):

Due to (or as a consequence of)

Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical å 2

Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Punknown

24a. Was an autopsy performed?

1 No Yas 2 No

25. Was case raterred to medical axaminar? 1XYes 2□ No

27. Manner of Death

1 Natural

2 Accident

3 Suicide

4 Homicide

28a. Date of Injury (Month, Dey Year) 5 Pending Investigation

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of Injury UNKM

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Yes 2 No

28d. Describe how injury occurred

26. Place of Death (Check only one)

C+0

Certification: To Medical 29a. Certifler (Check only one)

Canal 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

O.C.M.E.

29c. License number

October 6, 1996

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 32. Registring Signature Reveals

State Registrar

3. Time of Death

4c. County of Death WASHINGTON

10d. Inside City Limits

1 ☐ Yes 2 ☐ No

21771 United States

4b. City, Town, or Location of Death

14. Race - American Indian.

Specify: White

16b. Kind of Business/Industry

18. Mothar's Name (First, Middla, Meiden Surnama)

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code)

20c. Location - City or Town, State

8 East Ridgeville Blvd. Mt. Airy, MD 21771

od the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate

Intarval Between Onset and Death

24b. Wera autopsy findings available prior to completion of cause of death?

1 No Yas 2 No

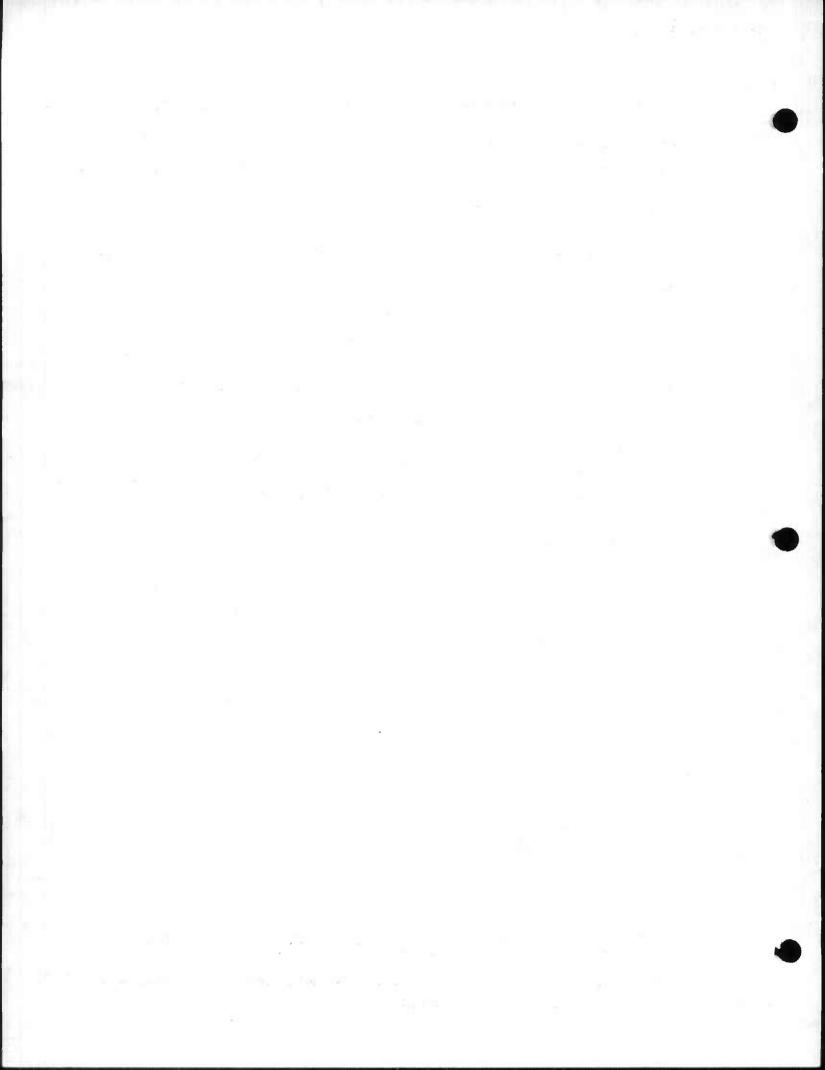
Other: 4 Nursing Home 5 Residence 6 Nother (Specify) SCENE

28f. Location (Streat and Number or Rural Route Number, City or Town, Steta)

29d. Data signed (Month, Dey, Year)

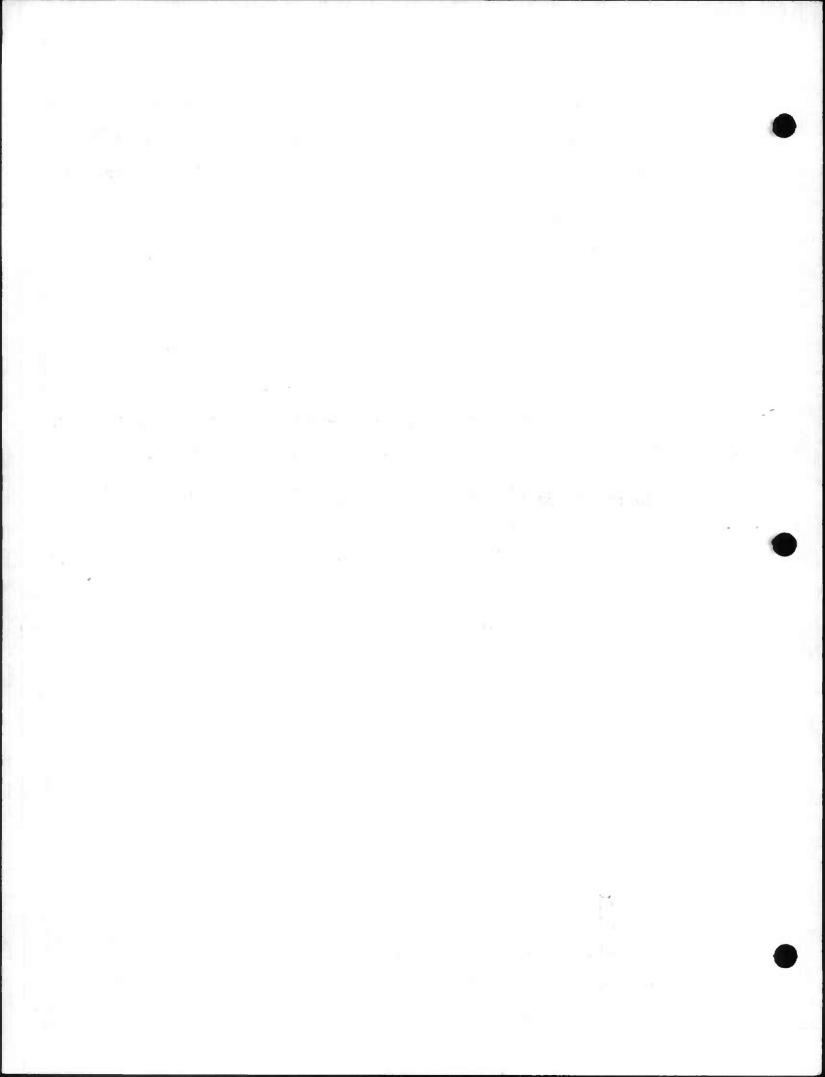
31. Date filed

6 Could not be determined



State of Maryland / Department of Health and Mental Hygiene 96 31440

					Certificate of	Death		Reg. No.	0 (01440		
Physic	lan	1. Decedent'a Nama (First, Middla, Las					2. Data of De	ath	-Yaar	3. Time - Death		
/Med		Blanche	Allen		PARCELL			30, Day 199	6	8:50 AM		
Exam	ner	4a. Facility Nama (If not institution, giva 129 West Church				4b. City, Town, or Le Frederi		1,100 0 0,000	of Death erick			
-		5. Social Security Number 6. Se		yrs. last birti	hday) If Undar 1 Year					ana (Stata or Englan		
Funera Director			☐M 2XF 85		/rs. Months Days		May 24	1911	Virg	aca (Stata or Foreign ny) 1nia		
how		10a. Stata 10b. County		c. City, Town					10	d. Insida City Limits		
h the Maryland r 28a-f show	cto	Maryland Frederi	Ck F	reder:	ick					1 X Yes 2 □ No		
23a or 2	rai Dire	129 West Church	Street		10f. Zip Coda 217	'01		U.S.A		iy?		
72 hours after deeth with the Maryland natural, or theme 23a or 28a-f show dizal Examinal must be notified at	by Funeral Director	11. Marital Status 1. Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedant Evar Armed Forces? 1 ☐ Yas 2 No If Yas, Giva Year or Datas:	In U,S.	13. Was Decedant of If Yas, specify Cub		ecify Yas or No Rican, atc.)		e - Amarica ck, Whita, a w: Whit	itc.		
72 hours natural,	etec	15. Decedant's Edi (Specify only highest grad		18a.	Decedant's Usual Occu (Give kind of work dona life. DO NOT use retire	pation during most of work	Ing	16b. Kind of B	usinasa/Inde	ustry		
	Be Completed	Elamantary/Secondary (0-12)	Collega (1-4or 5+)		ille. DO NOT use retire rector of S			Hospi	tal			
Hygie ther t	ပိ	17. Fathar's Nama (First, Middla, Last)	JT .			18. Mother's Nam						
ed be cod o	To Be	Tony		PAR	CELL	Laura		Fra	-			
nd 2 should be filed within sith and Mental Hygiene. 27 is marked other than r trsumatic event, the M	F	19a. Informant's Name/Ralationship (T Miss Caroline Ann	Murphy, Niec	.	Malling Addrass (Stree 404 Ellswor					,		
pernit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: if Item 27 is marked other than any injury or other traumatic event, In Medical Conce.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☑ 1 4 ☐ Donation 5 ☐ Other (Specify,	Ramoval from Stata	Ob. Piace of	Disposition (Name of crematory or other pla Creek Ceme	ice)	Data	20c. Location -	City or Tow	wn, Stata		
permit. Departr Importu any inji		21. Signature of Funeral Sarvice Licens	1	255		ass of Facility ad Basford Church St				1 701		
		23a. Part1. Entar the disease, or comp	lications that caused tha	daath. Do n	ot antar tha moda of dy	Ing, such as cardiac	or raspiratory a	rrest,	rid. Z.	Approximata Intarval Batween		
Physician		23a. Part 1. Entar tha disaasa, or compilications that caused tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrest, shock, or heert feilura. List only one cause on each line. Immediate Causa (Finel disease or condition resulting in death)										
/Medical Examiner												
Examiner		Due to (or as a consequence of):										
De isi	Examiner		b. ASC	CUD						10417		
end M-trar	xan	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury			onsequanca of):					20 4K		
deeth certificate be executed e ettending physician end of for use es the burial-transit	Medicai	Cause (Disease or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of):										
that the deeth cer ed by the ettendir detached for use	Physician/	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use con								the cause of death?		
res that the signed by the be detached							10	Yes 2 No	3 Prob	ably 4 Unknow		
law requires as been sign	Completed by					-		an autopsy ormed?	aval	ra autopsy findings ilable prior to apletion of cause laath?		
2 4 6	E						10	Yas 2 No	10	Yas 2□ No		
iclen: The	Be C	25. Was casa rafarred to medical				26. Placa of Deat	h (Check only	one)				
Physician: T this certificat ral director, pu	To	axaminar? 1 ☐ Yas 2 ☐ No	Hospital:	2 ER/Out	patient 3□ DOA Ot	her: 4 Nursing Ho			ar (Specify))		
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification:	27. Manney of Death 1 Matural 5 Panding 2 Accidant Invastigation	28a. Data of Injury (Month, Day Yea	28b. Ti	jury Wo	iry at ork?] Yas 2 No	28d. Dascribe	how injury occur	red			
To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funeral		3 Sulcida 6 Could not be defarmined	28a. Place of Injury - building, atc. (S	At homa, far pecify)	m, street, fectory, office		28f. Location (City or To	Street and Numb wn, State)	er or Rural	Route Number,		
To the Hospital within 24 hours: To the Funeral completely filled	edical	29a. Cartifiar (Check only one) Certifying Phy Medical Elami	clan: To the best of my r: On the basis of axal and manner stated.	knowledga, mination and	daath occurred at tha ti Vor Invastigation, in my	ima, data and place, opinion, daath occuri	and due to tha red at tha tima,	cause(s) end ma data and place,	inner es sta and dua to	ited. tha cause(s)		
To t To t	Σ	29b. Signature and attend certifier			29c. Lican			29d. Data signe				
		1) meno	100	1.D. D 3	31912		Septemb	er30,	1996		
		30. Name and addrass of person who co							01 700			
		Dr. Julio Menoca			sumtown Pik	ce, Freder	rick, Ma	aryland	21 702			
St Regist	ate rar	31. Data filed (Month, Dey, Year)	32. Ragistrar's S	Signature	Ruelall							



State of Maryland / Department of Health and Mental Hygiene 95

ne 96 3144

					Certificate of	of Death			Reg. No.	, 0	019	5.1
Dhani		1. Decedant's Nama (First, Middla, La	st)					2. Data of De Month	ath	V	3. Tima of I	Death
Physi /Med			Samuel J	. Parks				Septemb	er 29.1	Yaar 1996	1:30	mm
Exam			re street and number)			4b. City, To		ocation of Death		ty of Deeth		-
		8428 Hawkins Creamery Road Gaithersburg Montgo										
Funera	al .	5. Social Security Number 6.	Sax 7. Ag	a (In yrs. last bir	thday) If Undar 1 Ye Months Da		24 Hrs. Min.	8. Date of Bir (Month, Da			place (Stata or	Foraign
Directo	r	579-22-4459 Usual Rasidence of Decadant	I ☑ M 2□ F	92	Yrs.	ys Tiours	IVIII.	Sept.5	,1904	Wash	ington	D.C
ss 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinar must be notified at	o	10a. State 10b. County Maryland Montgom	arv	10c. City, Tow	n or Location ersburg					1	10d. Insida City	
the 1	Directo	10e. Street and Number	=1 y	Galtin	10f. Zip Cod	•			10a Citizan at	14/hat Caus		
with with	Ö	0/00 77 14	-			CL.			10g. Citizen of			
eath rs 23	era	8428 Hawkins Crea	mery Road 12. Was Decedent I	Ever in I.I.S.	20882	y Hienanie Ori	inin? (Sn		United	State oce - Amario		
Her d	Funerai	1 Navar Married 2 Merriad	Armed Forcas? 1 ☐ Yas 2 ☑ N		13. Was Dacadant of if Yes, specify C	uban, Maxicar	, Puarto	Rican, etc.)	Bi	eck, Whita,	atc.	
of, or	À	3 ☑ Widowed 4 □ Divorced	if Yas, Giva Year or Detas:	••	1 □ Yas 2 🔼 N	lo Specify:			Speci	Whit	to	
72 hours "natural",			ducation	16a.	Decedent's Usual Oc	cupation			16b. Kind of I			
L L	Completed	(Specify only highast gro	ida complated)		(Giva kind of work do	na during mos ired)	t of work	ing	100.11110.01	DOMINGO III	dustry	
iene.	E	Eiamantary/Secondary (0-12)	Collaga (1-4or 5)+)	Owner				Asphal	t Pav	rino	
ent other	BeC	17. Fathar's Nama (First, Middla, Last)			18. Motha	ar's Nama	a (First, Middla,			-1116	
ked in be	ToB	Henry C. Parks				Flor	ence	M. Bre	mmo rma	n		
N Pur	-	19a. Informant's Name/Ralationship (Type, Print)	19b	. Mailing Addrass (Stre						Code)	
od 2		Emily Durham /Da	ughter		424 Hawkin							882
s 1 and 2 should be filed f Health and Mental Hyg Item 27 Is marked other other traumetic event,		20a. Mathod of Disposition		20b. Placa of	Disposition (Nama of			Data	20c. Location			002
Pages nent of i		1 ☑ Buriai 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specification 5 ☐	Frederick, Maryland.			. 1						
artm ortan	٠	21. Signature of Funerei Sarvica Lice		1110. 01	ivet Cemet			1990	rreder.	ICK, I	arytan	ıa.
permit. Page: Department of Important: If i any injury or		1-11/9/	11	1	Olin L.			Funera	1 Home			
0.112		James	Ugur		26401 Ri	dge Roa	ad, I	Damascu	s, Mary	land	20872	
	H	23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only	ona causa on aach lir	ina daain. Dor na.	not anter the mode of t	tying, such es	cardiac	or raspiratory a	rrest,		Approximata intarval Betwo	reen
hysician/ Medica/	_	immediata Causa (Final	Q.									
Examine		disaasa or condition rasulting in daath)	a. 50	ADDE	r cm	~un				4	I have .	Jean
است	<u>i</u>			Dua to (or as a o	consequance of):							
nsit is	Examiner		b							1		
certificate be executed ding physician and use as the burial-transit	Xai	Sequentially list conditions, if any, leading to immediate		Dua to (or as a o	consequance of):					t		
buni		causa. Entar Underlying Causa (Disaasa or Injury that initiated avants	C									
phy s the	edicai	rasulting in deeth) Lest		Dua to (or es e c	consaquance of):							
attending physician and for use as the burial-transit	2		d							1		
signed by the attendin d be detached for use	Physician											
of the ched	ysi	Part ii. Other significant conditions of	ontributing to death bu	it not rasulting in	tha underlying causa	givan in Part i.	•		lobacco usa c		the cause of	death?
ed by deta								×	Yes 2 No	3 Prot	bably 4 □ U	nknown
sign d be	d by							240 11/00	an autonou	7.4h W	ara autopsy fin	dinge
pinous	Completed							perfo	an autopsy med?	evi	allable prior to	
2 50	du	- X								of	death?	
								101	as 20 No	1 [Yas 200	10
is certificate ha	Be	25. Was casa rafarrad to madicat axaminar?	Hospital.				of Daath	(Chack only o	na)			
5 5	2	1 Yas 28 No	Hospital: 1 ☐ inpatia		ipatient 3LI DOA			ma 5 Rasio			(Y	
0 0	Certification:	27. Mannar of Death Naturai 5 Panding	28a. Data of injur (Month, Day		njury V			28d. Dascribe h	now injury occu	rred		
Attending or death. ector: After by the fune	cati	2 Accident invastigation 3 Sulcide 6 Could not be			M 1	☐ Yas 2 ☐ f	No					
irect irect n by	E	3 Sulcide 6 Could not be datarmined	28a. Place of tnju building, etc	ry - At homa, far . (Specify)	rm, street, factory, offic	00	1	28f. Location (S City or Tox		ber or Rura	l Routa Numb	er,
vithin 24 hours after death. To the Funeral Director: After completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in the funeral completely filled in by the funeral completely filled in the funeral compl												
Line ely fi	edical	(Uneck only 2 Medical Exam	ysician: To the best of	f my knowladga,	, daath occurrad at tha d/or invastigation, in my	tima, data and	d placa, a	and dua to tha	causa(s) and m	annar as st	ated.	
the F		one)	and mannar sta	lad.	a or myddigadoll, iri m	opinion, deal	occurr	oo at ma tima, (uata anu piace	and dua (0	ma ceusa(s)	
N P	Σ	29b. Signatura and ville of certifiar 29d. Date signed (Month, D										-
		1 LEW	n ~	215	10	35	63	5 5	Epkm	L. ?	10, 19	96
		30. Nama and address of person who	complated causa of da	ath (Itam 23a) (Type, Print)							
					Philip Driv	7e. 01m	ev M	farvlana	2083	2		
St	ate	31. Data filed (Month, Day, Year)	32 Hegistra	na Sign tura	Carles.							
		IIII OA N			WITCHEST STREET							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

10

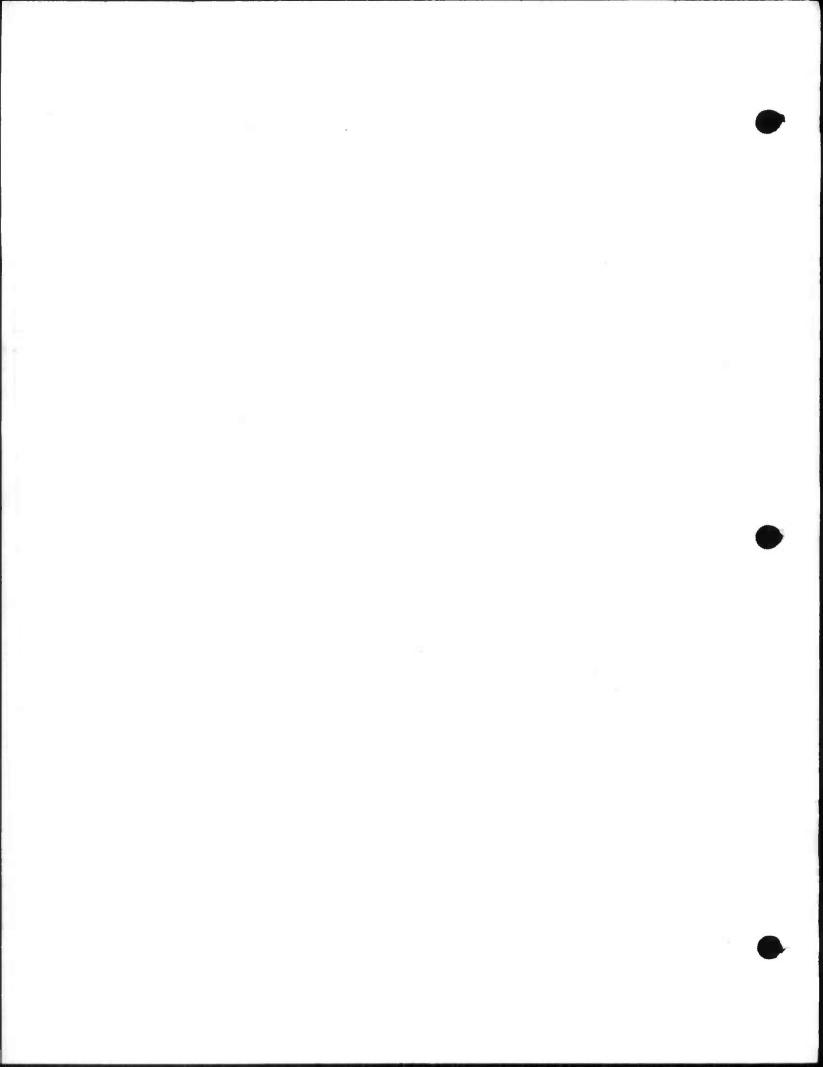
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN			U	ENTIF	ICALE	UL	DEA	1 1771		REG. NO			
	1. DECEDENT'S NAME (First		V) A V			0		,		2. DATE OF	D/	AY	YEAR	3. TIME OF DEATH
	MEDFORD 4. SOCIAL SECURITY NUMBER		RALP					Ser		octo		199		0917 4
			5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HPIS.		Day, Year)		8. BIRTNP Country)	LACE (State or Foreign
	217-36-0745			86	YRS.									WARE
Œ				T OFFICE		9b. CITY,				EATN			NTY OF DE	
DIRECTOR	PENINSULA		AL MEDICA	AL CENTE	SK		SA	LISB	URY			MIG	COMIC	0
EC	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	ION						IOd. INSIDE CITY
5	MARYLAND	WICOM	IICO		V	VILLA	KDS							LIMITS?
AL	10e. STREET AND NUMBER						101	. ZIP CODE	E			10g. CITI	ZEN OF WH	IAT COUNTRY?
FUNERAL	35525 TINGL	E ROAD)					218	74				USA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AF	MED	13. V	AS DEC	ENDENT C	F HISPAN	NIC ORIGIN?	Specify Yea	or No-	14. RACE -	- American Indian,
ВУ	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W		NO	1	YES	2 NO	Specify	n, Puerto Ric y:	an, etc.)		Specify	
														WHITE
COMPLETED	(Specify only	EDENT'S EDUC y highest grade	completed)	/G	CEDENT'S live kind of Do NOT u	Work done d	CUPATIO uring mo	ON st of workin	g	16b. K	INO OF BUS	SINESS/INC	DUSTRY	
7.6	Elementary/Secondary (0	1-12)	College (1-4 or 5 +)							an = ar		_	
M	17. FATHER'S NAME (First, M	Iridia Last)			FARM	RMER AGRIC							E	
	LARRY PAR						1					Surname)		
BE	19a. INFORMANT'S NAME (7			10	h MAH ING	ADDRESS	/Street o			AH HUD Route Number,		- Casa Tie	Control	
5	NANCY P. E									TSVIL				21850
0 11	20s-METHOD OF DESPOSIT	ION	9833333	20b. PLACE					111	OATE	_		City or Town	
	1 ABurtal 2 Crematic	m 3 T Remo	ovel from State	BETH				7770 01		1				ARYLAND
	21. SIGNATURE OF FUMERA	L SERVICE LIC	ENSEE /)		_		D ADDRES			/p (1)		, 11	INT BILLY
	> / Km	les 1	W Ha	A		HAS	STIN	IGS F	UNER	RAL HO	ME, S	ELBY	VILLE	DE 19975
	23. PART I. Enter the d	iseases, or c	omplications that	gaused the de	ath. Do i									Approximate
	shock, or h	aert failure. I	List only ona cau	se on each line	ð.									Interval Batween Onset and Death
- 1	disease or condition condition condition s. Congestive flenger FAILURE year											yeares		
- 1	disesse or condition resulting in deeth) s. CONGESTIVE PLENTE FAILURE YEARS DUE TO (OR ME A CONSEQUENCE OF): ATKEROSC CENVICE CARDIOVAS CULTURE DISEASE													
z														
8	If any, leading to imme-	diate		UE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Cause. Enter UNDERLY! CAUSE (Disease or inju													
	that initiated events resulting in death) LAS		DUE TO	OR AS A CONSE	DUENCE O	F):								
與			1,											
	PART II. Other significs	nt condition	contributing to	deeth but not r	esulting	in tha unc	terlying	ceuse g	lven in	Part I. 2	4e. WAS AN		24b. V	VERE AUTOPSY FINDINGS
EDICAL	Metros man	_ NOT	J Small	e Call	Lu	y C	ANR	e			PERFOR	1		MAILABLE PRIOR TO COMPLETION OF CAUSE
-	Rense	FARC	ure			9		_		_ '	☐ TES 2	€ NO		F DEATH?
2 :	DID TOBACCO U			USE OF DEA	TH YE	SPIN	ОГ	UNC	ERTAIN	V I			1 '	TES 2 E NO
X	25. WAS CASE REFERRED TO					TN (Check or		0110	-1(1) (11	• -				
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER		o 5 □ Re	sidence	8 Other (5	Snec#k/l			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJI	URY AT		28d. DESCF		NJURY OCC	CUREO	
ВУР		Pending Investigation	(Month, De	ly, Year)	INJ	URY M		RK? 'ES 2	NO					
	a [] a titl	Could not be	28s. PLACE OF	INJURY — At he	me, ferm, :	street, facto	ry, office	,		28f. LOCATI	ON (Street a	nd Number	or Runai Ros	ite Number,
COMPLETED		determined	containing,	ere. (opecny)						City or	Town, State)			
PLE	29a. CERTIFIER (Check only	IFYING PNYSIC	CIAN: To the beat of	my knowledge, de	ath occum	ed at the tin	ne, data	and place.	and dua	to the cause	(a) and man	ner se etet	ed	
MO														nd manner as stated.
EC	29b. SIGNATURE AND TITLE					_		29c. LICE						
D79817								196						
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUS	E OF DEATN (ITE	M 27) (Type,	Print)		-						110
	MATKIN	> 1	10 11	04 16	Esl	THO	V342	- 6	220	re.	Spec	SM	02	1804
Y	31. DATE FILED (Month, Day,		32. REGISTRAI	R'S SIGNATURE	1 40	***	0		Ť) "	,			- /
	OCT 0	1996	Julia d'au	ichor hand	all									



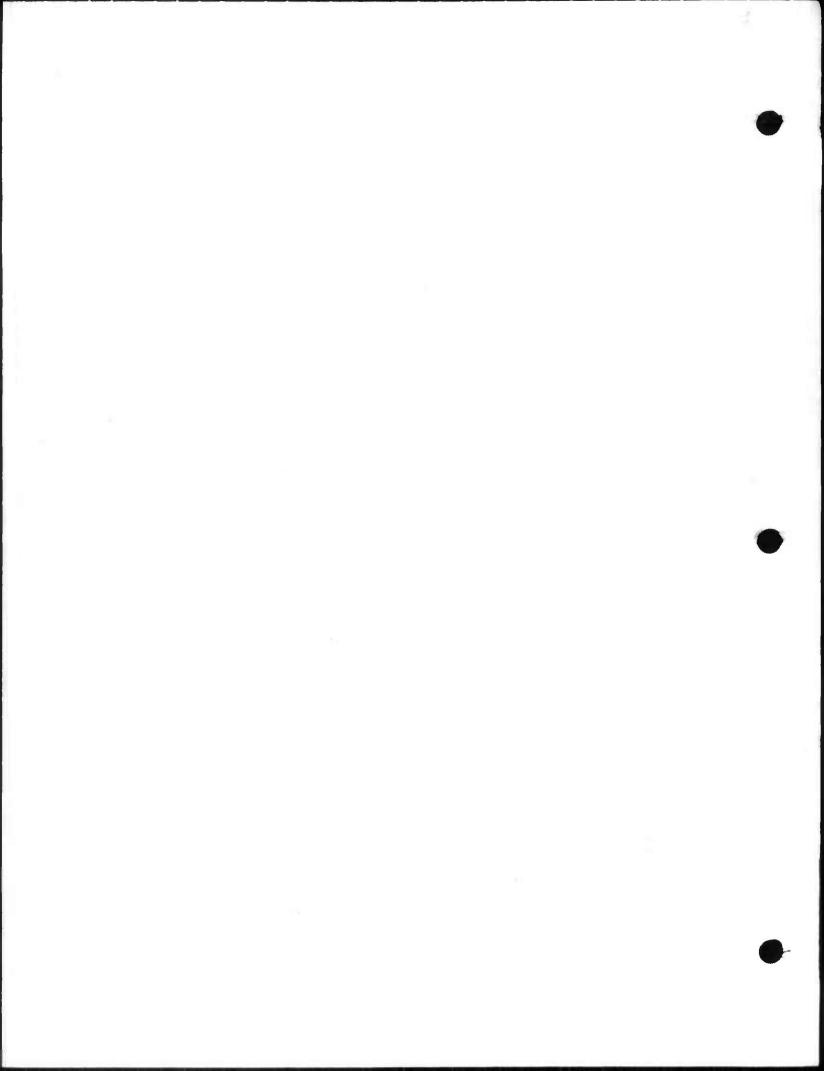
BALTIMORE, MARYLAND 21215-0020
the death. Page 6 may be retained by the hospital or attending physician.
The funners director, Page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS P.O. BOX 68760

r	2	90	
BALLIMORE	Ì	2	
2	40	Đ	
Ξ	P.	ē	
7	6	8	
ŧ	용	a_	
0	劃	4.8	
	5	T P	
	2	60	
	67	ly fill	
5	A P	lete	
0	2	omo	
0	Cut	nd c	
<	9	To a	
	20	sicia	
	ficat	phy a	
	Dec.	Ping.	
Ĺ	1	a te	
5	de	Aent Aent	
j	#	P P	
5	that	a pa	
5	ires	sign	
_	nba	9	
1	MB	s be	
C	2	e ha	
	E.	Star	
	SICIA	the	
5	HYS	his with	
	16 P	ath	
2	NO	r de	
)	TE	after a	
DIVISION OF ALIAE RECORDS, F.O. DOA 66/60	A A	IPE(
)	AL C	200	
	Tid	EPA in 7	
	100 H	四章	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furneral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remeas	
	10	28	
		_	

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
st, Middle, Lest)	A :	2. DATE OF DEATH

		1 - FOR STATE REGISTRAR	STATE OF MARYL					EALTH AND	MEN	TAL HYGIEN REG. NO.	E			
		1. DECEDENT'S NAME (First, Middle, Lest) Nora Elli	en			Palm	NUR		2. D/	TE OF DEATH	37 19	KEAR 3. TIME OF DEATH	м	
		and the second second		_	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS	- 04	TE OF BIRTH	-	BIRTHPLACE (State or Foreign Country)		
1		217 03 1030	1 M 2 D F 8	8	YRS.				Feb	mary 3,1		Maryland		
9	٤	9a. FACILITY NAME (If not institution, give street PENINSULA REGIONA		ידיזאיםי	מי	9b. CITY,		R LOCATION OF				Y OF DEATH		
DIBERTOR	3	RESIDENCE OF DECEDENT	IL MEDICAL C	ENII	LK		SA	LISBUR			MTC	OMICO	_	
ŭ		Maryland Wico	m.i		10c. CIT	Y, TOWN O					10d. INSIDE CITY LIMITS?			
- 1	. 1	Maryland Wico	mico			20		bury		1 U YES				
FINEDAL		412 S. Kaywood D.	rive	101. ZIP CODE 21804							A			
	5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. AR	MED		WAS DECI	NDENT OF HIS		GIN? (Specify Yes		I. RACE - American Indian.	_	
> 2	- 11	1 Never Married 2 Merried 3 N Widowed 4 Divorced	FORCES? 1 YES	ATES	10			cify Cuben, Mex 2 X NO Spe		to Rican, etc.)		Specify: White		
6	- 44	15. DECEDENT'S EDUCAT	TION	16e DE	CEDENT'S	USUAL OC	CHIBATIO	N	- 1	16b. KIND OF BUS				
i i		(Specify only highest grade co	ompleted) College (1-4 or 5 +)	/G	ive kind of a Do NOT us	vork done d	luring mos	t of working		IOU. KIND OF BUS	INESS/INDUS	, int		
Once.		6	0	Mac	hine	opei	rato	r		Shirt F	actor	У		
9 5	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme)											П		
ed a	3	John Edward Kel	ly					Maggi		Davis				
TO BE COM	2	John Edward Whitt	ington/son	191						imber, City or Town				
must be		20a. METHOD OF DISPOSITION	20b		ANDDATE	OF OISPOSI						y or Town, State	-	
Ē	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other place) Donatter Specify Powellville Cemetery 10/1 Powellvi													
examiner	4	21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOlloway Funeral Home												
5		501 Snow Hill Rd., Salisbury, MD 21804												
ry, or other traumatic event, the medical		23. PART I. Enter the diseasea, or complications that seused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
		resulting in death) LAST											4	
shows any injury, MEDICAL CI		PART II. Other algnificant conditions	contributing to deeth b	ut not r	esulting (n the und	derlying	ceuse given	In Part i.	24a. WAS AN A PERFORE	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	S	
23 sh		DID TOBACCO USE CONTRIL			_			UNCERTA	IN 🗆					
r item			HOSPITAL:			H (Check o								
5 2		1 YES 2 NO 1,	Inpatient 2 ER/Outp	atient 3	DOA 28b. TIM	- T	Ing Home	5 Residenc	_	her (Specify) DESCRIBE HOW IN	HIEV OCCUR			
		1 Natural 5 Pending	(Month, Day, Yeer)		INJ	URY M	WOF		200.0	ESCRIBE NOW IN	IJURY OCCUP	NED .		
28 is		2 Accident Investigation 3 Suicide 8 Could not be datermined	26e. PLACE OF INJURY building, etc. (Spec	— At ho	me, term, s	treet, fecto	ry, office		28f. L.	281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)				
MPORTANT: If Item 2 D BE COMPLET			AN: To the best of my knowl On the beels of exemination									ause(s) and manner es stated.		
PORTA BE		296. SIGNATURE AND TITLE OF CENTIFIED						29c. LICENSE N	UMBER	19	29d. DATE S	IONEO (Morith, Day, Year)		
10		30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH OTES	1 27 /5-	Drine ¹		02	154	/	1	2456.		
		Wm. H. RobINSMD	1104 Hear	thu	mu]		SAL	sbuny	m	d.				
		SEP 3 0 1996	12. RESTRATS SIGN	A. C.	4									



asp

State of Maryland / Department of Health and Mental Hygiene

0	-	0	2	-	1	ŧ
4	6	. 5		le	Lt	1
6				-	7	

Physician	ı
/Medical	ŀ
Examiner	ı

Fund

Direc

Baltimore, Maryland 21215-0020

Physic /Medi Exami

To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours effect deeth.

To the Feneral Director: After this certificate hes been signed by the attending physician and completely filled in by the funeral director, page 2 should be detected for use as the burish-transit Division of Vital Records, P.O. Box 68760,

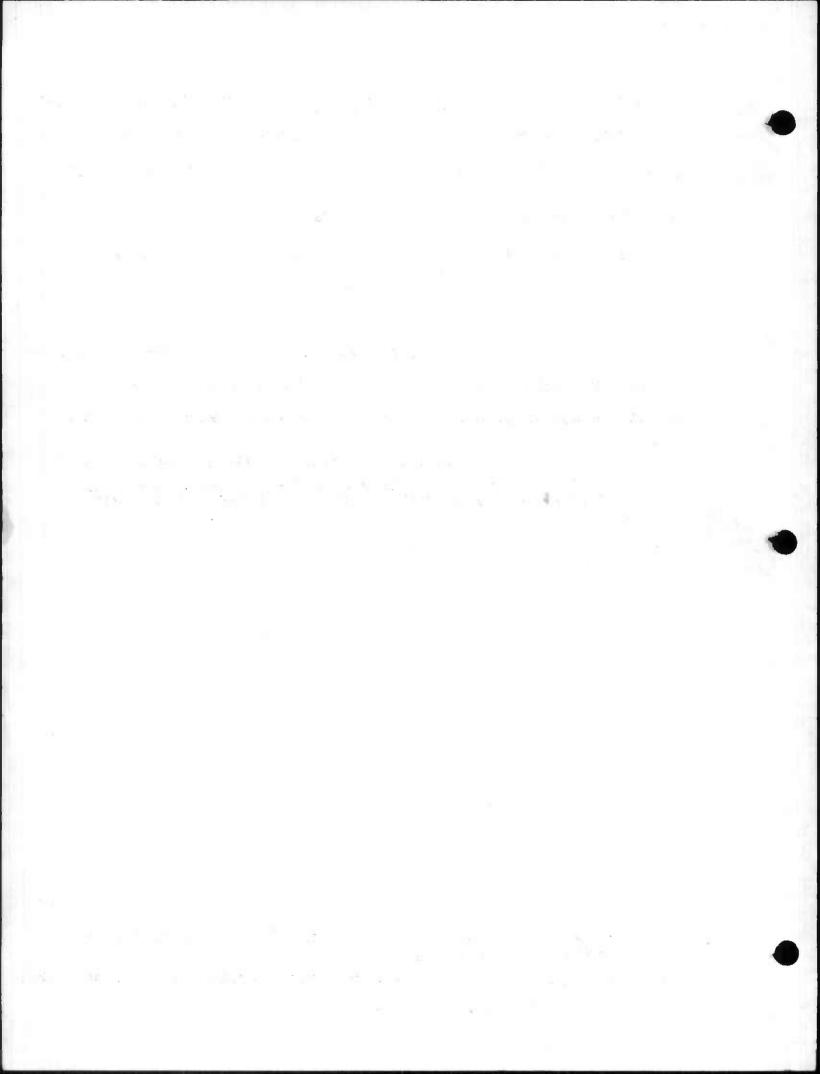
te	ms: 16a,20, per F.H.G-7	50 8/13/97 reb	Ce	rtificate	of Death		Reg. No.	0 0144		
an al	1. Decedent's Name (First, Middla, Last, DARIUS W.)	RI	LEY,	Jr.	2. Data of D		3. Tima of Dea 12:55		
er	4a. Facility Name (If not institution, give DORCHESTER GE	street and number) ENERAL HOSP				vn, or Location of Dea RIDGE		of Death IESTER		
	5. Social Security Number 6. Security Number 135-76-7247 Usuel Residence of Decedent	7. Age (in yrs	. lest birthday, Yrs.	Months I		8. Date of B Min, Oct.	26, 196	9. Birthpiace (State or Fo Country) MASS.		
tor	10a. State 10b. County	HESTER 10c. C	ity, Town or L	ocation HURL	ОСК			10d. Inside City Li		
al Director	10e. Street and Number 108 WINFIELD 1	DRIVE		10f. Zlp C	ode 21643		10g. Citizen of V	hat Country?		
by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Year or Dates:		13. Was Decedent of Hispanic Origin? (Specify Yas or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amari Black, Whita, 1 ☐ Yas ✓ No Specify: Specify: WH						
Completed	15. Decedent's Edu (Specify only highest grade Elementery/Secondery (0-12)		16a. Dece (Giva II) STE		occupation fone during most etired)	of working	16b. Kind of Bu	siness/industry STRUCTION		
To Be C	17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme)									
_	19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, S BRENDA WORRELL RILEY-SPOUSE 108 WINFIELD DR., HURLOCK, MD									
	20a. Method of Disposition 20b. Place of Disposition (Name of Language of Disposition (Name of Language of Disposition (Name of Language of Disposition (Name of Language of Disposition (Name of Language of Disposition (Name of Language of Disposition (Name of Language of Disposition (Name of Language of Disposition of Date Language of Disposition (Name of Language of Disposition (Name of Language of Disposition of Date Language of Disposition (Name of Language of Disposition of Date Language of Date La									
	21. Signature of Funeral Service License		2	2. Nama and / URRAN	Addrass of Facility -BROMWE	LL FUNER CAMBRID	AL HOME	RIDGE, MD.		
CAMINIE	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury),	or es a conse			50				
n/medical	Cause (Disease or Injury that initiated events resulting In death) Last	Due to (c	or as a consec	quenca of):						
Cla	Part ii. Other significant conditions con	tributing to death but not re-	suiting in the u	inderlying caus	a given in Pert I	23h Die	I tohacco una con	tribute the cause of de		
completed by Physician		The desired of the second of t	outing in the c		o gwen in r aic i.		Yes 2 No	10		
המומות							s an autopsy ormed?	24b. ***Ere eutopsy findin available prior to completion of cause of death?		
						1)	Yes 2□No	1 Yes 2□ No		
	25. Was case referred to medical examiner?	lospital:				of Death (Check only	one)			
	1 ☐ Nes 2 ☐ No 27. Manner of Death	1 □ Inpatient 2 E	ER/Outpatier 28b. Time o	nt 3 DOA		sing Home 5 Res		or (Specify)		
	1 Naturel 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	28a. Date of Injury (Month, Day Year) 9/27/9/	injury // : 15 /	Pr. M	Injury at Work? 1 ☐ Yes 2	lo corred (its line con	rected, vano H		
Caroni Columbia	4 Homicide determined		ood.wa	24		thekshur	Lived in Po	rchest Count		
	29a. Certifler 1 Certifying Phys (Check only one) 2 Medical Examin	nician: To the best of my knowner: On the basis of exemine and manner stated.	etion end/or In	n occurred at t vestigation, in	ne time, date and my opinion, death	place, end due to the n occurred at the time	ceuse(s) end mai , date and plece, a	and due to the cause(s)		
IAI	29b. Signature and title of certifier	u, King	rus)	0.	cense number C.M.E		SEPT 2			
	30. Name and address of person who co	mpleted cause of death (Iter	n 23e) (Type, 111	Print) Penn	Street	, Baltim	ore, Ma	ryland 212		

32. Registrar's Signature

Registrar

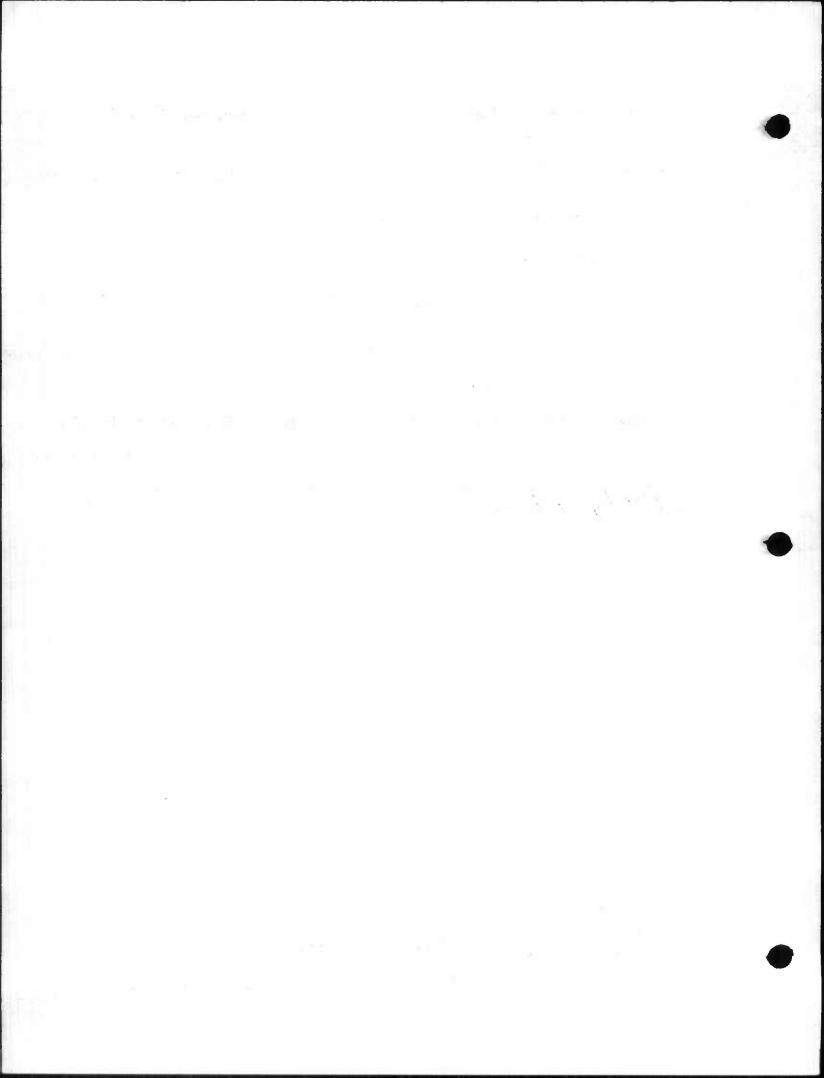
State

31. Date filed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene Q 6 3 1 1 1 5

						Certific	ate of	Death	,	Reg. No.)) 1440
	Dhamini		1. Decedent's Name (First, Middle, Las	st)					2. Date of De		3. Tima of Death
4	Physici /Medi		Douglas Joseph.	Robinso	n				Septemb	per 29, 1	1996 7:43 a.m.
	Examir	ner	4a. Facility Name (If not institution, give						r Location of Deat	th 4c. County	
			Frederick Memori			s.c. 1 Hile	nder 1 Year	Freder			ederick
	Funeral Director		5. Social Security Number 6. S. O11-34-8692 Usual Residence of Decedent	ex IDM 2□ F	In yrs. last birtl	Mont		Hours Mi	n. (Month, Di		9. Birthplace (State or Foreign Country) Massachusetts
	/land		10a. State 10b. County		Oc. City, Town						10d. Inside City Limits
	Man	tor	Maryland Frederi	lck	Fre	ederic	k				1X Yes 2 No
	ath with the Marylan 23s or 28s-f show	Director	10e. Street and Number			10f.	Zip Code			10g. Citizen of W	/hat Country?
	ath w	ra.	2108 Whitehall R				21				S.A.
020	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show he Medical Experient must be notified at	by Funeral	11. Marifal Stefus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Eve Armed Forces? 1 [XYes 2 □ No If Yes, Give Year or Dates: V i			ecedent of the specify Cub as 2 No.		(Specify Yes or No erto Rican, etc.)		e-American Indian, k, White, etc. : White
2-0	72 ho	Completed	15. Decedent's Ed (Specify only highest gra-	lucation de completed)	16a. l	Decedent's U /Give kind of	Jsuai Occup	ation during most of w	orkina	16b. Kind of Bu	siness/industry
121	within iene. than	mpie	Elementery/Secondary (0-12)	College (1-4or 5+)			T use retire	during most of w d)	orkary .	III alasa	^
7	D G b		17. Father's Name (First, Middle, Last)		50	irvey		19 Mother's N	ama (First Middle	Highwa , Maiden Sumam	y Administratio
an	of la b	Be c	James	Edward		ROBIN	SON	Laura		larie	SYLVIA
Maryland 21215-0020	d 2 sh th and 7 is m trsum	To	19e. Informant's Name/Relationship (7 Jacqueline Robin	* *						per, City or Town, ederick,	State, Zip Code) MD 21702
Baltimore,	- F E E		20a. Method of Disposition 1 🖾 Burial 2 🗆 Cremation 3 🗆 4 🗆 Donation 5 🗀 Other (Specify	Removal from State	20b. Place of cemetery	Disposition ((Neme of or other pla	ce)	Date	20c. Location -	city or Town, State
Balti	permit. Pages Department of I Important: If its any injury or of		21. Signature of Funeral Service Licen 23a. Pan 1. Enter the disease, or companion, or heart failure. List only or		100706			ss of Facility Basford Church S	P.A. Fu	neral Ho rederick	me , MD 21701
-	Discolators	2. ii	shock, or heart failure. List only	one cause on each line.	e death. Do n	ot enter the r	mode of dyli	ng, such as cardi	ac or respiretory a	irrest,	Approximate interval Between Onset and Death
Z	Physician /Medical		Immediate Cause (Final	ASC	VI						YEARS
	Examiner		disease or condition resulting in deeth)	0.	e to (or as a c	Angentien on	oft:				11-176 >
	n #	ner			0 10 (01 23 2 0	Orisoquerico	Oij.				
90,	icete be executed physician and s the burial-fransit	I Examiner									
x 68760,	5 00	VMedical	resulting In death) Lasf Due to (or as a consequence of):								
Box	seath cer attendir	iciar	Part II Other elgolficent conditions of	net-ibuting to doub but a	of soculting to	the condense of		en la Dad I	ook Did	tohanan wan ann	highway to the enume of death?
P.O.	the the	by Physician/M								Yee 2 No	atribute to the cause of death? 3 Probably 4 Unknown
Vital Records,	aw requals been 2 shou	Completed b							24a. Was	an autopsy ormed?	24b. Were autopsy findings available prior to completion of cause of death?
E	The sage	Con							10	Yes 2 No	1 Yes 2 No
Vite	ysician: The s certificate director, pag	Be	25. Was case referred to medical examiner?	Hospital:	4		04		eath (Check only	one)	
ot	this aldi	. To	1 Yes 2 No 27. Manner of Death	1 Inpatient	2 ER/Out 28b. Ti		DOA Oth	4 LI Nursing	1	how injury occurre	
on	or the contract	tlon	1 Netural 5 ☐ Pending	(Month, Day Ye		jury	28c. Injui Wo	k? Yes 2. Mar No	Zod. Describe	now injury occurr	
Division	ther direction by	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined		- At home, fen Specify)					(Street and Numbe wn, Stete)	er or Rural Route Number,
	To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by	edical C		reician: To the best of m liner: On the besis of exi and manner stated	amination and						
	withir To the	Me	29b. Signature and title of certifier) 0	1	T	29c. Licens	e number		29d. Date signed	(Month, Dey, Year)
			Genden	stant	Los)	D35	5164		Septem	ker 29,1996
			30. Name and address of person who c	completed cause of the	(nom 23a) (1	Type, Print)				,	7 10 10 10 10 10 10 10 10 10 10 10 10 10
			Andrew Zarick, J	r, M.D., 13	30 Thom	as Jol	nnson	Dr, #5.	Frederi	ck, Mary	land 21702
	Sta Registr		SEP 3 0 1	996 32. Registrar's	Signature Discussion	Radall					



State of Maryland / Department of Health and Mental Hygiene 96

sician				001111101		Death		Reg. No.		
	1. Decedent's Nama (First, Midd	a, Last)					2. Date of I	Death Day	Year	3. Tima of Death
edical	PAUL New	ton	RE	NNALLS			SEPT.	27, 199		6:50 PM
miner	4a. Facility Nama (If not institution	n, giva street and num	ber)			4b. City, Town,	or Location of De	ath 4c. County	of Death	
	SALISBURY CENTE	R:GENESIS	ELDERCAR	E		SALISBU	RY, MD.	WICO	MICO	
ral	5. Social Security Number		. Aga (In yrs. last I		dar-1 Yaar			lirth Yearl	9. Birthpl	ace (Stata or Foreig
tor	220-26-8414	1 MM 2□ F	75	Yrs. Monti	hs Days	Hours M		1 1921		
	Usual Rasidence of Decedant						~ ~ ~ /			
	10a. Stata 10b. County		10c. City, To	wn or Location					10	d. inside City Limit
ş	Maryland Wi	comico	Sal	lisbury	7					1 Yas 2 N
Directo	10e. Street and Number				Zip Coda			10g. Citizan of	What Count	ry?
	625 Hill St	root			2180)1		U.S	. A	
Funeral	11. Marital Status	12 Was Deced	ant Evar In U,S.	13. Was De			(Specify Yas or Narto Rican, atc.)		ce - Amarica	
Ē	1 Nevar Married 2 Mar	Armed Ford	No				arto Rican, atc.)	Bla	ck, Whita, a	itc.
by	3 Widowed 4 □ Divorced	If Vac Give	•	1 ☐ Yas	2 N O	Specify:		Specif	у: В1а	ıck
8	15. Deceden	t's Education	16	a. Decedent's U (Giva kind of	sual Occup	ation		16b. Kind of B		
ple		st grada complatad)		(Giva kind of lifa. DO NO:	work dona Tusa ratine	during most of v d)	vorking			1
Completed	Elementery/Secondery (0-12)	College (1-		Labore	r			None	P	
	17. Fathar's Nama (First, Middla,	Last)		Japor		18. Mothar's N	lama (First, Midd	ia, Meldan Sumar		
Be C		and i								
2	Timothy Renn			N- 84-96 8-24-	(0		Renna11	ber, City or Town	On to We	0.4.1
										Code)
	Shirley Bark	ley	oot Div	525 Hi	11 S	t.Sali		id.2180		
	20a. Mathod of Disposition 1 ■ Burial 2 □ Cramation	3 □Ramoval from S		of Disposition (I	or othar pla	ce)	Data	20c. Location	- City or Tov	wn, Stata
	4 □ Donation 5 □ Othar (S		_	a Acre	S		10/2	Salis	bury	Md.
	21. Signatura of Funaral Sarvica	Licensaa		22. Nama	and Addra	ss of Facility				
	Head 1	3. Stewa	+			Funera.			001	
	23a. Part1. Entar tha diseasa, or shock, or haert feilura. List			821 o not antar the n	West	Rd.Sa.	L1SDURY	r, Md.21		Approximate
	shock, or haert feilera. List	only ona causa on aa	ch lina.			.,	neo or roop notory			Approximate Interval Batween Onset and Death
	Immediata Cause (Final	1		-	-					
	disaasa or condition rasuiting in death)	e. Car	dume		11				9	407,
ē			Due to (or es	a consequenca	of):					
듣		b. /12	unt 1	aller	U				9/	1-7
Examiner	Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or Injury		Dua to (or as	a consequence	of):					
	Causa (Disaasa or Injury	с							i	
edical	that initiated evants resulting in daeth) Last		Dua to (or as a	a consaquanca o	of):				į	
Me.		d.							į	
									1	
1 0		na contributing to dea	th but not rasuiting	in the underlyin	g causa giv	an in Part I.	23b. Di	d tobacco uss co	entributs to	the causs of death
60	Part II. Other significant condition	_					1			ably 40 Unknow
Physician	Part II. Other significant condition	-					10	☐ Yss 2☐ No	3 Prob	
by	Part II. Other significant condition		-0.00				10	Yss 2 No	3 Prob	
by	Part II. Other significant condition						24e. Wa	Yes 2 No	24b. Wa	re autopsy findings
þ	Part II. Other significant condition						24e. Wa	as an eutopsy	24b. Wa	re autopsy findings
by	Part II. Other significant condition						24e. Wa	as an eutopsy flormed?	24b. Wa ava con of d	re autopsy findings ilable prior to npletion of cause laath?
e Completed by						26 Place of F	24e. Wa per	as an eutopsy normed?	24b. Wa ava con of d	re autopsy findings ilable prior to appletion of cause
Be Completed by	25. Was casa raferred to medica axaminar?	Hospital:		District of S	DOA Oth		24e. Wapel	as an eutopsy rtomed? Yas 2 No	24b. Wa ava com of d	re autopsy findings ilable prior to npletion of cause laath?
To Be Completed by	25. Was casa raferred to medica				DOA	ar: 4 Nursing	24e. Wapel 10 Death (Check only) g Homa 5 🗆 Ra	as an eutopsy flormed?	24b. Wa ava con of d	re autopsy findings ilable prior to npletion of cause laath? Yas 2□ No
To Be Completed by	25. Was case referred to medica axaminar? 1	Hospital: 1 □ In 28a. Data of (Month)		. Tima of Injury	28c. Injui	var: 4 Nursing	24e. Wapel 10 Death (Check only) g Homa 5 🗆 Ra	as an eutopsy rtomed? Yas 2 No	24b. Wa ava con of d	re autopsy findings ilable prior to npletion of cause laath? Yas 2□ No
To Be Completed by	25. Was casa raferred to medica axaminar? 1 Yas 2 No 27. Mannar of Deeth 1 Netural 5 Pendir invasti 2 Accident invasti 3 Suicide 6 Could	Hospital: 1 ☐ In 28a. Data of (Month) and the control of the con	Injury 28b Day Year)	Tima of Injury M	28c. Injui Wor	ar: 4 Nursing	24e. We per 1 Check only g Homa 5 Ra 28d. Dascrib	as an eutopsy rformed? Yas 2 No y one) sidanca 6 Ott e how injury occur	24b. Wa ava con of d	re autopsy findings illable prior to npletion of cause laath? Yas 2 \(\sum \) No
To Be Completed by	25. Was casa raferred to medica axaminar? 1 Yas 2 No 27. Mannar of Deeth 1 Netural 5 Pendir 2 Accident invasti	Hospital: 1 In In	Injury 28b	Tima of Injury M	28c. Injui Wor	var: 4 Nursing	24e. We per 1 Coeath (Check only g Homa 5 Ra 28d. Dascrib 28f. Location	as an eutopsy flormed?	24b. Wa ava con of d	re autopsy findings illable prior to npletion of cause laath? Yas 2 No
Certification: To Be Completed by	25. Was casa raferred to medica axaminar? 1	Hospital: 1 □ In 28a. Data of (Month) gation not ba ined 28e. Pleca of building	Injury 28b Day Year) Injury - At homa, atc. (Spacify)	. Tima of Injury M farm, streat, fac	28c. Injur Wor 1 D	vat vat k? Yas 2 □ No	24e. We per 1	as an eutopsy formed? Yas 2 No y one) sidanca 6 Ott e how injury occur (Street and Numiown, Stata)	24b. Wa ava com of d 1 □ near (Specify rred	re autopsy findings nileble prior to nopletion of cause eath? Yas 2 No
Certification: To Be Completed by	25. Was casa raferred to medica axaminar? 1 Yas 2 No 27. Mannar of Deeth 1 Netural 5 Pendir 2 Accident invasti 3 Suicide 6 Could 4 Homicida 29a. Cartifiar 1 Cartifylr (Check only 2 Madical	Hospital: 1 In In In In In In In In In In In In In	Injury Day Year) Injury - At homa, atc. (Spacify) est of my knowledge	Tima of Injury M M farm, streat, fac	28c. Injur Woo	y at yat Yas 2 No	24e. We per land to the control of t	as an eutopsy formed? Yas 2 No y one) sidanca 6 Otte how injury occur (Street and Numiown, Stata) a causa(s) and m	24b. Wa ava com of d 1	re autopsy findings illable prior to repletion of cause lasth? Yas 2 No Routa Number,
edical Certification: To Be Completed by	25. Was casa raferred to medica axaminar? 1	Hospital: 1 □ In 28a. Data of (Month) gation not ba ined 28e. Pleca of building	Injury 28b Injury - At homa, In, atc. (Spacify) est of my knowled; is of axamination a	Tima of Injury M farm, streat, fac	28c. Injur Wor 1 D tory, office	y at k? Yas 2 No	24e. We per land to the control of t	as an eulopsy formed? Yas 2 No vone) sidanca 6 Otte how injury occur (Street and Numiown, Stata) a causa(s) and man, data and place,	24b. Wa ava con of d 1 □ nar (Specify red ber or Rural ennar as ste and dua to	re autopsy findings ilable prior to ropletton of cause lasth? Yas 2 No Routa Number, sted. tha causa(s)
Certification: To Be Completed by	25. Was casa raferred to medica axaminar? 1 Yas 2 No 27. Mannar of Deeth 1 Netural 5 Pendir 2 Accident invasti 3 Suicide 6 Could 4 Homicida 29a. Cartifiar 1 Cartifylr (Check only 2 Madical	Hospital: 1 In In Inggrading 28a. Data of (Month) agreement 28e. Pleca of building Ing Physician: To that be Examiner: On the base	Injury 28b Injury - At homa, In, atc. (Spacify) est of my knowled; is of axamination a	Tima of Injury M farm, streat, fac	28c. Injur Woo	y at k? Yas 2 No	24e. We per land to the control of t	as an eutopsy formed? Yas 2 No y one) sidanca 6 Otte how injury occur (Street and Numiown, Stata) a causa(s) and m	24b. Wa ava con of d 1 □ nar (Specify red ber or Rural ennar as ste and dua to	re autopsy findings ilable prior to ropletton of cause lasth? Yas 2 No Routa Number, sted. tha causa(s)
edical Certification: To Be Completed by	25. Was casa raferred to medica axaminar? 1	Hospital: 1 In In Inggrading 28a. Data of (Month) agreement 28e. Pleca of building Ing Physician: To that be Examiner: On the base	Injury 28b Injury - At homa, In, atc. (Spacify) est of my knowled; is of axamination a	Tima of Injury M farm, streat, fac	28c. Injur Wor 1 D tory, office	y at k? Yas 2 No	24e. We per land to the control of t	as an eulopsy formed? Yas 2 No vone) sidanca 6 Otte how injury occur (Street and Numiown, Stata) a causa(s) and man, data and place,	24b. Wa ava con of d 1 □ nar (Specify red ber or Rural ennar as ste and dua to	re autopsy findings ilable prior to ropletton of cause lasth? Yas 2 No Routa Number, sted. tha causa(s)
edical Certification: To Be Completed by	25. Was casa raferred to medica axaminar? 1	Hospital: 1 In In In In In In In In In In In In In	Injury Day Year) Injury - At homa, atc. (Spacify) est of my knowledges of axamination are stated.	Tima of Injury M farm, streat, fac ga, daath occurr and/or Invastigat	28c. Injur Wor 1 D tory, office	y at k? Yas 2 No	24e. We per la la la la la la la la la la la la la	as an eulopsy formed? Yas 2 No vone) sidanca 6 Otte how injury occur (Street and Numiown, Stata) a causa(s) and man, data and place,	24b. Wa ava con of d 1 □ nar (Specify red ber or Rural ennar as ste and dua to	re autopsy findings ilable prior to ropletton of cause lasth? Yas 2 No Routa Number, sted. tha causa(s)
edical Certification: To Be Completed by	25. Was casa raferred to medica axaminar? 1	Hospital: 1 In Inggraph of the second of the	Injury Day Year) Injury - At homa, atc. (Spacify) est of my knowledgis of axamination ar stated.	Tima of Injury M farm, streat, face ga, daath occurr, and/or Invastigat (Type, Print)	28c. Injunding Words of the time of the time on, In my construction on the time of the time on the time on the time on the time on the time on the time on the time of time of time of the time of	y at k? Yas 2 No	24e. We per 1	as an eutopsy formed? Yas 2 No y one) sidanca 6 Otte how injury occur (Street and Numiown, Stata) a causa(s) and ma, data and place, 29d. Data signe	24b. Wa ava con of d 1 □ nar (Specify red ber or Rural ennar as ste and dua to	re autopsy findings ilable prior to ropletton of cause lasth? Yas 2 No Routa Number,
edical Certification: To Be Completed by	25. Was casa raferred to medica axaminar? 1	Hospital: 1 In In In In In In In In In In In In In	Injury Day Year) Injury - At homa, atc. (Spacify) est of my knowledgis of axamination ar stated.	Tima of Injury M farm, streat, fac ga, daath occurr and/or Invastigat (Type, Print) FALTHWA	28c. Injunding Words of the time of the time on, In my construction on the time of the time on the time on the time on the time on the time on the time on the time of time of time of the time of	y at k? Yas 2 No	24e. We per la la la la la la la la la la la la la	as an eutopsy formed? Yas 2 No y one) sidanca 6 Otte how injury occur (Street and Numiown, Stata) a causa(s) and ma, data and place, 29d. Data signe	24b. Wa ava con of d 1 □ nar (Specify red ber or Rural ennar as ste and dua to	re autopsy findings ilable prior to repletion of cause laath? Yas 2 No Routa Number, sted. tha causa(s)

DHMH 16 Rev 6/95

10/24		L L		Certificate of	Death	Pen	No JO	5 44
		Decedent's Name (First, Middla, Last)				Reg. Deta of Death		3. Time of Deeth
Physic		ROSA	LEE	ROBI	NSON SEP	Month TEMBER	20, 19	96 5:17PM
/Med Exami		4a. Fecility Neme (If not institution, give street a	and number)		4b. City, Town, or Locat	ion of Death	4c. County of Dec	-
		PENINSULA REGIONA	AL HOSPITA	AL	SALISBURY		WICOMI	CO
Funera		5. Sociei Security Number 6. Sex 1 ☐ M 2	7. Age (In yrs. las	st birthday) If Under 1 Yaer Months Deys		Dete of Birth (Month, Dey, Ye	9. Bi	irthpiace (Stete or Foreign Country)
Director		213-22-4859 Usuel Residence of Decedent	84	IIS.	A	ug.26_	1912	Georgia
show at all		10a. Stete 10b. County	10c. City,	Town or Location				10d. Inside City Limits
Man	to	Maryland Wicomico		Fruitland				1 Yas 2□ No
deeth with the Maryland ms 23a or 28a-f show Levat be notified at	Director	10e. Street end Number		10f. Zip Code		10g.	Citizen of Whet C	Country?
23a c		102 Monroe Street		218	26		U.S.A	
	Funeral	11. Maritei Status 12. Wa	is Decedent Ever in U,S. med Forcas?	13. Was Decedent of I	Hispenic Origin? (Specifican, Mexican, Puerto Ric	y Yes or No-	14. Race - Am Bieck, Wh	
# 5 D		1 Navar Married 2 Married 1	Yes 2 No Yes, Give	1 Yes 2 No	Specify:	,	Specify:	
72 hours natural.	d by		er or Detes:			170	B1	lack
n 72 nat	Completed	15. Decedent's Education (Specify only highest grade comp	pleted)	 Decedant's Usuel Occup (Give kind of work done life. DO NOT use retire 	during most of working	161	b. Kind of Businas	s/industry
d withir jiene. r than the M	ошо	Elamantary/Secondary (0-12) Coi	ilaga (1-4or 5+)		.,		27	
should be filed and Mentel Hygie merked other imatic event, II	Be C	17. Fether's Neme (First, Middla, Last)	1	Laborer	18. Mother's Nama (F	irst, Middle, Mel	None den Sumema)	
2 should be end Mentel is marked o	To B	Mose Hewitt			Mamie Fo	rman		
	-	19e. Informent's Neme/Raletionship (Type, Prin	nt)	19b. Mailing Address (Street			ity or Town, Steta,	Zip Code)
of Health or Item 27 is other trac		Shelia Barkley		11919 Dalew	ond Duisse	C+1		- W4 200
permit. Peg Department Important: I any injury o	П	23e. Pert1. Entar the disease, or complications shock, or heart diliure. List only one ceus		821 West	Funeral H Rd.Salis ng, such es cerdiac or re	hury M	d.21801	Approximate
Physician _/Medicai	П							Intervel Between
Examiner	I. I	Immediate Cause (Finel disease or condition rasulting in deeth) e.	Multiple Dufto (or a	s a connequence of)				Onset and Death
Examiner	I. I	Immediate Cause (Finel disease or condition rasulting in deeth)	Multiple (or a	s a configuration of)	į.	4		
	I. I	b		s a consequence of):		1		
be executed ician and burial-transit	al Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Enter Undartying Ceuse (Diseasa or injury c.	Dua to (or a	s e consequence of):				
be executed ician and burial-transit	al Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Enter Undarlying	Dua to (or a					
be executed ician and buriel-transit	al Examiner	Sequantially list conditions, if eny, leading to immediate cause. Enter Undarlying Ceuse (Disaesa or Injury that initiated events	Dua to (or a	s e consequence of):				
be executed ician and buriel-transit	al Examiner	Sequantially list conditions, if eny, leading to immediate cause. Enter Undarlying Ceuse (Disaesa or Injury that initiated events	Dua to (or a	s e consequence of):				Onset and Death
is that the death certificate be executed gred by the ettending physician and be deteched for use as the burial-transit	by Physician/Medical Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Enter Undartying Ceuse (Disaesa or injury that initialed events rasulting in deeth) Lest	Dua to (or a Due to (or a grant of the control of t	s e consequence of): s e consequence of): ng in tha underlying ceuse gi	ven in Pert I.	23b. Did tobe		Onset and Death
aw requires that the death certificate be executed is been signed by the ettending physician and 2 should be deteched for use as the buriel-transit	by Physician/Medical Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Disease or injury that initiated events rasulting in deeth) Lest Pert II. Other significant conditions contribution	Dua to (or a Due to (or a grant of the control of t	s e consequence of): s e consequence of): ng in tha underlying ceuse gi	ven in Pert I.	23b. Did tobe	cco usa contribut 2 No 3 I	Onset and Death
is law requires that the death certificate be executed has been signed by the ettending physician and je 2 should be deteched for use as the buriel-transit	by Physician/Medical Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Disease or injury that initiated events rasulting in deeth) Lest Pert II. Other significant conditions contributing	Dua to (or a Due to (or a grant of the control of t	s e consequence of): s e consequence of): ng in tha underlying ceuse gi	ven in Pert I.	23b. Did tober 1 ☐ Yes 24e. Was en e	cco usa contribut 2 No 3 I	Conset and Death Ita to the causs of death Probably Unkno Wera autopsy findings eveilable prior to completion of causa
The law requires that the death certificate be executed ate has been signed by the ettending physician and page 2 should be deteched for use as the buriel-transit	Completed by Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Disease or injury that initialed events rasulting in deeth) Lest Pert II. Other significant conditions contribution. Atherwscure Ac.	Dua to (or a Due to (or a grant of the control of t	s e consequence of): s e consequence of): ng in tha underlying ceuse gi	ven in Pert I.	23b. Did tober 1 Yes 24e. Was en e performed	cco uea contribut 2 No 3 I	Probably Unkno Wera autopsy findings eveilable prior to completion of cause of deeth?
The law requires that the death certificete be executed ate has been signed by the ettending physician and page 2 should be deteched for use as the buriel-transit	by Physician/Medical Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Disaesa or injury that initialed events rasulting in deeth) Lest Pert II. Other significant conditions contribution. Aftherwicker for Ceuse (Disaesa or injury that initialed events rasulting in deeth) Lest 25. Wes cesa referred to medicel axeminer? XXes 2 No	Due to (or as go to death but not resulting to death but not resulting and the substitution of the substit	s e consequence of): s e consequence of): ing in the underlying ceuse gif cular Dis	ven in Pert I. Lower 1. 26. Place of Death (Coner: 4 Nursing Homa	23b. Did tober 1 Yes 24e. Was en e performed 1 Yes Check only one) 5 Rasidance	cco usa contribut 2 No 3 I utopsy 24b. 2 No	Onset and Death Italian to the cause of death Probably Unknown Were autopsy findings eveilable prior to completion of cause of death? 102 Yes 2 No
Physician: The law requires that the death certificete be executed this certificate has been signed by the ettending physician and rail director, pege 2 should be deteched for use as the buriel-transit	To Be Completed by Physician/Medical Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Disaesa or injury that initialed events rasulting in deeth) Lest Pert II. Other significant conditions contribution. Aftherwicker for Ceuse (Disaesa or injury that initialed events rasulting in deeth) Lest 25. Wes cesa referred to medicel axeminer? XXes 2 No	Due to (or as Due to (or as g to death but not resulting and of the substitution of th	s e consequence of): s e consequence of): ng in tha underlying ceuse gir culou Dio Woutpetient 3 DOA Ott Bb. Time of Injury 28c. Inju	ven in Pert I. Lower 1. 26. Place of Death (Coner: 4 Nursing Homa	23b. Did tober 1 Yes 24e. Was en e performed 1 Yes Check only one) 5 Rasidance	cco usa contribut 2 No 3 I utopsy 24b. 2 No	Onset and Death Italian to the cause of death Probably Unknown Were autopsy findings eveilable prior to completion of cause of death? 102 Yes 2 No
fing Physician: The law requires that the death certificete be executed h. After this certificate has been signed by the ettending physician and funeral director, page 2 should be deteched for use as the buriel-transit	To Be Completed by Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initialed events rasulting in deeth) Lest Pert II. Other significant conditions contribution. ### Provided Hospital 25. Wes cesa referred to medical axaminer? **Wes 2 \subseteq No 1 Natural 5 Panding investigation 9-	Due to (or as Du	s e consequence of): s e consequence of): s e consequence of): cular Justine of Injury 2:20 p M 1 1	26. Place of Death (Coner: 4 \square Nursing Homa ry et rk? Yes 2XXNo	23b. Did tobaction of the performed of the performed of the performed of the performance	cco uea contribut 2 No 3 U utopsy 24b. 2 No e 8 Other (Sp. injury occurred SIFT XEO 0BJE	Onset and Death Ita to the causs of death Probably Unknow Were autopsy findings eveilable prior to completion of cause of death? Were 2 No ecity) IBJECT WAS DRI
fing Physician: The law requires that the death certificate be executed n. After this certificate has been signed by the ettending physician and funeral director, page 2 should be deteched for use as the buriel-transit	To Be Completed by Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initialed events rasulting in deeth) Lest Pert II. Other significant conditions contribution. ### Provided Hospital 25. Wes cesa referred to medical axaminer? **Wes 2 \subseteq No 1 Natural 5 Panding investigation 9-	Due to (or as Du	s e consequence of): s e consequence of): s e consequence of): cular Justine of Injury 2:20 p M 1 1	26. Place of Death (Coner: 4 In Nursing Homany et R? 1 Yes 2XX No 28f.	23b. Did tober 1 Yes 24e. Was en e performed 1 Xes Check only one) 5 Rasidance 1. Describe how, AN AUTO 1. Location (Street City or Town, S	cco usa contribut 2 No 3 1 utopsy 24b 2 No s 8 Other (Sp. injury occurred SF	Onset and Death ta to the causs of death Probably Unknown Wera autopsy findings eveilable prior to completion of causa of death? 102 es 2 No
fing Physician: The law requires that the death certificete be executed h. After this certificate has been signed by the ettending physician and funeral director, page 2 should be deteched for use as the buriel-transit	Certification: To Be Completed by Physician/Medical Examiner	Sequantially list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Disease or injury that initiated events rasulting in deeth) Lest Pert II. Other significant conditions contribution. ### Pert II. Other significant conditions contribution. #### Pert II. Other significant conditions contribution. ###################################	Due to (or as D	s e consequence of): s e consequence of): s e consequence of): avoutpetient 3 DOA Otto avoutpetient 4 DOA Otto avout	26. Place of Death (Coner: 4 Invising Homary et rk? Yes 2XXNo 28f. SAI	23b. Did tobe 1 Yes 24e. Was en e performed 1 X Yes Check only one) 5 Rasidance 5 Rasidance 5 Rasidance 6 Describe how, AN AUTO/ Location (Stree City or Town, S LISBURY,	utopsy 24b. 2 No 3 1 utopsy 24b. 2 No 24b. 2 No 24b. 2 No 25b. 2 No 26b. 2	Onset and Death ta to the causs of death Probably Unknown Were autopsy findings eveilable prior to completion of cause of deeth? Were 2 No ecity) BJECT WAS DRI
fing Physician: The law requires that the death certificete be executed h. After this certificate has been signed by the ettending physician and funeral director, page 2 should be deteched for use as the buriel-transit	Certification: To Be Completed by Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initialed events rasulting in deeth) Lest Pert II. Other significant conditions contribution. ### Pert II. Other significant conditions contribution. #### Pert II. Other significant conditions contribution. ###################################	Due to (or as Du	s e consequence of): s e consequence of): s e consequence of): ng in tha underlying ceuse git culou	26. Place of Death (Coner: 4 Nursing Homany et IN Yes 2XXNo AVENUE! SAI	23b. Did tober 1 Yes 24e. Was en e performed 1 Xes Check only one) 5 Rasidance 1. Describe how, AN AUTO 1. Describe in (Stree City or Town, SLISBURY, Idue to the ceus	cco usa contribut 2 No 3 1 utopsy 24b. 2 No 8 Other (Sp. injury occurred St. FIXED OBJEC. it and Number or Fitter) MARYLAND e(s) and mennar a	Onset and Death to the cause of death Probably Unknown Wera autopsy findings eveilable prior to completion of cause of deeth? Wes 2 No ecity) RUFACT WAS DRI
fing Physician: The law requires that the death certificete be executed h. After this certificate has been signed by the attending physician and funeral director, page 2 should be deteched for use as the buriel-transit	To Be Completed by Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initialed events rasulting in deeth) Lest Pert II. Other significant conditions contribution. ### Part II. Other significant conditions contribution. #### Part II. Other significant conditions contribution. ###################################	Due to (or as Du	s e consequence of): s e consequence of):	26. Place of Death (Coner: 4 Nursing Homary et rk? Yes 2XXNo AVENUE! SAI me, deta and place, and planion, deeth occurred a	23b. Did tober 1	utopsy 24b. 2 No 3 Utopsy 24b. 2 No 6 Sprinjury occurred STAXEO 0BJE Control of the stand Number or Fixed NaRYLAND e(s) and mennar a end place, end du	Onset and Death It to the cause of death Probably Unknown Were autopsy findings eveilable prior to completion of cause of death? Were 2 No ecity) IBJECT WAS DRI Gural Route Number, as stated. Is to the cause(s)
tending Physician: The law requires that the death certificate be executed leath. for: After this certificate has been signed by the attending physician and the funeral director, page 2 should be deteched for use as the buriel-transit	edical Certification: To Be Completed by Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initialed events rasulting in deeth) Lest Pert II. Other significant conditions contribution. ### Pert II. Other significant conditions contribution. #### Pert II. Other significant conditions contribution. ###################################	Due to (or as Du	s e consequence of): s e consequence of):	26. Place of Death (Coner: 4 IN Nursing Homa ry et rk? 2XX No 28f. SAI me, deta and plece, end apinion, deeth occurred esa number	23b. Did tober 1 Yes 24e. Was en e performed 1 PYes Check only one) 5 Rasidance Describe how, AN AUTO/ Location (Stree City or Town, S. LISBURY, I. I. I. I. I. I. I. I. I. I. I. I. I.	ulopsy 24b. 2 No 3 1 ulopsy 24b. 2 No 25b. 2 No 25b	Onset and Death the to the cause of death Probably Unknown Were autopsy findings eveilable prior to completion of cause of death? Were 2 No ecity) UBJECT WAS DRI Gural Route Number, as stated. In to the cause(s) inth, Day, Year)
fing Physician: The law requires that the death certificete be executed h. After this certificate has been signed by the attending physician and funeral director, page 2 should be deteched for use as the buriel-transit	edical Certification: To Be Completed by Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initialed events rasulting in deeth) Lest Pert II. Other significant conditions contribution. ### Part II. Other significant conditions contribution. #### Part II. Other significant conditions contribution. ###################################	Due to (or as Du	s e consequence of): s e consequence of):	26. Place of Death (Coner: 4 Nursing Homary et rk? Yes 2XXNo AVENUE! SAI me, deta and place, and planion, deeth occurred a	23b. Did tober 1 Yes 24e. Was en e performed 1 PYes Check only one) 5 Rasidance Describe how, AN AUTO/ Location (Stree City or Town, S. LISBURY, I. I. I. I. I. I. I. I. I. I. I. I. I.	ulopsy 24b. 2 No 3 1 ulopsy 24b. 2 No 25b. 2 No 25b	Onset and Death It to the cause of death Probably Unknown Were autopsy findings eveilable prior to completion of cause of death? Were 2 No ecity) IBJECT WAS DRI Gural Route Number, as stated. Is to the cause(s)
fing Physician: The law requires that the death certificete be executed h. After this certificate has been signed by the attending physician and funeral director, page 2 should be deteched for use as the buriel-transit	edical Certification: To Be Completed by Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initialed events rasulting in deeth) Lest Pert II. Other significant conditions contribution. ### Part II. Other significant conditions contribution. #### Part II. Other significant conditions contribution. ###################################	Due to (or as Du	s e consequence of): s e consequence of):	26. Place of Death (Coner: 4 In Nursing Homa ry et 1/4? Yes 2XXNo 28f. SAI me, deta and plece, end opinion, deeth occurred es a number . M. E.	23b. Did tobe 1 Yes 24e. Was en e performed 1 Pares 2heck only one) 5 Pasidance 3. Describe how, AN AUTO/ Location (Stree City or Town, S LISBURY, I due to the ceus et the time, dete	utopsy 24b. 2 No 3 1 utopsy 24b. 2 No 24b	Onset and Death ta to the causs of death Probably Unknown Were autopsy findings eveilable prior to completion of cause of deeth? 102 Yes 2 No ecify) BUFCI WAS DRI Gural Route Number, as stated. as to the cause(s) oth, Day, Year) 21, 1996
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit	edical Certification: To Be Completed by Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initialed events rasulting in deeth) Lest Pert II. Other significant conditions contribution. ### Part II. Other significant conditions contribution. #### Part II. Other significant conditions contribution. ###################################	Due to (or as Du	s e consequence of): s e consequence of):	26. Place of Death (Coner: 4 In Nursing Homa ry et 1/4? Yes 2XXNo 28f. SAI me, deta and plece, end opinion, deeth occurred es a number . M. E.	23b. Did tobe 1 Yes 24e. Was en e performed 1 Pares 2heck only one) 5 Pasidance 3. Describe how, AN AUTO/ Location (Stree City or Town, S LISBURY, I due to the ceus et the time, dete	utopsy 24b. 2 No 3 1 utopsy 24b. 2 No 24b	Onset and Death ta to the causs of death Probably Unknown Were autopsy findings eveilable prior to completion of cause of deeth? 10 Yes 2 No ecify) BUECT WAS DRI Gural Route Number, as stated. as to the cause(s) oth, Day, Year) 21, 1996

DHMH 16 Rev 6/95

7. A. N

State of Maryland / Department of Health and Mental Hygiene 06

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Mary Loretta September 13, 1996 7:20 a.m. /Medical 4e. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 6034 Broadneck Road (At Home) Chestertown Kent If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yaer) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□ M 2XF 218-50-1403 92 Yrs. Director February 17, 1904 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is markad other than "naturel", or itams 23a or 28a-f ahov treumatic event, tre Modical Examiner must be notilised at 1 Yes No Director Maryland Kent Chestertown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6034 Broadneck Road 21620 U.S.A. Completed by Funeral Pages 1 end 2 should be filed within 72 hours after death whent of Health and Mental Hygiene.
Int: If Item 27 is merked other than "naturel", or Itams 23sury or other treumetic event, the Medical Example I must 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 220 No if Yes, Giva Year or Dates: Was Decadent of Hispanic Origin? (Spacify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - Amarican Indien, Bleck, White, etc. 1 ☐ Nevar Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: 3₩idowed 4 Divorcad White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education 16b. Kind of Businass/Industry (Specify only highest grade completed) Elamantary/Secondary (0-12) Collage (1-4or 5+) Homemaker Domestic/Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Robert J. Roe Clara Rachel Dukes 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) C. Margaret Godley/Daughter 6034 Broadneck Road, Chestertown, Maryland 21620 20b. Placa of Disposition (Name of cemetery, crematory or other pleca) 20c. Location - City or Town, State Burlal 2 Crametion 3 Removal from Stata 4 Donation 5 Other (Specify) Department of Important: If any Injury or Wesley Cemetery/September 16, 1996 Rock Hall, Maryland 21. Signature of Funerel Service Licansea 22. Name and Addrass of Facility Fellows, Helfenbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland 21620 23e. Part1. Enter the disease, or complication that caused the death. Do not entar the mode of dying, such as cardiac or raspiratory arrast, shock, or heart feilure. List only one cause on each line. **Physician** Severe Lymphoua - Non Hodgens type /Medical immediata Causa (Finai disease or condition resulting In death) **Examiner** Examiner The lew requires that the death certificate be executed Sequentially iist conditions, if any, laading to immediate cause. Entar Underlying Ceuse (Disaasa or injury that initiated events resulting in death) Last Due to (or as a consequence of): pue P.O. Box 68760, Physician/Medicai Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, p director, paga 2 should be 24b. Were autopsy findings eveileble prior to completion of cause of daeth? Completed 24a. Was an autopsy 1 Yes 1 Tyes 2 No certificata Division of Vital or Attending Physician: Be 25. Was casa raferred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 2 1 Yes 2 No 1 inpatiant 2 ER/Outpatient 3 DOA this funeral Data of injury (Month, Day Year) Certification: 27. Mennes of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1 Neturai 5 Pending investigation 1 ☐ Yes 2 ☐ No s aftar deeth 2 Accident fiiled in by the 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piace of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicida To the Hospital o within 24 hours aff To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and dua to tha cause(s) and menner es stated.
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, data and place, and dua to the cause(s) end manner stated. Medical 29a. Certifier 29c. License number 29b. Signeture and title of certifier 29d. Dete signed (Month, Day, Year) Thun aun 30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print) hesty town, and 21620 6 C.G. Baumaun 100 Brown St 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Lichid Davidson-Randell Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

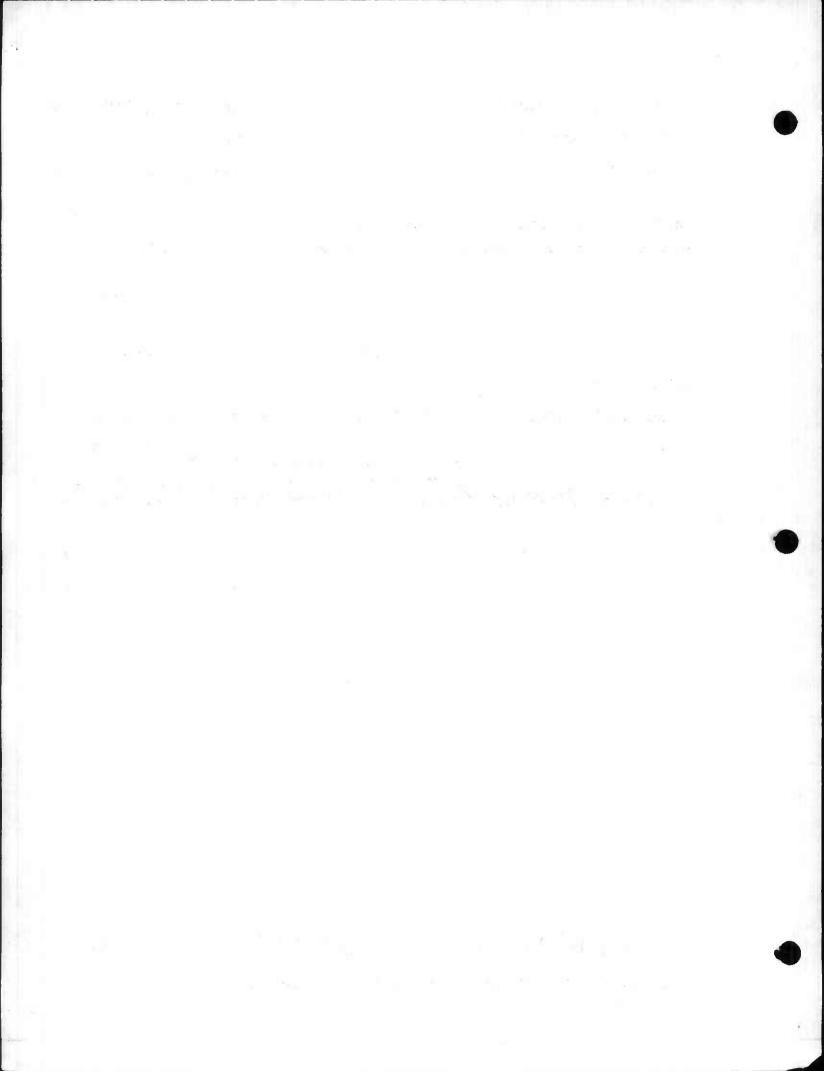
_					arylanu / i	Certificate of			96	3 4 4 9)
п	Physic	an	Decedent's Name (First, Midd					Date of Death Month	Day	3. Time of De	
Ш	/Medi		Margaret Black		<u> </u>			ctober 4	+, 1996	9:30 p.	m.
ï	Examir	ner	4a. Facility Name (If not institution				4b. City, Town, or Loca		4c. County o		
L	(O) I		Magnolia Hall I 5. Social Sacurity Number		on An um lant hi	rthdev) If Undar 1 Yaar	Chestertow		Ken		
	Funeral Director		218-16-9801 Usuai Rasidence of Decedent	1 M 2 X F	e (In yrs. last bii 84	Yrs. Months Days	Hours Min. A	B. Date of Birth Month, Day, Y Pril 22,	1912	9. Birthpiace (State or Fo Maryland	reign
	dand		10a. State 10b. County	,	10c. City, Tow	n or Location				10d. Inside City L	imits
	Many First	ţ	Maryland Ke	ent	(Chestertown				1 ™ Yes 2 □] No
	r 28s	<u>5</u>	10e. Street and Number			10f. Zip Code			10g. Citizen of What Country?		
	h with	aj D	200 Morgnec Roa	ad		2162	20		U.S.A.		
020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health end Mental Hygiene. Important: if Item 27 is marked other than "natural", or itema 23a or 28a-f show any folury or other traumatic event, the Modreal Event on ment be inclined an once.	by Funeral Director	11. Marital Status 1 □ Nevar Married 2 □ Mai 320 Widowed 4 □ Divorced	If Yes Give	Ever in U,S.	13. Was Decedent of I If Yes, specify Cub	Hispanic Origin? (Spec pan, Mexican, Puerlo Ri Specify:	ify Yes or No- ican, etc.)	Black,	- Amarican Indian, White, atc. White	
5-0	72 ho	eted	15. Deceder	nt's Education st grade completed)	16a	Decedent's Usual Occu	pation	16	b. Kind of Busi	ness/industry	
121	ithin ne.	Completed	Elementary/Secondary (0-12)	College (1-4or 5			ne during most of working tired)				
7	hor th		Unknown	4	U	nknown				Manufacture	r
and	ntal H	Be	17. Father's Name (First, Middle, William G. Blace	·			18. Mother's Name (iden Sumame)		
Ž	2 should end Men is marke aumatic	2	19a, Informant's Name/Relations		100	14 W	Susie M.				
Ma	d 2 si th en 7 is r		William G. Skir			. Mailing Address (Street					
é,	1 and Health em 27		20a. Method of Disposition	nici, bi./boi		Road Top Disposition (Name of	Road, Clies			and ZIOZU ity or Town, State	
Baltimore, Maryland 21215-0020	Pages ment of lant: if he jury or o	,	12 Surlai 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S			Disposition (Name of ry, cremetory or other ple n Cemetery/Oct	ober 7, 1996		umpton, 1		
Bal	permit. Page Depertment of Important: if any injury or once.		21. Signature of Funeral Service	Dellente	200		lelfenbein			al Home, P.	Α.
	TECH II		23a. Part1. Entar the disease, o shock, or heart failure. List	complications that caused	the death. Do	not enter the mode of dyi	Road, Ches	respiratory arrest	mary1	Approximate	
	Physician /Medicai Examiner		Immediate Cause (Final disease or condition resulting in death)			luon any				interval Between Onset and Deat	
	D ==	iner			unliat						
o	ificete be executed g physician and es the bunel-transit	edical Examiner	Saquentially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Disease or injury c.								
Box 68760,		-	that initiated events resulting in death) Last	d	Due to (or as a	consequence of):					
.0	death	sicia	Part II. Other eignificant condition	ons contributing to death bu	ut not resulting in	tha underlying causa gir	ven in Part I.	23b. Did toba	cco use contr	ibuts to the cause of de	eath?
P.O.	law requires that the death cer as been signed by the attendir 2 should be detached for use	by Physician/N	0							Probably 4 Unk	
Records,	sign d be		Chelon Sen Cerebal Tryo					24a. Was an a	- Independent	24b. Were autopsy findir	0.00
Ö	nous shou	Completed	Cerebral Trufa	id, ASCV.	D, Hy	ren Lunia	Seprenin	performe		available prior to completion of cause	
Re	has ge 2	du	/	,	///					of death?	
	ysician: The l s certificate ha director, page		OS Miss seem of seed to see dis-					1 Tes	2 100	1 ☐ Yes 2 ☐ No	
VIta	certif	o Be	25. Was case referred to medica examiner? 1 ☐ Yas 2 ☑ No	Hospital:		Ott	26. Place of Death (
o	E = =	. To	27. Manner of Death	1 LI Inpatie	nt 2 ER/Ou	tpatient 3L DOA	4 LE NUISING HOME	 5 Residence d. Describe how 			
0	Afte fune	tion	1 Natural 5 Pendir 2 Accident investi	nation		njury Wo	rk?]Yes 2 □ No	ar 50001100 11011	injury occurred		
Division of	i or Attending Physician: efter death. Director: After this certific in by the funeral director,	fica	3 ☐ Suicida 6 ☐ Couid	not be 28e. Place of Inju	iry - At home, fa	rm, street, factory, office		f. Location (Stree	et end Number	or Rurel Routa Number,	
2	al or Attending P s efter death. I Director: After t d in by the funer	Certification:	4 ☐ Homicide determ	building, etc	(Specify)	,,,		City or Town, S	Stete)		
	To the Hospital or At within 24 hours efter or To the Funeral Direct completely filled in by	edlcai C	29a. Certifier 12 Certifyin (Check only one) 12 Medical	g Physician: To the best of Examiner: On the basis of	examination and	, death occurred at the tid d/or investigation, in my d	me, date and place, an opinion, death occurred	d due to the caus at the time, date	e(s) and manr and place, an	ner as stated. d due to the cause(s)	
	ithin o the	Mec	29b. Signatura and titia of certifie	and manner sta	.ou.	29c. Licans	se number	294	Date signed /	Month, Day, Year)	
	F 3 F ö		\cap	08544				1	10/7		
	1	0	20 Nama and	ms.			3889		1017	176	
			30. Name and adversor of person	who completed cause of de HIN MA. 9			10 66.1.	-	n, 0 =	(676	
	Sta	te	31. Date filed (Month, Day, Year)	32. Registra	r's Signature		e, cuspero	and I	مر دا	410	
	Registra		OCT 07 '96	Julia Stirido	on-Randal	90					
	are the second				The state of						

A STATE OF THE STA

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

							tificate of		Mental Hy	Reg. No.	96	31450	
ı	Physic	ian	Decedent's Neme (First, Middle, L.	,					2. Dete of Dee	oth Day	Year	3. Time of Deeth	
J	/Medi		Linwood Wilson St						Septeml		1996	11:52 a.	
a	Exami	ner	4e. Facility Neme (If not institution, g Kent & Queen Anne					4b. City, Town, o Cheste	r Location of Deeth	4c. County	y of Deeth Kent		
	Funeral Director			Sex NOXM 2□ F		rrs. iast birthdey) Yrs.	If Under 1 Yeer Months Days	If Under 24 Hr Hours Min	s. B. Date of Birth	, Year) 1916	9. Birthpled Country	ce (Stete or Foreign y) yland	
	and *		Usuel Residence of Decedent 10a. Stete 10b. County		10c	City, Town or Lo	cation			,			
	Maryl H sho	tor	.35.50	Annog			ersville				100	d. Inside City Limits NOXYes 2 □ No	
	th with tha	rai Director	Maryland Queen 10e. Street end Number Dogwood Village,	Annes P. O. B	ox 165		10f. Zip Code 2166	de		10g. Citizen of What Country? U.S.A.			
Maryland 21215-0020	s within 72 hours after death with the Maryland ilene. Then "neturel", or items 23a or 28a-f show the Moocel Examiner must be notified at	by Funeral	11. Maritet Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Fo	12. Was Decedent Ever In U,S Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		Vas Decedent of F f Yes, specify Cubi □ Yes 2XNo	Hispenic Ortgin? (Specify Yes or luben, Mexican, Puerto Rican, etc.) Specify:		r No-) 14. Race - American Indie Bleck, White, etc. Specify: White		c.	
	C	Completed	15. Decadent's E (Specify only highast g Elementery/Secondery (0-12)	ducation rede completed) College (1-4or 5+)	16e. Decedent's Usuel Occupation (Give kind of work done during most of wo iife. DO NOT use retired) Farmer		rking 16b. Kind of Bu					
pu	등독특분	e C	17. Fether's Neme (First, Middle, Las	t)			ratmet	18. Mother's Ne	eme (First, Middle,			a1.	
ylar	0 5 0 0	To Be	Rolph Stafford					Clara	Shaw				
, Mar	d2 sh th and 7 is m traum		19e. Informent's Neme/Reletionship Dolores Hurd/Daug	228 Cd	oncord Ro		Rural Route Numbe stertown,						
Baltimore,	permit. Pegas 1 and 2 should Department of Health and Mer Important: If Item 27 is marke any injury or other traumatic once.		20e. Method of Disposition 1 Burlal 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Special Content of the Content		State	umpton (cemetery/	Septemb	er 29, 19	96	Location - City or Town, State impton, Maryland		
Bal	Depar Depar Impor any In		21. Signature of Funerel Service Lice	Play	10		Name end Addre Ellows, I 30 Speer	es of Facility Helfenbe Road, C	in & Newr	nam Fund	eral H	Tome, P.A. 21620	
×	Physician		23e. Pert1. Enter the disease, or cor shock, or heart feilure. List only	polication that of	aused the de ech line.						A	Approximate Intervet Between Onset end Deeth	
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	a CON	GEST	IVE H	FEART	FAILL	IRE			3 yrs.	
	BEARIN	Jer		6 -20		(or es e conseq	uenca of): -RTERY	DISE	DACE			Surc	
68760,	The law requires that the death certificete be executed the best been signed by the attending physician end page 2 should be detached for use as the buriel-transit	Aedical Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Due to (or es e consequenca of):									3 1.22	
Box .	es that the death certifications by the attending be datached for use a	Physician/M	Pert II. Other significant conditions	23b. Did tobacco uss contribute to the cause of death									
s, P.O.	s that the gned by the	by Phy	GANGRENE -	FOOT	DUE					'88 2□No		bly 4 ☐ Unknown	
Division of Vital Records,	e law require hes been sign 2 should t	Completed	ATRIAL FIBRI ADOUT ONSET	-		5			24e. Wes e perfor		avalla	autopsy findings able prior to pletion of cause eth?	
a B									1□ Y	es 200 No	1 □ Y	Yes 200 No	
<u> </u>	cartificata irector, pag	Be	25. Wes case referred to medical exeminer?	Hospitel:	, .		3 DOA Oth		eeth (Check only or				
on of	Attending Physician: or death. ector: After this cartific by the funeral director.	tlon: To	1 Yes 2 No 27. Menner of Deeth Neturat 5 Pending 2 Accident Investigation	28e. Dete		28b. Time of Injury	28c. Injur	y et k?	Home 5 Reside				
Divisi	7 £ 5 C	Certification:	3 Suicide 6 Could not be determined	28e. Plece	of Injury - At ng, etc. (Spe	home, ferm, stre cify)	et, fectory, office	1 Yes 2 No 1 Set. Location (Street and Number City or Town, State)		per or Rurel R	loute Number,		
	To the Hospital of within 24 hours er To the Funeral D completely filled in	edicai	29e. Certifier (Check only one) Certifying Pi 2 Medical Example	nyeiclan: To the miner: On the ba end menr	asis of exemi	nowledge, deeth nation end/or lnv	occurred et the tin estigetion, In my o	ne, dete and plec pinton, deeth occ	e, and due to the courred et the time, d	ause(s) end me ete end pleca,	enner es state and due to th	ed. e cause(s)	
	To the To the comp	M	29b. Signeture end title of certifier	Whe	mo)	29c. Licens	e number 4158	_	9d. Dete signe	d (Month, Da)		
		7	30. Neme end eddress of person who					W- 1	-1 01/00				
	Sta Registra		Dr. Helen Noble 31. Dete filed (Month, Dey, Year) SEP 27 '9	32. R	egistrer's Sig	oad, Che Ineture Vavidson-R		i, Maryla	and 21620				

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 31451

						Certifica	te of	Death		Re	g. No.	0	1 1 -	.01
	Physic /Medi		1. Decedent's Neme (First, Middle, L Erva Frances	Swann						2. Date of Deeth		996		12pm
	Exami		4e. Facility Neme (If not institution, gi					4b. City, To	wn, or Loc	cation of Deeth	4c. County	of Deeth		
			Genesis Elderc					LaP1				rles		
	uneral irector	_		Sex 7. Ag 1 M 2	e (In yrs, last birt	Yrs. If Under	Deys		Min.	8. Dete of Birth (Month, Dey, Nov. 2	Year) 0 191	9. Birthpl Count 3 M		te or Foreign
fand	ð u		10a. Stete 10b. County		10c. City, Town	or Location						10	od. Inside	City Limits
he Mary	Sa-f sh ctffled	Director	MD Charl	es	LaP1a									es 2□No
th with t	23a or 2	al Dir	1 Magnolia Dr	•		10f. Z	p Code	0646		10	g. Citizen of V	What Count	ry?	
Q Z1Z13-UUZU filed within 72 hours after death with the Manyland Hydiene.	d other than "natural", or flerm 23s or 28s-f show event, the Madical Examiner must be notified at	by Funeral	11. Meritel Stetua 1 □ Never Merried 2 □ Merried 3 ♥ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2X If Yes, Give Yeer or Detes:		13. Was Dece If Yes, sp			gin? (Spec n, Puerto F	cify Yes or No- Rican, etc.)		ck, White, e Ame: Ind:	nic.	
2-C	leal i	ie d	15. Decedent's E	ducation	16a.	Decedent's Us	el Occi	pation	a må som delm	11	6b. Kind of B			
Z1Z13-UUZU d within 72 hours af giene.	marked other than "n imatic event, the Mad	Be Completed	(Specify only highest gi	College (1-4or s	5+)	Decedent's Us (Give kind of w life. DO NOT Homema	akei	e aunng mosi ed) C	t or workin	ng	Н	ome		
D III	other.	O	17. Fether's Neme (First, Middle, Las	*				18. Mothe	r's Neme	(First, Middle, M	elden Surnan	ne)		
aryian should be f	rked tic e	TOE	Thomas H. Pro	ctor				Mol1	y C.	Rober	tson	Proc	tor	
0 0	5 6	1	19e. Informent's Neme/Reletionship	(Type, Print)						Route Number,				
	item 27 other tr		Regina Thomps	on				ır Dr	. K1	ng Geo:				
Daltimore, Semit. Pages 1 ar Department of Hee			20a. Method of Disposition Substituting Buriel 2 Cremetion 3 [4 Donetlon 5 Other (Special Content of the Cont		cemeter	Disposition (Ne y, cremetory or .gnatil	other pl		h Ce	m. 10/1	0c. Location $11/96$			
Dealtimo	Important: If it any injury or o		21. Signeture of Funerel Service Lice	ensee er l		AREHA	RT-	ECHO	LS F	UNERAL lata,M	HOME	.INC		
900	4	Г	23e. Pert1. Enter the disease, or con shock, or heart failure. List only	nplications that caused	the deeth. Do n	ot enter the mo	de of dy	ring, such es	cardiec or	respiratory erres	D 200		Approxin	neta Between
	sician edical	ı	Immediete Cause (Finel			106	11	EART		FAIL	ING		Onset an	nd Deeth
Exa	miner	L	disease or condition resulting in deeth)	e. CON	Due to (or as e	consequence of):	BUICS		FB120 Accin	VUI -			
petric	ansit	Examiner	Sequentially list conditions	b. LEFT	Due to (or es a c	CO20 V	05	CLAN	2	DCC(V)	Rig		mon	14
20°	physician and the burial-transit		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	o. Dr	η		176							
A CO / CO, entificate be assocuted	ing physe eas the	Medical	that initieted events resulting in death) Lest	d	Due to (or ea e c	onsequence of	:					1		
death	attending p			0										
) g	ched	Physician	Pert II. Other significant conditions	contributing to death b	ut not resulting in	the underlying	cause g	iven in Part I.			acco use co			
L g	signed by the atter I be detached for u	by Pt								1 Vec	2 🗆 No	3 Prob	ably 4	Unknown
§ (1	s been s	Completed								24e. Wes en performe	autopsy ed?	ave	re autopo illable pri npletion o leeth?	
= =	page page	Cou								1 ☐ Yes	2 No	1 🗆	Yes 2	P□ No
Physician: T	certificate rector, pag	Be	25. Wes case referred to medical examiner?	Hospital:				dhan d		(Check only one				
Phys.	this ald	2	1 ☐ Yes 2√ No 27. Menner of Death	Hospitel: 1 Inpatie			OA			ne 5 Residen)	
	After	tion	1 Netural 5 Pending 2 Accident Investigetion	(Month, De		njury M	28c. Inju	ork? ☐Yes 2 ☐ !		oo. Describe nov	r injury occur	190		
i or Attending after death.	e d	ertification:	3 Suicide 6 Could not I determined	De Diana et lai	ury - At home, fer c. (Specify)	m, street, fecto				8f. Location (Stre City or Town,		per or Rural	Route N	umber,
To the Hospital o	To the Funeral Dir completely filled in	edical C	29e. Certifier (Check only one) Certifying P	hysician: To the best of minar: On the basis of end menner ste	exemination and	deeth occurred Vor Investigation	at the t	time, dete and opinion, deel	d place, as th occurre	nd due to the cau d et the time, dat	use(s) end me e and piece,	enner as ste	ated. the caus	e(s)
To the	ro the	M	29b. Signeture and title of certifier	1111	11	29	c. Licer	nse number		29	d. Date algne	d (Month, E	Dey, Year	7)
) - *	- 0		Kicho	& Alle	mo	CMO	D	06	018		OCT	9,	199	16
			20. Name and address of person who	completed cause of the	eath (Item 23e) (Type, Print)	Bini	ILAR	, P.	L, ALF	5 VA	22	3//	,
	Sta	ate	31. Dete filed (Month, Day, Year)	32. Registra	a's Signature	0.	,			1	1			

8.5

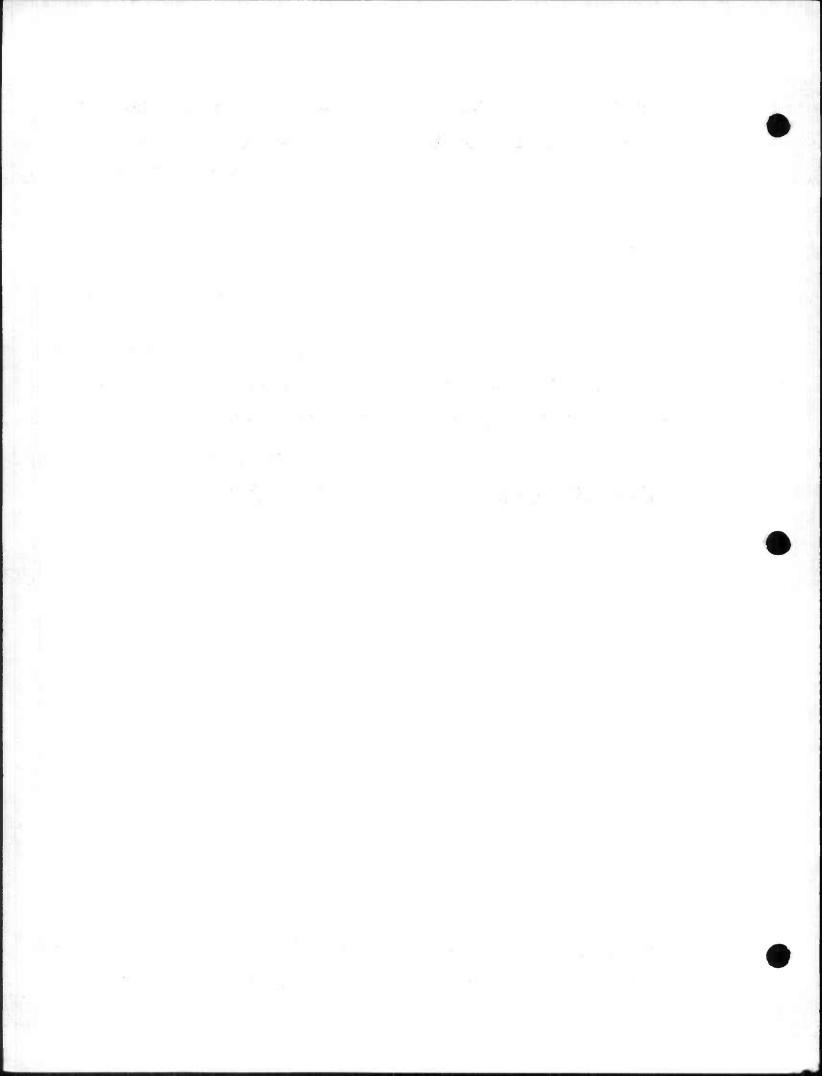
State of Maryland / Department of Health and Mental Hygiene

0	1	1	p-s	0
3	1	13	5	6

						Certificat	e of	Death	5	Reg. No.		
			1. Decedent'a Name (First, Middle, L	ast)					2. Date of Dea		Man	3. Time of Death
	Physic /Medi		GLORIA	IR	ENE		SM.	ITH	Octobe	er 7, 19	96	7:40 AM
	Exami		4a. Facility Name (If not Institution, go	ve street and number)				4b. City, Town, or I	Location of Death			
1			Frederick Mem	orial Hosp	ital			Frederi	ck	Fre	deric	k
	Funeral Director			Sex 7. Ag 1 □ M 2 □ XF	e (In yrs. lest 71	birthday) If Under Months	1 Year Deys		8. Date of Birt (Month, Da April	3, 1925	9. Birthp Coun Mary	lace (Stete or Foreig Tand
	P &		Usuel Residence of Decedent 10a. Stete 10b. County		10c Ciby T	own or Location						04 1-14-00-11-0
	ahon ahon	2	Maryland Frederi	ols		kersville					1	0d. inside City Limit 1 Yes 2 □ N
	he M	ect		CK	Wal							
	eth with the Marylar 23a or 28a-f show	Funeral Director	10e. Street and Number 100 Chape1 Cour	t			179				S.A.	itry?
21215-0020	filed within 72 hours after deeth with the Maryland Hygiene. ther than "natural", or items 23a or 28a-f show int, the Medical Examinet must be noutfied at	þ	11. Meritel Stetus **CXNever Married 2 Married 3 Wildowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 V If Yes, Give Yeer or Dates:	Ever In U,S. No	13. Wes Deced	ony Cut	Hispenic Origin? (S pan, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	Specify	e - Americ ck, White, o	
5-0	72 hours natural',	ted	15. Decedent's E (Specify only highest gi	ducation	1	8e. Decedent's Usua	al Occu	pation during most of wor	kina	16b. Kind of B	usiness/ind	dustry
2	thin a	pje	Elementary/Secondary (0-12)	College (1-4or	5+)	life. DO NOT us	se retire	ed)	King			
2	filed with Hygiene. ther the	Ö		4		Registere	d .	Nurse		Nursi	ng/In	structor
n	be filed tal Hygi d other avant, t	Be Completed	17. Fether's Neme (First, Middle, Las	*				18. Mother's Nan				39 -
$\frac{8}{8}$		ပို	Charles F		WITH			Carrie	:	(CRONI	SE
, Maryland	1 and 2 should be fi Haaith and Mental I- iem 27 is marked of Wher traumatic avai		19a. Informent's Name/Relationship Mrs. Phyllis L.			19b. Mailing Address 1103 Wils						Code) 21702
Saltimore,	other		20a. Method of Disposition		20b. Piace	e of Disposition (Nan	ne of	ice)	Date	20c. Location -	City or To	wn, Steta
Ē	Page ent c nt: If		1 ☐ Buriel 2 ☐ Cremation 3 I 4 ☐ Donation 5 ☐ Other (Spec			isburg Crema			8, 1996	Smiths	ourg.	Maryland
	permit. Pages 1 Department of H Important: if its any Injury or ot once.		21. Signature of Funerel Service Lice								0,	
ñ	Depa Impo any Ir		De Pinhau C	Maal		Keeney	an	ess of Facility d Basford	l P.A. Fr	uneral 1	Home	
Y	Physician /Medical Examiner		23a. Part1. Enter the disease, or cor shock, or heart feilure. Liat only Immediate Cause (Final disease or condition resulting in death)	a. Con								Approximate Interval Between Onset and Death
		je l		Chris	Due to (or as	24. +-		L. P	1	12	- 10	
	outed Id	Examiner	Sequentially list conditions	b	Due to (or es	e consequence of):	()	ive 1	11/00/2	- 17 17 13	-20	
Ď	an ar rial-ti	W X	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events									
00/00	ertificate be axecuted ling physician and e as the burial-transit	Medical	Cause (Disease or Injury that initiated events resulting in death) Last	C	Due to (or es	e consequenca of):						
õ ×	leath certifica attending ph of for use as the	Med		.II.							1	
000	0 6 8			d							1	
	0 0 %	Physician	Part ii. Other aignificant conditions	contributing to death b	ut not resultin	g In the underlying o	ause gi	iven in Pert I.	23b. Did t	obacco use co	ntribute to	the cause of death
5	the part the	Phy							180	Yes 2 No	3 Prot	pably 4 Unknow
	requiras that tha een signed by th hould be detache	by										
2	been si should	Completed by							24a. Was	an autopsy med?	ave	ere autopay findings
2	≥ D 0)	De							,		of c	mpletion of cause death?
	Tha la	E O							101	es 20No	1 🗆	Yes 2□ No
Q		Be	25. Was case referred to medical					26. Place of Dea	ith (Check only o	ne)	1	
>	5 m 5	To	examiner? 1 ☐ Yes 2 ☑ No	Hospital:	ent 2 ER	Outpatient 3 DO	A Ot	her: 4 Nursing H	oma 5 Resid	lence 8 Oth	er (Specify	()
	D TE	tlon:	27. Menner of Death 1. Netural 5 Pending 2 Accident Investigation	28a. Date of Inju (Month, Da			8c. Inju		28d. Describe h			
Division of Vital Records,		Certification:	3 Sulcide 6 Could not l	e Ope Diese of Ini	ury - At home c. (Specify)	, ferm, street, factory	, office		28f. Location (5 City or Tow	Street and Numb m, State)	er or Rura	l Route Number,
	To the Hospital or At within 24 hours aftar of To the Funeral Direct complately filled in by	edical C	29a. Certifier (Check only one) (Check only one)	nysician: To the best of miner: On the basis of end manner sta	examination	dge, death occurred a and/or investigation,	at the ti	ime, date and piace opinion, death occu	, and due to the orred at the time, o	cause(s) and ma date and place,	anner as st and due to	ated. the cause(s)
	ithin of the complete	M	29b. Signature and title of certifier	City Hallion 50		290	: Licen:	se number		29d. Dete signe	d (Month. I	Dav. Year)
	F 3 F 8		Muhal L	erner	m.			11619				7, 1996
			30. Name and address of person who						11	1. 1	. 1 1	01700
_			Dr. Michael Ler	ner MD 15	East	Frederick	St	reet, Wal	lkersvil	ie, Mar	yLand	21/93

Registrar

OCT 0 8 1996



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Dete of Death Month Day **Physician** October 6, Mildred 1996 Irene Spurlock 3:50 AM /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner College View Nursing Home Frederick Frederick 7. Aga (In yrs. last birthdey) If Under 1 Yaer If Under 24 Hrs. 6. Date of Birth (Month, Dey, Year) 5. Social Security Number Birthplace (State or Foreign Country) **Funeral** 1□M **X**(X)F Yrs. Director 219-14-8441 Sept. 1, 1925 Maryland Usual Residence of Decedant 10a Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examiner must be notined at 10d. inside City Limits 1 Yas 2 No Director Maryland Frederick Thurmont 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 313 North Church Street, Apt 5. 21788 USA 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 No Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, etc. permit. Peges 1 and 2 should be filed within 72 hours effect.
Department of Heelin and Mental Hygiene.
Important: if them 27 is marked other than "natural", or then any Injury or other traumafic event. 1 Never Merried 2 Married 1 ☐ Yas 2 Ñ No Specify: If Yas, Giva Yaar or Dates: Specify: þ 3 ☐ Widowad 4 🖾 Divorced White Completed 15. Decedant's Education (Specify only highest grada completed) 16a. Decedent's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Assembly 9 Optical Store 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumame) Ernest William Martin, Sr. Hallie Elizabeth Keeney 19e. Informant'a Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 290 Tuscawillow Hills, Charles Town, WV 25414 Judith Maye, daughter 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20e. Method of Disposition Oct 9, 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stete 4 ☐ Donation 5 ☐ Othar (Spacify) Linden Hills Cemetery 1996 Frederick, Maryland 22. Nama and Address of Facility Stauffer Funeral Homes, P.A. 21 Signature of Funeral Service Licens 1621 Opossumtown Pike Frederick, MD het caused tha daath. Do not entar the moda of dying, auch as cardiac or respiretory errast, on aech lina. Onset and Death Physician /Medical fmmedlata Causa (Final diseasa or condition rasulting in death)) year **Examiner** Sequantially list conditions, if eny, laeding to immediata causa. Entar Underlying Couse (Disaasa or injury that initiated avents resulting in death) Last Dua to (or es a consequance of) **Bud** physician s the buriel Physician/Medical Dua to (or as a consequance of): Part II. Other significant conditions contributing to deeth but not resulting in the undarlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by i 1 Doges 2 No 3 Probably 4 Unknown þ 24b. Wara autopay tindings svallable prior to completion of cause of daeth? Completed 24a. Was an autopsy 1 Yes 20 No 1 ☐ Yas 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I 25. Was casa rafarrad to medical Be 26. Pieca of Death (Check only one) 1 Yas 2 No Othar: 4 Gursing Home 5 Residence 6 Othar (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Desth 28b. Tima of 28c. Injury st Work? 28d. Dascribe how Injury occurred Certification: 1 Z Natural 5 Panding 1 ☐ Yas 2 ☐ No Invastigation 2 Accidant 6 Could not be datermined 3 ☐ Sulcida 28a. Placa of Injury - At homa, farm, atraat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier 29b. Signetura and titla of certifier 29c. License number 29d. Deta signed (Month, Day, Year) Michael Lerner M.D D41619 October 7,1996 30. Name and addrass of person who complated causa of death (Item 23a) (Type, Print)

Michael Lerner, MD, 15 East Frederick Street, Walkersville, MD 21793

1 0 1996 32. Registrar's Signature

Land Revolution Revolution

State Registrar 31. Data filed (Month, Day, Year)

Baltimore, Maryland 21215-0020

Box 68760

P.O. I

Records,

Division of Vital

or and

State of Maryland / Department of Health and Mental Hygiene 3 1 454 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Yaar **Physician** Stine Shirley Bernice 10:23 A.M. October 1, 1996 4c. County of Death 1996 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death **Examiner** Frederick Memorial Hospital Frederick Frederick If Under 1 Year If Under 24 Hrs. Hours Min. 8. Data of Birth Month Day, Year 39 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Months Days 1 M 2 F Virginia 57 Yrs. Director 214-36-2355 Usual Rasidance of Dacadant with the Maryland 10a. Stata 10c. City, Town or Location 10b. County 10d. Inside City Limits rai", or items 23s or 28s-f show Examiner must be notified at Maryland Frederick Frederick 1 X Yas 2 No Direct 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 14 Hamilton Avenue U.S.A. 21701 permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Heelth and Menlei Hypiene. Important: If item 27 is marked other than "natural", or items 23a any injury or other traumatic avent, the Medical Examiner must bonce. Funeral 12. Was Decedant Evar In U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Navar Married 2 WMarried 3altimore, Maryland 21215-0020 Specify: White 1 ☐ Yas 2 No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementary/Secondary (0-12) Coilega (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) STALLINGS Harvey Albert Virginia Mae BARTHOLOW 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 31 Hamilton Avenue, Frederick, Maryland 21701 Mrs. Lori Ann Chaney/Daughter 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 🖾 Burial 2 □ Cramation 3 □ Ramoval from Stata Mt. Olivet Cemetery Oct 3,1996 Frederick, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility Keeney & Basford P.A. Funeral Home hym Koben MO0706 106 East Church Street, Frederick, MD 21701 23a. Part 1. Enter the displace, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disaasa or condition rasulting in deeth) 13 Years **Examiner** Due to (or as a consequence of) Examiner physician end the buriel-transit that the death certificate be executed Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical that initiated evants resulting in death) Last Dua to (or as a consequenca of): 98 esn deteched f Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b þ 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? has 1 Yas 2 KNo 1 Yas 2 No certificate or Attending Physician: funeral director. 25. Was casa rafarred to madical 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 Yas 20 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA After this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Naturai 5 Pending after death. Director: Aft 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not ba datamined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 28a. Place of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 4 Homicida 24 hours a Hospital edical 29a. Cartifias 12 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. within 2 94 29b. Signature and titla of pertifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 10 10-1-96 30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print) 310 Water Streat Fraderick My 21701 BARAKAT 31. Data filed (Month, Dey, Year)

State Registrar Year) 1996 32. Reflictear's Signal 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of Ma	arylariu	Certifica				Reg. No.	96	31455)
	Physic	an	1. Decedent's Nema (First, Middle, La	st)					2. Date of De Month		Year	3. Time of Death	
	/Medi			RAYMOND	SHAH	EEN			October	1, 1996	N	12:03 PM	
7	Examir	ier	4a. Facility Neme (If not institution, gli					4b. City, Town, or		,			
-			30336 Aylmore 5. Social Security Number 6.5		(In yrs. lasi	t hirthday) If Und	er 1 Year	Salisbu	-		Comico		-
	Funeral Director			I	63	Yrs. Months		Hours Min.				ece (State or Forek try) ch Caroli	
	how		10a. Stete 10b. County		10c. City, T	own or Location					10	d. Inside City Limit	S
	8 Ma	Director	Maryland Wicomic)	Sal:	isbury						1 ☐ Yes 2√ N	0
	th with the	ai Dire	10e. Street end Number 30336 Aylmore	Ave.		10f. Z	lp Code 2	1804		10g. Citizen of V	What Count	ry?	
020	n 72 hours after death with the Maryland "natural", or frame 23a or 28a-f show colcal Examiner must be notified at	by Funeral	11. Marital Status 1 Naver Married SMerried 3 Widowed 4 Divorced	12. Was Decedent E Armed Forcas? 1 ☐ Yas 2 ☑ N If Yes, Give Yaer or Datas:		13. Was Dec If Yes, sp 1 ☐ Yes		dispanto Origin? (S an, Maxican, Puan Specify:	Specify Yas or No to Rican, etc.)	14. Rec Biad Specify	ce - Amarice ck, White, e	etc.	
Maryland 21215-0020	E . G	Completed	15. Decedent'a E (Specify only highest gra Elemantary/Secondery (0-12)	ducation ade completed) Coilege (1-4or 5		6a. Decedent's Us (Give kind of w lite. DO NOT	ork done	during most of wo	rking	16b. Kind of B			
d 2	T T T		12 17. Fathar's Nama (First, Middle, Last	4+		Teacher		18. Mother's Na	me (First, Middle,	Public		ation	
lan	S TE D	To Be	Robert G. Sha						eth Linz				
any	d 2 should be th and Menta 7 is marked of treumstic ev	-	19e. Intorment's Name/Reletionship (19b. Mailing Addres		and Number or Re	ural Route Numb	er, City or Town,	Stata, Zip	Code)	
	70 50 10		Ann Thorne Shahe	en/wife				e Ave.,	Salisbur				
Baltimore,			20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □		cem	e of Disposition (Na atary, cremetory or	other ple		Dete	20c. Location -			
	그는 본은		4 □ Donetion 5 □ Other (Specifical Service Licer			ton Cemet		ess of Fecility	10/4/96	Hallwo	od, V	a	_
B	Depa impo any is		De 10-1	1000 MOI	051	Hollo	way	Funeral 1					
	Physician /Medicai Examiner		23a. Pert1. Enter the disease, or comshock, or heert feilure. List only Immediate Causa (Final disease or condition	^	the deeth. I	Do not enter the mo	ode of dyl	Hill Rd. ng, such as cardia	c or reapiratory a	rrest,		Approximate interval Between Onset and Deeth	
		Examiner	resulting in deeth)	b. Doch	Due to (or es	Cardum	Moto	itly				MTMS -	
68760,	ificate be executed g physician and as the bunal-transit	edicai Exa	Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Cause (Disease or Injury that Initieted events resulting in death) Last	c	,	a consequence of							
	E 016	-	Tooding in death, East	d							1		
Box	death cert e attendin ed for use	lan		0.									
P. 0.	0 0 0	Physician/M	Pert II. Other significant conditions of	_		ig in the underlying	cause gi	en in Part I.				the cause of deati	
	s that med b	by Pi	Scaluts Mul	Will Typ	IT				10	Yes 2 No	3 Prob	ably 4□Unkno	wn
Division of Vital Records,	e law requires that the has been signed by th je 2 should be detache	Completed t								an autopsy ormed?	avai	re autopsy findings ilable prior to apletion of cause leath?	
<u>~</u>	The page	Con							10	Yas 2 No	1 🗆	Yes 2 No	
<u> </u>	ician: The certificate rector, pag	Be	25. Wes case raterred to medical examiner?	Hospitel:			Ott	ant.	ath (Check only o				
o	Phys or this eral di	n: To	1 ☐ Yea 2 ☐ No 27. Manner of Deeth	28a. Data of Injury	/ 28	Outpetient 3□ D	28c. inju Wo	4 LI Nursing F	lome 5 4 Pesi	denca 6 □Oth how Injury occur)	
io	Attending Physician: or death. octor: After this certific. by the funeral director,	ation	1 ☑Natural 5 ☐ Panding 2 ☐ Accident Investigation	(Month, Day	Year)	Injury M		rk? Yas 2 □ No					
Divis	구독등도	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Inju building, etc.	ry - At home (Specify)	, term, street, fecto	ry, office		28f. Location (City or To	Street end Numb wn, Stete)	er or Rural	Route Number,	
t	Hospital 24 hours Funerel l etely filled	edical	(Check only 2 Medical Exam	ysician: To the best of	exeminetion	dga, death occurred end/or Investigation	d et the ti	me, dete end piece ppinion, deeth occu	e, end due to the urred at tha tima,	cause(s) and madata and placa,	anner as sta	ited. the cause(s)	
	To the within 2 To the comple	Med	one) 29b. Signeture end title of certitier	and menner stel	ed.			sa number		29d. Dete signe			
	/ S = 8		> Suale	M. an	am			688		10/	196		
	5		30. Name and addrass of person who	7 77 9 77	777	le) (Type, Print)	110				,		
			anala M. U	NO MO		PRMC							
	Sta Registr	-	31. Date tiled (Month, Dey, Year)	Ragistre Cultural Park	r's Signeture	rdall							

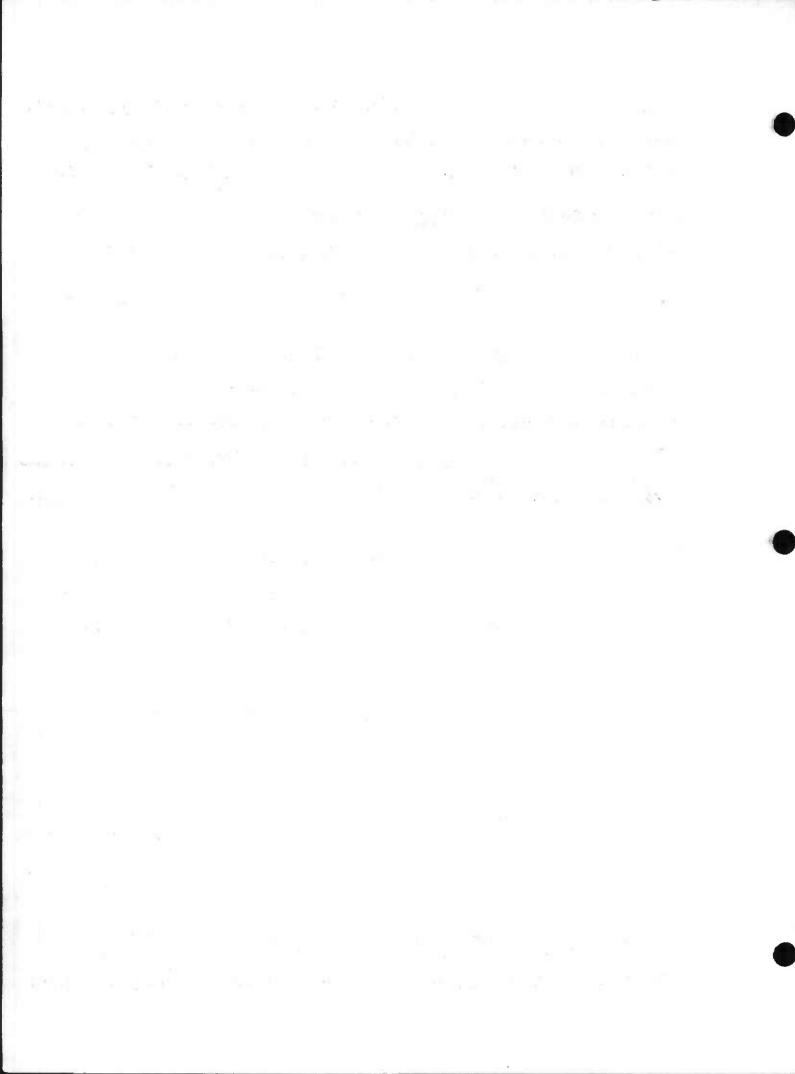
DHMH 16 Rev 6/95

all to the second

amended box#3, Box 18, J.L. Kent Please Type or Print in Black indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 95

		Certificate of Death	Reg.	90	31436
Physic	ian		2. Data of Death	Day Year	3. Time of Death
/Medi		FRANCES ORR TAYLOR		8 90	2000 DXPM
Exami	ner	4e. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Loc		4c. County of Dea	ath
11000		UNIVERSITY OF MARYLAND SHOCK TRAUMA BALTIMO		BALTIN	
Funeral Director			8. Data of Birth (Month) Day, Yell	9. Bit	rthpleca (Stata or Foreign ountry) M D
land w		10a. Stata 10b. County 10c. City, Town or Location			10d. Inside City Limits
Mary Feet	tor	MD KENT CHESTERTOWN			1 Xyes 2 □ No
72 hours after death with the Maryland natural, or flems 23a or 28a-f show side! Examiner must be notified at	Funeral Director	10e. Street and Number 409 CAMPUS AVENUE 10f. Zip Coda 21620	10g.	Citizen of What C	
deat me	ner	11. Meritel Stetus 12. Wes Decedant Ever in U.S. Armed Forces? 13. Wes Decedant of Hispanic Origin? (Specific Yas, specify Cuban, Maxican, Puarto R	ify Yes or No-	14. Rece - Am	
al, or he	þ	1 Navar Married 2 Merried 1 Yas 2 No 1 Yas 5 No 1 Yas 5 No 1 Yas 2	ican, aic.)	Specify: W	l H ITE
i within 72 hours iene. ' then "netural', the Medical Exe	Completed	15. Decedant'a Education (Specify only highest grada complated) 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working	16b.	Kind of Busineas	Mindustry
S 2	nple	Elemantary/Secondery (0-12) College (1-4or 5+) iffa. DO NOT usa ratired)		1	,
filed with Hygiene. ther than	S	11 4 SCHOOL TEACHER		EDUCA	TION
d a b	Be	17. Fathar's Nema (First, Middia, Last) 18. Mothar's Nama			
E P Sel	2	GEORGE PRICE ORR OTIL			Marie Schmi
2 sho and la ma		19a. Informant's Name/Ratationship (Type, Print) 19b. Malling Addrasa (Street and Number or Rural			- 1
1 Health tam 27 other t			ERTOWN		21620
90-2		20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cemetery, crematory or other place)	Date 20c.	Location - City or	Town, Stata
Peg ment: ury		4 Donation 5 Other (Specify) Wesley CHAPEL CEMEROS	1996 R	OCK HAL	L , MARYLA
pemit. Peg Department Important: I any injury o		21. Signatura of Funerel Sarvice Licensaa MOOG25 22. Nama end Addrass of Facility			
89 F 2 9		Marin V. Welling		TERTOWN	MD 216
Physician /Medical Examiner	یر	Immediata Causa (Final disaasa or condition rasulting in death) a. CHRDIO PULMONARY FAI	LURZ		Onsat and Death
7 ±	Examiner	SPINAL CORD INSURY			6 DAYS
and I-tran	хап	Sequentially list conditions, If any leading to immediate			
be ey ician buria		cause. Enter Underlying Cause (Disease or Injury that Initiated events C. FIGTOR VIZ-HICLIE COLLISIO	Shute EXIN	MER	G DAYS
eath certificate be executed attending physician and I for use as the burial-transit	in/Medicai	Cause (Disease or Injury that Initiated evants rasulting in death) Last Dua to (or as a consequence of): d. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	D BY MEDICAL EXAM		
0 0 2	sicia	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	23h Did tohac	co use contribut	s to the cause of death
es that the de igned by the a be detached	by Physician/M	METIESTATIC CARCINOMA OF THE BRIEAST	1 Tyes		robably 4 Unkno
aw requires been s	Completed I		24a. Was an au performed		Wara autopsy findings available prior to complation of cause of death?
The la	Son		1 ☐ Yes	2 🗆 No	1 ☐ Yas 2 ☐ No
lcian: The certificate rector, pag	Be (25. Was case raferred to medical axaminar?	(Chack only ona)		
0 0	0	Mospital: • /	a 5 Rasidence	8 Other (Spe	ecify)
Attending Phirideath.		2) Accident invastigation 07/02/96 3.20 Pivi	d. Dascribe how in	lury occurred	to accide
To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Certification:	3 Suicida 6 Could not be datarmined 28a. Placa of Injury - At home, farm, streat, factory, office building, atc. (Specify) 28	81. Location (Street City or Town, St hespert	and Number or Ania) North	lural Routa Number,
Hosp. 24 hou Funer stely fill	edicai	29a. Certifiar (Check only 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred	d dua to tha causa	(s) and mannar s	s stated.
thin	Med	29b. Signature,agd titla of certifier 29c. License number			
5 × 5 8		() () () () ()	290.1	Data signed (Men	in, Day, Tear)
		John A. 1821ths, 7D D-22240		0/0/7	6
		30. Name and addrass of person who complated causa of daath (Itam 23a) (Type, Print)		/ /	
		JOHN S. BRITTEN, 22 SOUTH GREENE STREET	T, BALTI	MORE ST	10 2120
Sta Registr	-	31. Data filed (Month, Day, Year) AUG 1 3 96 32. Begistrar's Signature Audion Annuale		•	



State of Maryland / Department of Health and Mental Hygiene 96 3 1457

										Cei	tificat	te of	Death		Reg. No	0.		
п			Г	Decedent's Nam	e (First, Middl	le, Last)							2. Date of De	ath		3	. Time of Death
	Physic /Medi		ı		Sara	a h			Be1	le	Th	nomp	son	Month Septer	Da n h o n		6 1	3:30am
	Exami		4	a. Facility Name (/	If not institution	n, give	street end r	rum <i>ber)</i>					4b. City, Town, or I	Location of Deat		c. County of Deal	U	
-1			2	The Ken	t and	Qu	een	Ann	e's	Hospi	tal.	Inc	C t	estert	OWI	n Ke	nt	
Г	Funeral	Г		Social Security N	lumber	6. Se		7. Age		last birthday)		r 1 Year	If Undar 24 Hrs.					(Stete or Foral
4	Director		-	578-22-		-	JM ZEST		92	Yrs.				4-12-1	904			ucky
	Pul &		-	sual Residence of Da. State	Decedent 10b. County				10c Cit	y. Town or Lo	nation						404	to 21 to 62 to 2
	anylan show	ក		MD	Kent					estert								Insida City Llmit 1 ☐ Yes 2 ☑ N
	h the Marylar r 28a-f show r rothed at	Director	-	De. Street and Nur					_									1000
	with po of	Ö			ohnson	torn	n Dd					p Code 2162(1		_	itizen of What Co	untry /	- 3
	eath w	Funeral	-	1. Maritel Status	Omnson	-	12. Was De	cedent I	Ever in 11	S 12 1				pooity Voc or No		14. Raca - Ame	rionn I	odien
	ter dea Itams	5	1	Maritei Status Never Marri	ind 2 Mag		Armed	Forces?		,5.	Yes, spe	cify Cub	lispanic Origin? (S an, Mexican, Puert	o Rican, etc.)	-	Black, White		ndian,
20	irs eft	by F		3 ₩ Widowed			If Yes, (Give	10	1	☐ Yes	2 🔯 No	Specity:			Specify: R	1ac	k
21215-0020	72 hours efter death with the Maryland "natural", or frams 23a or 28a-f show soldal Expande man be notified at		H		15. Deceden	t's Edu	cation			16a. Deced	ent's Usu	ai Occur	pation		16b. K	Kind of Businass/	_	
215		Completed	L		ify only highas	st gred	e completed	-		(Give	kind of wo	ork done	during most of wor	king		ivate Fa		
21,	d within jiene. r than "	E		Elementery/Second 6th	ndary (0-12)		College	(1-4or 5	+}	De	mest	ic						
	e filed al Hygid other vent, p	Bec	13	7. Fathar's Nama	(First, Middla,	Last)							18. Mother's Nan	ne (First, Middle	, Meidar	n Sumama)		
Maryland	should be and Mental marked or	To B		John W	esley	Co1	eman						Mary	Elizabe	th C	Coleman		
any	2 shot and A is ma		1	9a. Informant's Na	me/Reiations	hip (Ty	pe, Print)			19b. Maliin	g Address	s (Street	end Number or Ru	rel Routa Numb	ar, City	or Town, Stete, 2	ip Co	de)
	27 mg			Thomas	I. Bro	W11				9011	Geor	roeto	own Rd.	Chester	town	MD 21	620	
Baltimore,	of He Item		20	a. Method of Disp	oosition				20b. P	lace of Dispo	sition (Ner	me of		Date		ocation - City or		
	Peges nent of I nt: If Its iry or o			1 X Burial 2 [4 ☐ Donation			emoval fror	n State					Cemetery	9/7/96	Pon	nona. MD		
	교 등 문 증		2	Signeture of Fu	neral Service I	Licanse	90									eral Ser	vic	e
m	Depermination of the series of			٨		D.	1-0			21	106 F	Rock	Hall Ave					
	A TOTAL		2	3a. Parti. Enlar th	ne disease, or	compli	cations that	caused	the death	4			ng, such es cardied					proximate
J	Physician			shock, or hear	rt failure. List	only or	ne cause on	each lin	a .								Inte	sat and Death
J.	/Medical	ш	ir	nmediate Cause (Final		T	>		6 D	(~ (suha	1	i	6.	+ -
	Examiner		re	isease or condition esulting in deeth)	n	8		10	Due to /or	see a consea	CC CC	SUC	iry C		100	1	M	צרדעט
		ē							000 10 (0)	as a conseq	uenca or,	,						
	certificate be executed ording physician end use es the bunial-transit	Examiner	S	equentially list cor	nditions.	1 b). ———		Due to (or	r as a conseq	uenca of):	:						
Ó	an er		if	equentially list cor any, leading to im ause. Enter Unde	mediate rlying				,	,								
68760,	ite be nysici	edicai	th	ause (Disease or i at initiated events sulting in deeth) L	injury	٥			Dua Io.(or	as a consequ	ance of):							
	ng ph	Jed	16	isaning in deen) L	ası													
XOX	endii r use	an/M			`	d					**							
. B	death ne atter ed for u	Sici	Pa	rt II. Other eignifl	cant conditio	ns con	tributing to	death bu	t not rasu	liting in the un	derlying c	cause giv	en in Part i.	23b. Did	tobacco	uee contribute	to the	ceuse of death
P.0	that the death c ned by the attence detached for us	Physician	(Dhind	Cost	100	21	210	36	No 1	+		AITS	1 🗆	Yee 2	No 3□Pr	obabl	y 4 Unknow
	8 50	by	-	3 400	- 44	416	- 01	डा । प	0	- nak	21,41,7	-	MID,					
of Vital Records,	requires that been signed b should be dete	Completed		FFTXI	Polo	2600	101	20	D	Mal 2hea	11.0	the	0	24a. Was	en auto	8	vaileb	utopsy findings
ec	aw 2 s S	pie	-	1110	1 600	100	4 - 4	200	1	-, vi C Cr	MAC	VIC	9				comple of deat	tion of cause h?
R	0 - 0	Non												10	Yas 2	₽No 1	☐ Ye	s 2 No
ita	ysician: The s certificate director, pag	Be (25	. Was case referr	ed to medicai								26. Place of Dea	th (Check only	one)			
5	2 00	2		1 Yes 2€	Mo	Н	ospital: 1-E	Inpatier	nt 2 🗆 I	ER/Outpatient	3□ DC	Oth Oth	er: 4 Nursing H	ome 5 Resi	dence	6 ☐Other (Spec	city)	
			27	. Manner of Death	5 Pending	0	28a. Date (Mo	of Injur	Year)	28b. Time of Injury	2	28c. Injur Wor	y at k?	28d. Describe	how inju	iry occurred		
010	Attending or death. ector: After by the fune	ati		2 Accidant	investig	ation					М		Yes 2 □ No					
Division	or Attendi after death. Director: A in by the fi	Certification:		3 ☐ Suicida 4 ☐ Homicide	6 ☐ Could n determi		28e. Plac	e of Inju	ry - At ho (Specify	me, farm, stre	et, factory	y, offica		28f. Location (nd Numbar or Ru	ral Ro	ute Number,
۵	irs after or all Direction				1			_, -,-,-	. , ,					,				
	Hospital 24 hours a Funeral I	edicai	29	a. Certifier (Check only	1 Certifying	g Phys Examin	iclen: To the	e best of	my knov	viedge, death	occurred	at the tin	na, date and place plnion, death occur	and due to the	cause(s	end manner as	stated	J.
	불들품 등			one)			and ma	nner stat	ed.	ion androi iliv				. So at the time,	JEIG SIN	o praca, and due	เบเกล	causd(s)
	To	Σ	29	b. Signature and t	title of certifier						290	_	a number		29d. Da	ata signed (Month	Day.	Year)

State Registrar

e v se ey A THE STATE OF THE

State

e of Maryland / Department of Health and		-	31458
Certificate of Death	Reg. No.	20	01700
	2. Dete of Deeth Month Dey	Yeer	3. Time of Death

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Discolati		Decedent's Nema (First, Middle, Last)								2. Dete of Dee Month	th Dey	Voor	3. Time of Death	
Physici /Medio		EARL D. TISDALE								Sept.	29, 1	996	8:50 A.M.	
Examir		4a. Facility Neme (If not institution, giva si 120 Catoctin Avenue					1 _	b. City, To Thurm		ocation of Deeth	4c. County Frede			
Funeral Director		103 30 2301	M 2□ F	a (In yrs. last	birthday) Yrs.	if Undar 1 Y Months D	aar eys	if Undar Hours	24 Hrs. Min.	8. Date of Birth (Month, Day July 31	Year) 1933	9. Birth Cou Ken	ppiece (State or Foreign intry) tucky	
Maryland H ahow	tor	Usual Residence of Decedent 10e. State 10b. County Maryland Frederick	ς.	10c. City, To		ation							10d. inside City Limits 1 ☐ Yes 2 ☐ No	
1 28s	rec	10e. Street end Number				10f. Zip Co	de				log. Citizen of	What Cou	intry?	-
N with	O E	120 Catoctin Av	enue			21	788	3			U.S.	Α.		
permit. Peges 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Destruction: If item 27 is merked other than "pettural", or here 23 or 28e-f show any injury or other traumatic event, the Medical Examiner must be notified at once.	by Funeral Director	11. Meritei Status 1: 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. Was Decedent I Armed Forces? 1 ☐ Yas 2 ☑ I If Yes, Give			as Decedant Yas, specify			gin? (Sp , Puarto	ecify Yas or No- Rican, atc.)	14. Rac Ble Specifi	ck, White		
hour tural		15. Decedent's Educi	Yaar or Datas:	1 4/	Sa Dagada	ent's Usual O	loous	ation		1	16b. Kind of B		hite	
hin 72 in na Nede	Completed	(Specify only highest grade Elementery/Secondery (0-12)	completed) College (1-4or 5		(Give k	ind of work d O NOT use r	tone o	luring mos	t of work	ing	TOO. KING OF B	DSII I& BS/II	loustry	
od wit	EO	10	Conege (1-401 o		Pı	rinter					Owner	Prin	ting	
uld be file Vental Hy rked oth	To Be (17. Fathar's Name (First, Middle, Last) Lawrence D. Tisdale	е							e (First, Middle, I. Gera		na)		
and 2 sho eith and 1 27 is me er traume		19e. Informent's Neme/Reletionship (Type Vivian J. Tisdale)		1						al Routa Numbe Thurmon				
Peges 1 a ent of He nt: If Itam ry or oth		20a. Method of Disposition 1 ☐ Burial 2 🛣 Cramation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	movel from State	ceme	etery, crem	ition (Neme of etory or other	r plec	,	i		20c. Location -	-	own, Steta Maryland	
Departm Departm Importar any Inju		21. Signature of Poperal Service Licenses	00	0	Rô	SERI ndE	ddre	SATEE	¥ &	SON FUN	ERAL HO	MES,	P.A.	
		23a. Part 1. Enter the disease, or comptto shock, or heart failure. List enty one	etions that could	death /						T, THUR		D 21	/ O O Approximete	_
Physician		shock, or heart failure. List only one		1 1									Intervel Between Onset and Death	
/Medical		immediate Cause (Finel diseasa or condition	METASTA	477d	SQUAN	yous c	EL	L CA	NGEY	2 UNKA	OWN		9 MONTHS	
Examiner	Ļ	resulting in deeth) 9.		Due to (or es	e consequ	ence of):			,	PR	MARY			
unsit	Examiner	b .		5 U (U)		1.0						1		
e execu		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		Due to (or as	a consequ	ence of):								
seth certificate be executed attending physician and for use as the burial-transit	cian/Medical	that initiated events resulting in deeth) Last		Dua to (or es	e consequ	ence of):								_
in cert	and	d.										-		
e dee		Part if. Other significant conditions contr	ributing to death bu	t not resuiting	g in tha und	derlying caus	e give	en in Part I		23b. Did to	obacco use co	ntribute	to the cause of death?	,
w requires that the d been signed by the should be detached	by Phys									1584	(es 2□ No	3□ Pro	obably 4 Unknow	n
sician: The law requires that the death certificate be executed certificate has been signed by the attending physician and irector, page 2 should be detached for use as the bunial-transit	Completed									24e. Wes a perfor		a c	Vera autopsy findings vailable prior to ompletion of cause of death?	
The I	Com									1 🗆 Y	as DÉNo	1	□ Yes ZELNo	
ysician: is certific director,	Be	25. Was case rafarred to medical examiner?	- u .						of Deet	h (Check only o	ne)			
shyst this c	To	1 195 200140	1 Inpatie		Outpetient		Oth	4 L) NU	rsing Ho	me 52 Resid			ify)	
anding F sath. or: After the funer	ation	27. Menner of Death 1 Neturel 5 Pending 2 Accident investigation	28a. Dete of Injur (Month, De)	Year)	b. Time of Injury	M 28c.	Injury Work	rat t? Yes 2□	No	28d. Dascribe h	ow injury occur	rea		
s after de la Directe ed in by t	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injubuilding, etc.	ury - At home, c. (Specify)	, ferm, stre	et, fectory, of	ffice			28f. Location (S City or Tow		er or Rui	ral Route Number,	
To the Hospital or Attending Physician: initin 24 hours after death. To the Funeral Director: After this certifica completely filled in by the funeral director,	edicai	29e. Certifier (Check only one) Certifying Physic	cian: To the best of er: On the basis of end menner ste	examinetion	dge, deeth o end/or inve	occurred et ti estigation, in	he tim	e, deta en sinion, dee	d place, th occur	and due to the cred et the time, c	ause(s) and milete end plece,	and dua	stated. to the cause(s)	
withi To th	M	29b. Signature and title of defittier	1 Olyn	M				numbar	51	4	29d. Data signe	Month		
		30. Name and address of person who com	npiated cause of de	eeth (item 23	a) (Type, P	rint)								
		Brian M. O'Connor,					ree	t, F	rede	rick, M	aryland	217	01	

State Registrar 31. Deta filad (Month, Dey, Year)



DHMH 16 Rev 6/95

al III Alexandre 3

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 31459 Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death September 23 ThoRnHil RUBEN 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death WICOMICO SALISBURY PENINSULA REGIONAL MEDICAL CENTER If Under 1 Yeer 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 24 Hrs. Birthplece (Stete or Foreign Country) 10-M 20 F Months Deys Hours 218-48-5135 MARY Usuel Residence of Decedent 10a. Stete 10b County 10c. City, Town or Location 10d. Inside City Limita Salisbaly 1 Tes 2 No . CIMICS 10e. Street end Number Of. Zip Code 10g. Citizen of What Country? 21801 5%. USA 12. Wes Decedent Ever In U,S. 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Meritel Status Armed Forces? 1 ☐ Yea 2 ☐ 1 Never Merried 2 Merried 1 Yes 2 No Specify: Yes, Give Specify: Block 3 ☐ Widowed 4 ☐ Divorced Yeer or Detea 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT ase retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) STALE MEKAN 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden 9) Jilliam 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Richardson 822. Chuech 1.100 20b. Plece of Disposition (Name of cametery, cremetory or other p 20e. Method of Disposition Date 20c. Location - City or Town, State 1 Deurial 2 □ Cremetion 3 □ Removel from Stete Church 4 ☐ Donetion 5 ☐ Other (Specify) Funeral Service Licansee 21. Sign 22. Name end Address of Facility WilliamSIN 23 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Deeth Immediete Cause (Finel diseese or condition resulting in deeth) Due to (or es a consequence of): HIV Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequenca of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? No 3 Probably 4 Unknown 1 Yss RUL infeltrate 24b. Were autopsy findings availeble prior to completion of cause of death? 24e. Wes an autopsy performed? 1 ☐ Yes 🗡 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Inpatient 2 ER/Outpetlent 3 DOA

burial-transit Bnd Division of Vital Records, P.O. Box 68760. physiclan 8 \$ 88 ding ntten 0 signed by 8 certificate has this After Hospital or Attending | 24 hours after death.

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

2

Examiner

Physician/Medical

Completed

Be

10

Certification:

Medicai

Funeral

Director

?? Is marked other than "natural", or items 23s or 28s-f show traumstic event, tra Medical Expansion must be notified at

death with the Maryland

filed within 72 hours after

nd Mental Hygiene. marked other than

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Ia marked oths any Injury or other traumatic event

Physician

/Medical Examiner

Saltimore, Maryland 21215-0020

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28c. Injury et Work? 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No

Neturel 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 D Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29e. Certifier

(Check only one)

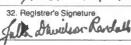
29d. Dete signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number 25 029105

30. Name end/address of person who completed cause of deeth (Item 23a) (Type, Print)

, m.o. CARISTIT ON HUDDLESTON 106 MILKO10 SALISOUR 31. Dete filed (Month, Day, Year)

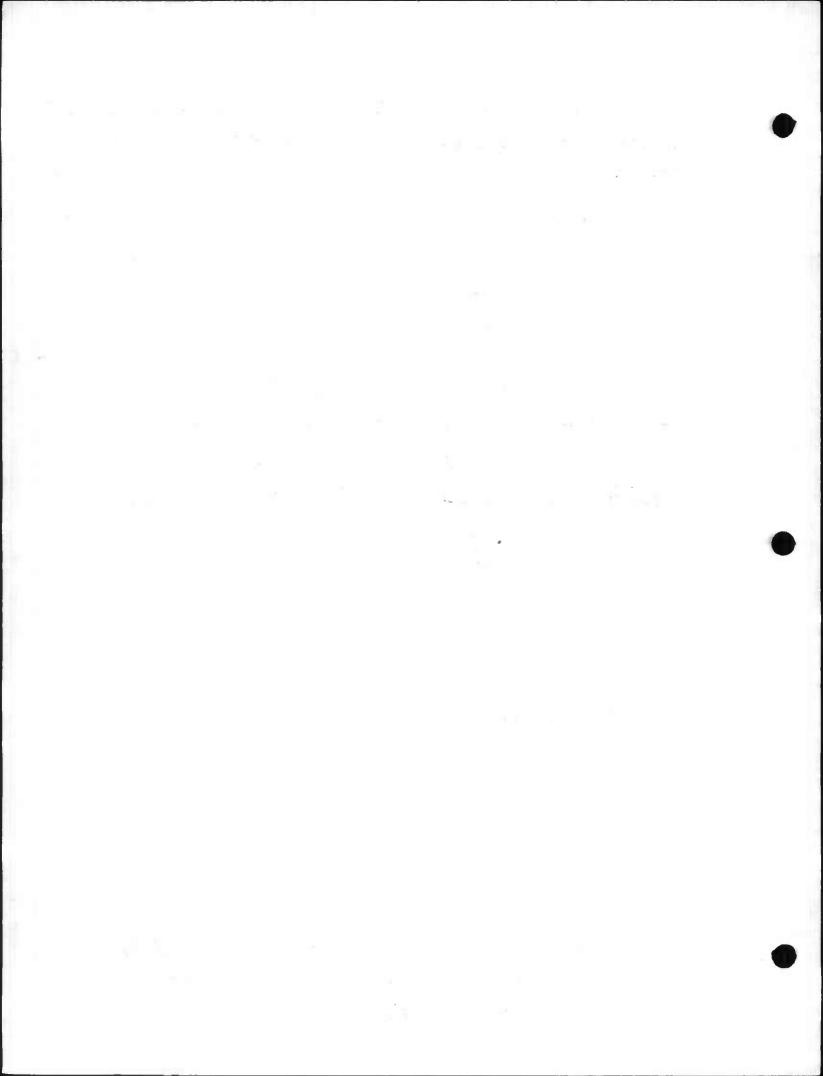
State Registrar

OCT 01 1996



To the within 24 hours.
To the Funeral Directories and the state of th

Director:



State of Maryland / Department of Health and Mental Hygiene

4	1100	100					
			0		1	1	0
	14	25	4	1	1.	10	1
	2	6	V	- 1	mb.	6	L

							Cei	tificat	e of	Death)		Reg.	No.			
	Dhi.		1. Decedent's Name (First, Mid	dle, Last)								2. Date of D		Day	Year	3. Tirr	ne of Death
	Physic /Medi		George Dill W	achowiz								Septem			1996	3:	55 p.
	Exami		4a. Facility Name (If not instituti						4	b. City, To	wn, or Lo	ocation of Dea		4c. County			p
			5853 Henry Ave							Rock				Ke	ent		
	Funeral Director	F	5. Social Security Number 213–60–7749	6. Sex 1 → M 2 □	7. Ag	e (In yrs. last b	oirthday) Yrs.	if Under Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Date of B (Month, D	ey, Ye				ate o <i>r Foreign</i> d
	pu *		Usual Residence of Decedent 10a, State 10b, Count			10c. City, To	um or Lo	ostion					,				
	s 1 and 2 should be filed within 72 hours after death with the Maryland I Health and Mental Hygiena. tam 27 is marked other than "natural", or items 23s or 28s-f show tem 27 is marked other than "natural", or items 25s or 28s-f show other traumatic event, the Medical Examinet must be notified at	Funeral Director		ent				Hall	Code				10-	Chi-		1 🕱	le City Limits Yes 2 ☐ No
	a or	ä								1				Citizen of \		try ?	
	eath w	eral	5853 Henry Ave		Decedent	Ever in U.S.	13 \		2166		iain? (Sn	ecity Vee or N		U.S.A	e - America	an India	0
	ter dea	Fun	1 □ Never Married 2 Ma	Arme	ed Forces? Yes 2 🕱		10.1	Yes, spec	cify Cuba	in, Mexical	n, Puerto	ecify Yes or N Rican, etc.)			ck, White,		
020	al', or	by	3 ☐ Widowed 4 ☐ Divorce	if Ye	s, Give or Dates:		-	I □ Yes	2 XNo	Specify:				Specify	v: Whit	ce	
Ö	n 72 hours aft natural, or			nt's Education		16	a. Deced	lent's Usua	al Occup	ation			16b	. Kind of B	usiness/înc	lustry	
21215-0020	a. an "n	Completed	(Specify only high Elementery/Secondary (0-12)		er <i>ea)</i> ege (1-4or :	5+)	life. L	OO NOT us	rk done e se retired	du <i>ring</i> mos	t of work	ing					
CA	Agien T. Tre	Con	10					Wat	erma	n				Seafo	od		
Maryland	2 should be filed within end Mental Hygiena. Is marked other than surnatic event, me N	Be	17. Father's Name (First, Middle Joseph Wachowi	. ,						18. Moth		e (First, Middle	e, Maio	den Suman	ne)		
2	d Me rark	10	-			40	M 8.4 - 111-	a Address							0.1.7.	0.41	
N N	d 2 si th en 7 is r		19a. Informent's Neme/Relation Helen Y. Wacho									al Route Num					
	Heal Heal am 2		20a. Method of Disposition	MTS/MTT6	=	20b. Piace				enue,	ROC	k Hall		Location -			
Ö	00-		1 Durial 2 ☐ Cremation		from State	cemet	ery, cren	natory or o	ther plac	,							
Baltimore,	permit. Pages 1 end Department of Health Important: If Itam 27 any injury or other to ance.		4 Donation 5 Other (1	westey						25, 199					
n a	permit. Page Department Important: If any injury or once.		1900	3 1	100	1	F€	CO Co	s, oon	ëlfër	bein	& New	nam	Fune	ral F	Iome	, P.A.
			23a. Part1. Enter the disease,	1 ~ Z	ella	205						sterto		Mary	Land		
			shock, or heart allure. Lis	t only one cause	on each li	ne.	TIOL OIL	or the mod	e or dyli	g, such as	Cardiac	or respiratory	arrest,		1		mete Between and Death
)	Physician /Modical		Immediate Cause (Finai												1	Oilset a	ind Death
	/Medical Examiner	Ш	disease or condition resulting in death)	a	Cigr	1 c vycu	not	01	E.	con	vy						
		-				Due to (or as a											
	nsit	틒		b													
_6	ertificete be axecuted ding physician and se es the burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury			Due to (or as a	conseq	uence of):							i		
6876U,	siciar buri		Cause (Disease or injury that initiated events	С		D									-		
20	ficete pphy s the	Medical	resulting in death) Last			Due to (or as a	conseq	uenca ot):									
_	0 2 2			d													
מ	death o	Physician	Part il. Other significant condit	ione contributino	to death h	ut not requiting	in the u	oderlying o	auca aiv	on in Dart i		23h Die	Itoher	200 1100 00	ntribute to	the car	es of death?
5	thet the de ed by the a detached	hys	Tarri. Other eigniteent condit	ione continuating	to doath b	ut not resulting	an and un	idenying c	ause giv	en in Parti			Yes	2 No	3 □ Prot		4 ☐ Unknow
7	es ther igned to be det	by P										''	145	25/140	3 L TOE	MUTY	4 Ullkilow
Records,	S D											24a. Wa	s an a	utopsy			osy findings
0	w requ	olete										peri	ormed	17	cor	iliable pr npietion death?	of cause
	0 - 0	Completed										10	Yes	a Et No			2□ No
	ician: The certificate rector, pag	BeC	25. Wes case referred to medic	ai .						26 Dlane	of Doot			2. No		Yes	ZLI NO
VICAL		0	examiner? 1 Yes 2 No	Hospitel:	1 🗆 Inpatie	ent 2 ER/C	hutnetion	t 3□ DC	Oth	or:		h (Check only		2 DOIN	/Cit		
ō			27. Manner of Deeth	28a. [Date of inju	ry 28b.	Time of		8c. injun Wor	4 🗆 140		me 5 Res 28d. Describe				"	
DIVISION	th. : After s funer	tion	1 Naturai 5 Pend 2 Accident invest	ng (Month, De	Year)	Injury	М		k? Yes 2□							
S	if or Attending efter deeth. Director: After d in by the fune	flea	3 ☐ Suicide 6 ☐ Couid	not be	Placa of Inju	ury - At home, f	farm, stre	et, factory	, office			28f. Location	(Street	t and Numb	per or Rura	Route t	Vumber,
5.	Oire Dire	Certification:	4 Homicide	t t	ouilding, etc	c. (Specify)						City or To	wn, Si	tate)			
	To the Hospital or within 24 hours effer To the Funeral Director completely filled in the complete of the comp	edical C	29a. Certifier (Check only one) Certify 2 Medica	ng Physician: To	he basis of	examination a	je, deeth nd/or inv	occurred a	at the tim	ne, date an pinion, dea	d piece,	and due to the	cause,	e(s) and ma and piace,	anner as st	ated. the cau	se(s)
	within 2 To the	Mec	29b. Signature and title of cartifi	and	manner sta	ned.				e number				Date signe			
1	N N N N N N N N N N N N N N N N N N N			. 1				290					EJU.	C a aigine	C /	Jay, 198	.,
			fer.	CAM	Mess				1)-	134	24			1.62	16		
			30. Neme and address of person														
		1/4	Dr. John C. Se	ymour,	122 S	peer Ro	ad,	Ches	tert	own,	Mary	land 2	162	0			
	Sta		SEP 23 '96	,	32. Hegistra	ars Signature				-							
	Registi		2) 30	gun	a David	Son-Rand	000										
DHM	H 16 Rev 6/9	5				-											

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 3 | 46

								Ce	rtificat	e of	Death)		Reg. No				
	Dharala		1. Decedent's Neme (First, Middle	Lest)									2. Date of De	eth		W. s.	3. Time of	Deeth
	Physic /Medi		Verma Della W	illia	ms								Septem1	oer 2	26	1996	2045	pm
N.	Exami		4a. Facility Name (If not institution	give stree	t end nu	m <i>ber)</i>					4b. City, To	own, or L	ocation of Deat	h 4c	. Count	ty of Death		
1			Kent & Queen	Anne'	s Ho	spi	tal				Chest	erto	wn		ke	ent		
	Funeral Director		217-12-4169	6. Sex 1 ☐ M		7. Age 10	(In yrs. lest bir	thday) Yrs.	if Under Months	1 Year Days		24 Hrs. Min.	8. Date of Bir (Month, De 12/1/1			9. Birthpi Coun MD		r Foreign
	and **		Usuai Rasidence of Decedent 10a. State 10b. County			I	10c. City, Tow	n or Lo	ocation							11	Od. Inside Ci	ity Limits
	Mary	tor	MD Kent				Chest									- "	1X Yes	
	r 28a	irec	10e. Street and Number						10f. Zip	Code				10g. Cit	izen of	What Coun	try?	
	th wit	Funeral Director	415 Morgnec Ro	ad							21620)	1	U	.S.	Α.		
	r dea	ne	11. Maritel Status	12. V	vas Dece	dent E	ver in U,S.	13.	Wes Deca	dent of I	Hispenic Or cen, Mexica	igin? (Sp	ecify Yes or No Rican, etc.))-		ce - America		
21215-0020	permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumstic event, the Medical Examinating must be notified at 200s.	by	1 ☐ Never Married 2 ☐ Marrie 3 🖾 Widowed 4 ☐ Divorcad	id 1	☐ Yes Yes, Giv 'eer or D	2 🔀 N	0				Specify:		, , , , , , , ,		Speci			
15-0	natu	Completed	15. Decedent' (Specify only highest	Education grede con	n n <i>pleted)</i>		16a.	(Giva	dent's Usu kind of wo	rk done	during mos	st of work	ing	16b. K	Ind of E	Business/Ind	lustry	
12	within sne. than	ig in	Elementary/Secondary (0-12)	C	otlege (1	-4or 5-	+)	lifa. I	DO NOT u	se retire	ed)		-					
	Hygier ther	ပိ	3rd grade 17. Father's Neme (First, Middle, L	ast)						He	0usewi		a (First, Middle	Meiden	-	ome		
Maryland	ental ked o	To Be	Unknown											nown				
any	should and Men marke	-	19a. Informent's Name/Relationsh	p (Type, P	rint)		19b	Mailir	ng Address	(Straa	t and Numb	er or Rur	al Route Numb			n, Stete, Zip	Code)	
	end 2 saith a 1 27 is		Mary Commodore-s	tepda	ught	er	342	2 C	annon	St	.,Ches	ster	town, M	D 21	620			
altimore,	of He		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation	з Прето	ral from 9	State	20b. Place of cemeter	Dispo y, cren	sition (Ner	ne of ther ple	909)	1	Date	20c. Lo	ocation	- City or To	wn, State	
Ë	ment of lamt: If its		4 □ Donation 5 □ Other (Sp		rai ii oiii s	Jialo	Mt. P:						10/2/96					
Bai	permit. Departrimports any injugance.		21. Signature of Funeral Service L	censee									mes A.				cal Se	rvice
	20200		Jonnes a. F.	whi	dan							_	Hall,		166	1		
			23e. Part1. Enter the diseese, or o shock, or heart feilura. List o	omplication	ns thet cause on e	aused i ach line	the death. Dor e.	not ent	er the mod	le of dyl	lng, such as	cardiac	or respiratory e	rrest,			Approximete Intervai Bet	ween
	Physician /Medical		immediate Cause (Final		11		,		D	1		0	2				Onset end [Jeath .
	Examiner		disease or condition resulting in death)	Θ	Hy	rev	Consur	e 1	an	lio.	vasc	wa	v tho	eas	~		yea	10
	127	je.			, .		oua to (or as e o	onsaq	juence of):									
_6	ertificate be executed ling physicien end se as the bunel-transit	Examiner	Sequentially list conditions, if any, leading to Immediata cause. Enter Underlying Cause (Disease or injury	b		C	Oue to (or es a c	onseq	uence of):									
68760,	e be e	edicai	triat initiated events	c			ue to (or es a c	00000	uence of):							i		
	ntificet ng phy as th	Medi	rasulting in deeth) Lest				46 to (01 63 a C	onseq	derice or).									
Вох				d												i		
	the et	Physician	Pert II. Other significent condition	s contribut	ing to de	ath but	not resulting in	tha ur	nderlying c	ause gi	van in Part I	l.	23b. Dld	tobacco	uae co	ontribute to	the cause o	f death?
Q.	# 20 m	Phy	1 Balveton	Mal	lite	-	2/4	nh.	este.	- 1-	1344		10	Yes 2	No	3 ☐ Prob	ably 4	Unknown
ds,	signed del	d by	00	7 (3			/									T 0.45 14/-		
Records,	98 b	Completed	3 Congestin	u of	car	TI	Terlen	e (DJ	en	les	ure	24e. Was perfo	an eutop rmed?	sy	ava	re eutopsy fi ileble prior to apletion of ca leath?	0
	The ate b	Con	(1) advance	do	gl								10	Yes 2	PNo	10	Yes 2	No
Viital	iclan: The certificate rector, pag	Be	25. Wes case raferred to medical examiner?	6								of Deat	h (Check only o	one)				
0	Physic this c	2	1 Yes 2 No	Hospit	1 ⊔ ir	npatien				'A			me 5 Resid)	
Division of	uner uner	Certification:	27. Manner of Death 1 Natural 5 Panding 2 Accident investige		a. Dete o (Monti	n Injury		ime of jury	M 2	8c. Inju Wo 1 □	ryat rk? lYas 2 □		28d. Describe	how Injur	y occur	rred		
VISI	Attender death ector: by the	ifica	3 ☐ Suicide 6 ☐ Could no	t be	e. Plece	of Injur	y - At home, far	m, stre	<u> </u>			100	28f. Location (Street en	d Num	ber or Rural	Route Numi	ber,
ā	s after	Cert	4 ☐ Homicida		buildin	g, atc.	(Specify)						City or To	vn, Stete)			
	To the Hospital or Atlandi within 24 hours after death To the Funeral Director: A completely filled in by the I	edicai (29a. Certifiar (Check only 2 ☐ Medical Ex	aminar: C	n the ba	sis of e	xamination and	daath Vor inv	occurred restigation,	at the tin	ma, data an opinion, daa	d piace, th occurr	and due to the	cause(s) data and	and m	enner es ste	eted. the cause(s)	
	ithin of the mple	Med	one) 29b. Signature end title of certifier	a	nd menn	er state	ed.				se number					ed (Month, D		
	F ≱ F 8		. 1111111	n	n	1)					-/3/3			-	1	196	-5, 1001)	
		4	30. Name and address of person w				th (Item 33a) (Type !		1 4	-, -, -, -,	,		//	/	10		
	4	1	KIN K. UI	W	ou cause	22	3 /4	ype, I	St	C	heste	erto	un 1	w	1	167	5	
	Sta	te	31. Date filed (Month, Day, Year)				's Signeture	-										
	Registr	ar	SFP 3.0 '91			ilia	Davidson-	Pano	dell									

Comment of the Commen

State of Maryland / Department of Health and Mental Hygiene

3 | 462 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2 Date of Death 3. Time of Death Month **Physician** 25^{Dey} 1996 Hattie Christine Manuel Williams 8:54 P.M /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Corsica Hills Center Oueen Anne's Centreville | H Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Y 11-02-1 5. Sociel Security Number 9. Birthpleca (State or Foreign Country)
N.C. 6. Sex 7. Age (In yrs. last birthdey) **Funeral** 1 □ M 2 □ F 83 Yrs. Director 125-05-6521 Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f ahow traumetic event, the Medical Examiner must be notified at Md. Kent Chestertown 1 ☐ Yes 2 PR No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? with ò 238 U.S.A. 316 Lincoln Drive 21620 2 should be filed within 72 hours after death or and Mental Hygiene. Is marked other than "natural", or itema 23. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Married 2 Married Yes 2 No Baltimore, Maryland 21215-0020 1 Yes 2 No þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Year or Dates Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 11 Years Key Punch Operator 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Victor Hugo Manuel Lucille Irene Smith 2 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Pages 1 and 2 s ment of Health an Health em 27 Mrs.Lotta C. Stewart 316 Lincoln Dr. Chestertown, Md. 21620 other Est 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other placa) 20c. Location - City or Town, Stete Dete parmit. Pages
Department of
Important: If it
any injury or o ##Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Lebanon Cemetary York, Pa. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility 21. Signeture of Funeral Service Licansee WALLEY FUNERAL HOME 207 Calvert St. Chestertown, Md. 21620 23e. Pert1. Enter the disease, or complications that caused the thankth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical BRUTEAL CARCTHOMA Examiner Due to (or es a consequence of): Physician/Medical Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury certificate be exec attending physician i for use as the burlet EUMOND Division of Vital Records, P.O. Box 68760, thet initieted events resulting in deeth) Lest Due to (or es e consequenca of): The law requires that the death ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert ii. 23b. Did tobacco use contribute to the cause of death? igned by 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Ware autopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? certificate has 1 Yes 2 No 1 ☐ Yas 2 ☐ No Be 25. Wes case referred to medical 28. Place of Deeth (Check only one) Hospitel: Other:

Adursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 ER/Outpatient 3 DOA 8 27. Menner of Deeth Certification: 28b. Time of 28d. Describe how injury occurred Lor Attending Patter death. Ather **D⊠Naturai** 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral D 29a. Certifier 12 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, end due to the cause(s) end menner es stated.
2 Madical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, dete end place, and due to the cause(s) Medical end menner steted 29b. Signeture end title of certifie 29c. License number 29d. Dete signed (Month, Pey, Year) 30. Neme and address of person who completed cause of death (flem 23a) (Type, Print) 109 F. Ciganek S. Commerce St. Centreville, Md. 21617 Eric 31. Dete filed (Month, Dey, Year) SEP 27 '9 32. Pegistrer's Signature Randall State

Registrar

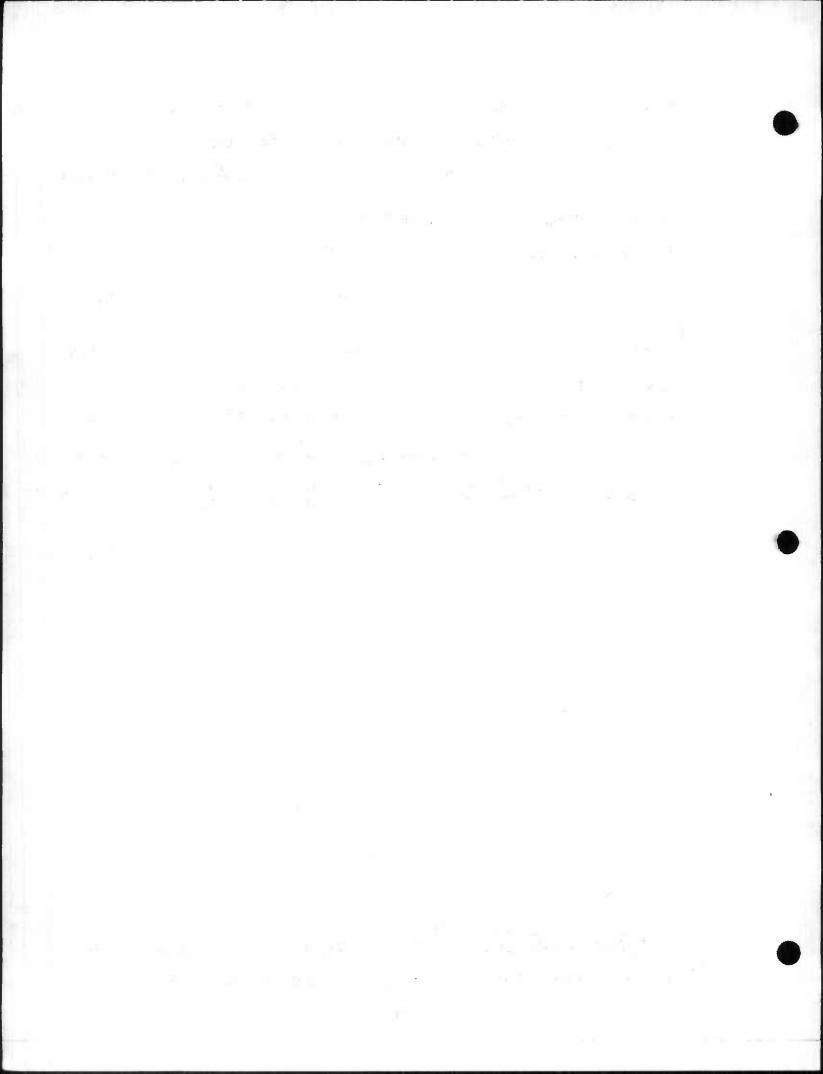
State of Maryland / Department of Health and Mental Hygiene 96 31463

			,	Cert	ificate of	Death	,	Reg. No.	0001	400
	Discrete S		1. Decedent's Neme (First, Middle, Last)	/			2. Dete of De		3. Time o	f Deeth
	Physici /Medi		GENEVIEVE COCHRAN	WI	4 L SH		AUGUS		996 9:0	DO PM
7	Examir		4e. Fecility Neme (If not institution, give street and number)	11		4b. City, Town, or I	ocation of Deeth			
			MAGNOLIA HALL NURSING	HOME		CHESTE	ארטשא	KE	UT	
	Funeral Director		5. Social Security Number 2/5-03-907/ Usual Residence of Decedent	est birthday) Yrs.	If Under 1 Yee Months Deys		8. Dete of Birt (Month, De FEBCUA	ry 14, 190	9. Birthplece (State of Country) MARY	or Foreign
	puel #			, Town or Loca	ation	4			10d. Inside C	ity Limits
	Sa-f sh	Director		HESTE	RTOW	N				2 □ No
	ath with the 23s or 2		200 MORGNEC ROAD			1620			S.A.	
020	72 hours after death with the Meryland natural', or items 23a or 284 show dical Examinet must be notified at	by Funeral	11. Meritel Stetus 1 □ Never Merried 2 □ Merried 3 ■ Widowed 4 □ Divorced 12. Wes Decedent Ever in U,S Armed Forces? 1 □ Yes 2 ■ No If Yes, Give Yeer or Dates:		es Decedent of Yes, specify Cul	Hispanic Origin? (S ben, Mexican, Puerl Specify:	pecify Yes or No- p Rican, etc.)	Specify:	e - American Indian, k, White, etc.	
21215-0020	S 1.3	Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)	(Give ki	nt's Usuel Occu ind of work done O NOT use retir	e during most of wor ed)	king	16b. Kind of Bu		
	filed within Hygiene. ther than " ent, the Me	00		BAN	IK EMP	roxee		DAN	KING	
pu		Be	17. Fether's Neme (First, Middle, Last)	0		18. Mother's Nen				0. /
yla		To	ALEXANDER WILSON			CECIL			y Cochi	CAN
Maryland	12 should h and Mer 7 is marks treumatic		19e. Informent's Neme/Relationship (Type, Print)		_	et end Number or Ru		*		16 20
_	1 and Healt om 2		CATHARINE C. BAXTER 20e. Method of Disposition 20b. Ple	ace of Disposit	tion (Neme of	V STREET	Dete	20c Location	City or Town State	1620
Baltimore	Peger nent of int: If i		1 Buriel 2 Cremetion 3 DRemovel from State Col	metery, crema	atory or other pi	TION CENTE	TEMBER .		City or Town, State 2	1619
Balt	permit. Peg Department Important: It eny injury o		21. Signeture of Funerei Service Licansee Marrin V. William	22. M	Neme end Addi	ress of Fecility WILLIAMS	FUNERA	Sarvice	CHESTERTO	1620 MD
7	ung un s		23a. Pent1. Inter the disease, or complications that caused the deeth. shoot or heart failure. List only one cause on each line.	Do not enter	the mode of dy	ring, such as cardiac	or respiretory ar	rest,	Approximal interval Bet	te tween
	Physician /Medical		Immediete Ceuse (Finei	٦	5	. 6-	+1-	0	Onset and	Deeth
	Examiner		disease or condition resulting in death)	as a conseque	esin	e near	1 fa	un		
		ner	+	1	011	7)	V			
	cuted	Examiner	Sequentially list conditions.	as a conseque	ence of):	4/				
0,	e exe		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury							
68760	deeth certificate be executed e ettending physician and of for use es the burial-transit	Medicai		as a conseque	ence of):				- 100	
	entifica ling pl		L.							
Box	eeth ce ettendi for use	lan							1	
o.	the de	Physician/	Pert II. Other significant conditions contributing to death but not result	-			23b. Dfd 1	obacco usa con	tribute to the cause	of death?
<u>α</u>	de de	by Ph	DIABETES	ME	ELLI	TUS	10	700 20 No	3 Probably 4] Unknown
Division of Vital Records,	law requires to	Completed					24a. Wes perfo	an autopsy med?	24b. Were autopsy sveileble prior completion of o of death?	to
ž	0 - 0	E O					101	es 2 No	1 ☐ Yes 2 ☐) No
ita	fclan: The	Bec	25. Was case referred to medical			28. Piece of Dee	th (Check only o	ne)		
Ž >	5 00 0	To	exeminer? 1 Yes 2 No Hospitel: 1 Inpatient 2 E	R/Outpetient	3□ DOA O	ther: 4 Nursing H	ome 5 Resid	lence 6 Othe	or (Specify)	
n	ding Pt. After th funeral		27. Menner of Deeth 28e. Dete of injury (Month, Dey Year)	28b. Time of injury	28c. fnje W	ury at ork?	28d. Describe h	now injury occurre	be	
sio	Attending or death. actor: Afte by the fune	cati	2 Accident Investigation		M 1	Yes 2□No				
Divi	al or Att	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At hom building, etc. (Specify)	ne, ferm, stree	et, fectory, office	•	28f. Location (S City or Tox		er or Rural Route Nun	nber,
	To the Hospital or Attanding Phwithin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edicai (29e. Certifler (Check only one) 1 Certifying Physician: To the best of my know 2 Medical Examiner: On the basis of examinetic end menner steted.	ledge, deeth o	occurred et the t stigetion, in my	time, dete end plece oplnion, deeth occu	, end due to the orred at the time,	cause(s) and me date end piace, a	nner as steted. Ind due to the cause(s)
	To the To the Comple	Me	29b. Signetyre and title of certifier		29c. Licer	nse number		29d. Date signed	(Month, Day, Year)	
			Han la Olas Ins)	y	10001	/	8-2	1-91	
			30. Neme and address of person who completed cause of deeth (Item 2	23a) (Type. Pr	rint)	/		0 0	1 10	
						Ave	Chester	ctown.	Md.21620)
	Sta	te	31. Dete filed (Month, Day, Year) 32 Pegintra's Signetu		_					

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene 96 3 1464

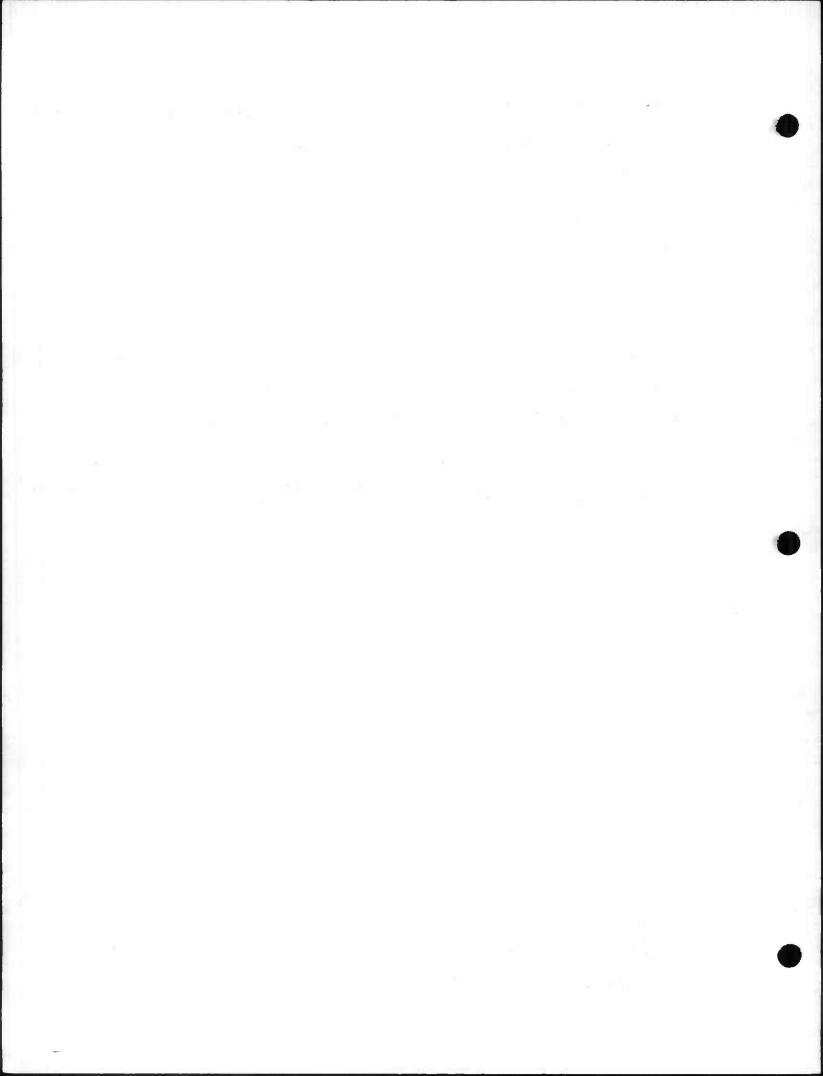
alan	1. Decadant's Nama (First, Middla, L.	est)									
מפני								2. Data of Dea		V	3. Time of Death
ical	Marie R.	Weinst	ein					October	7, 199	Yaar	13:15 hou
	4a. Fecility Name (If not institution, gi					4b. City, T					23.23 1100
	Chestertown Nurs	sing and R	ehabili	tatio	on Cent	er	Ches	tertown	K	ent	
	5. Social Security Number 6.	Sex 7. A			If Undar 1 Yea	ar If Unde					placa (Stata or Foraign
	158-03-8826	1□M 212 F		Yrs.	Months Day	s Hours	Min.	(Month, Day	15 1005	Coul	placa (Stata or Foraign ntry)
•	Usual Rasidance of Decedant							receiler	1), 190)	Men	Jersey
	10a. Stata 10b. County 10c. City, Town or Location									1	10d. Insida City Limits
ō	New Jersey Hude	son	Jers	ev C	itv						1 ☐ Yes 2√☐ No
9		3011	OCIL	,,,,,					10a Citizan of I	What Cour	nin/2
ā		1110							-		may r
6			Francia II O								
S	Amed Forces? If Yas, specify C				Yas, specify Cu	iban, Maxic	an, Puarto	Rican, atc.)	Bla	Black, Whita, atc.	
Y F	If Yas, Giva 1 ☐ Yas 2 No Specify:					y:		Specif	v: Wh:	ite	
d b											
ete				16a. Decedant's Usual Occupation (Giva kind of work dona during most of work			st of worki	ing	16b. Kind of B	usinass/In	dustry
du	Elamantary/Secondary (0-12)	Collaga (1-4or	5+)	lifa. De							
S				T						Federal Shipya	
		st)								ldan Sumama)	
0	Joseph Connick			Mary O			y 0'C	'Connor			
	19a. informant's Name/Ralationship										
	Dorothy Kudera/										nd 21635
	20a. Mathod of Disposition		20b. Placa	of Disposi	tion (Nama of		T	Data	20c. Location -	City or To	own, Stata
							lorde .	T			
		-	George		_				alaius,	IVEW JE	1.5ey
	21. Signetura of ruminal Service Lice	7/1/	// -	Fe	110WS	Helfe	nbein	& Newm	am Fune	ral	Home P A
	- Auk J	4000									
	23e. Part1. Entar tha disaasa, or com	plications if at cause	d tha death. De	not antar	the mode of d	ylng, such a	s cardiac o	r raspiratory are	est,		Approximata Intarval Batween
	,									1	Onset end Daalh
	Immediata Causa (Final								1	30 mm	
	The state of the s									Journ	
ē		Noch	Dua to (or as a	Consequ	ance or):		IN	1		1	
盲		b. HYTE	21 1050	Jeva	STIC M	Ray	T D.	15645	5 .		
Xa	Saquantially list conditions, if any, laading to immadiata		Dua to (or as a	consaqu	anca of):						
	Causa (Disaasa or Injury	C									
얼	rasulting in daath) Last		Dua to (or as a	conseque	anca of):						
X		d								i	
le l											
Sic	Part II. Other significant conditions of	ontributing to death t	but not rasuiting	in tha unc	lariying causa	jivan In Pari	I.	23b. Did to	obacco use co	ntribute to	o the causa of death?
P.	Dansutic/Des	voncin. 1	61-		. 10			1 🗆 Y	es 2 No	3 Pro	bably Dunknown
by	rementicy sep	MAISION	grace	Cou	cq,						
8	W. M. Class	tie 1.	N .					24a. Was 6	en eutopsy		ara autopsy findings
olet	TX CHYONIC TIOT	oric Lun	PUISO	250	,			perior	med (CO	aliabla prior to mpletion of cause death?
Ĕ			-						. 4		
								1 U Y	as 2 No	1.0	☐ Yes 2☐ No
00	25. Was casa rafarrad to medical exeminar?	Hospital			1 -						
	1□ Yes 2 No	1 Inpati	ent 2 ER/C	utpatient	3□ DOA	mar: 420 N	lursing Hor	na 5 🗆 Rasida	ance 6 Oth	ar (Specif	(y)
ü		28a. Data of Inju (Month, Da	ury 28b.	Tima of Injury	28c. Inj	ury at ork?	2	28d. Dascribe h	ow Injury occur	red	
at							No No			•	
≗	determined	28a. Placa of In		arm, strae	t, fectory, office						
e	4 🗆 Homoda	building, a	ic. (Specify)					City or Town, Stata)			
	29a. Cartifiar Certifying Ph	ysician; To the best	of my knowlado	a, daath c	occurred at tha	tima, data a	nd placa, a	and dua to tha c	ausa(s) and ma	nnar as si	tated.
응	(Check only 2 Madical Examone)	niner: On tha basis o	of axamination a	nd/or Inva	stigation, in my	opinion, da	ath occurre	ed at tha lima, d	ata and place,	and dua to	tha causa(s)
₩ W	29b. Signatura and title of pentities		0		29c. Lice	nse number		2	9d Data signe	d (Month	Day Year)
	1 roll	00	600	1							
10	Med Off	000			D50	996		0	ctober	7, 19	996
10	30. Nama and addrass of person who	completed cause of	daath (Itam 23a)	(Type, Pr	int)						
	Dr. Neil Stoddan	d, 100 Br	own Str	eet,	Cheste	rtown	, Mar	yland 2	1620		
ate	31. Date filed (Month, Day, Yaar)	32. Ragisti	rar's Signatura MdSon-Ran								
i	Medical Certification: To Be Completed by Physician/Medical Examiner To Be Completed by Funeral Director	As. Fecility Name (If not institution, ging Chestertown Nurs 158–03–8826 Usual Rasidance of Decedant 10a. Stata 10b. County New Jersey Huds 10e. Street and Number 132 Audubon Aver 132 Audubon Aver 132 Audubon Aver 132 Audubon Aver 132 Audubon Aver 133 Widowad 4 Divorced 15. Decedant's E (Spacify only highast grace 15 (Spacify only highast	The sterility Name (If not institution, give street and number Chestertown Nursing and R	Seciality Name (If not institution, give street and number) Chestertown Nursing and Rehabili	4. Facility Name (If not institution, give street and number) Chestertown Nursing and Rehabilitation 5. Social Security Number 158-03-8826 Usual Residence of Decedent 10a. Stata 10b. County New Jersey Hudson 10c. City, Town or Loc New Jersey Hudson 10c. Street and Number 132 Audubon Avenue 11. Marital Status 1 Never Merried ZE Marriad 3 Widowad 4 Divorced 1 Never Merried ZE Marriad 2 Never Merried ZE Marriad 2 Never Merried ZE Marriad 2 Never Merried ZE Marriad 2 Never Merried ZE Marriad 2 Never Merried ZE Marriad 2 Never Merried ZE Marriad 2 Never Merried ZE Marriad 2 Never Merried ZE Marriad 2 Never Merried ZE Marriad 2 Never Merried ZE Marriad 2 Never Merried ZE Marriad 2 Never Merried ZE Marriad 2 Never Merried ZE Marriad 3 Newre Merried ZE Marriad 3 Newre Merried ZE Marriad 3 Newre Merried ZE Marriad 3 Newre Merried ZE Ma	Secolar Security Number Chestertown Nursing and Rehabilitation Cent	48. Facility Name (if not institution, give street and number) 49. Chestertown Nursing and Rehabilitation Center 5. Social Security Number 5. Social Security Number 6. Sex 158-03-8826 10M 20XF 7. Age (in yrs. sat birinday) 10C. City, Town or Location 10B. Street and Number 10B. Stata 10B. County New Jersey Hudson 11D. Street and Number 11D. Street and Number 11D. Street and Number 11D. Street and Number 11D. Street and Number 11D. Street and Number 11D. Street and Number 11D. Street and Number 11D. Street and Number 11D. Street and Number 11D. Street Street and Number 11D. Street S	Ab. City Town, or Let Chestertown Nursing and Rehabilitation Center Chestertown Nursing and Rehabilitation Center Chestertown Nursing and Rehabilitation Center Chester Chestertown Nursing and Rehabilitation Center Cheste	Chestertown Nursing and Rehabilitation Center Chestertown Nursing and Rehabilitation Center 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 158-03-8826 Social Security Number 159-03-8826 Social Security Number 150-03-882	Chestertown Nursing and Rehabilitation Centre Chestertown Nursing and Rehabilitation Centre Chestertown Nursing and Rehabilitation Centre Chestertown Nursing and Rehabilitation Centre Chestertown Nursing and Rehabilitation Centre Chestertown Nursing and Rehabilitation Centre Chestertown Nursing and Rehabilitation Centre Chestertown Nursing and Rehabilitation Centre Chestertown Nursing and Rehabilitation Centre Chestertown Nursing and Rehabilitation Centre Chestertown Nursing and Rehabilitation Centre Chestertown Nursing and Rehabilitation Centre Chestertown Nursing All Chestertown Nursing Nu	Chester Low Number of Control Control Chester Chester Low Number of Chester Low Number of Chester Low Number of Chester Low Number of Chester Low Number of Chester Low Number of Chester Low Number of Chester Low Number of Chester Low Number of Chester Low Number of Chester Low Number of Chester Low Number of Chester Low Number of Chester Low Number of Chester Number of Chester Low Number of Chester Low Number of Chester Low Number of Chester Number of Chester Low Number of Number of Number of Number of Number of Number of



State of Maryland / Department of Health and Mental Hygiene 96 311,65

					,	Cen	tificate of	Death	Re	ig. No.	0	0140	J
F	Physic		1. Decedent's Neme <i>(First, Middle, Last)</i> Margaret Ellen Wallace						2. Dete of Deet Month	h Dey	Year	3. Time of Dea	
/Medi Exami			4a. Facility Nema (If not institution, give street end number)					September 8, 1996 9:0				9:00 a.	ш.
			407 Jarman Avenu		2)			Galena		Κe	ent		
u i	Funeral Director		5. Social Security Number 6. 215-44-6052 Usual Residence of Decedant	Sex 7. A 1 □ M 2 □ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ga (In yrs. last b	Yrs.	If Undar 1 Yaa Months Deys		8. Data of Birth (Month, Dey, May 16,	^{Year)} 1930	9. Birthp Court Dela	iace (State or For itry) Ware_	eign
	dand ow		10a. Steta 10b. County		10c. City, Tov	wn or Loc	ation				1	0d. inside City Lir	nits
ING 21215-0020 be filed within 72 hours after death with the Maryland tall Hygiene. d other than *natural', or items 23s or 28s-f show event, the Medical Examiner must be nutting at	Man e-f sh	ctor	Maryland Kent	•	Ga1	.ena						N Yes 2□	No
	th with the	Funeral Director	10e. Street and Number 407 Jarman Avenu	e			10f. Zlp Code 216		10	U.S.		itry?	
	n 72 hours after des *natural*, or frama adical Expresser.m	by	11. Merital Status 1 □ Never Married 2 □ Merried 3 □ ▼Widowed 4 □ Divorced	If Yes Give		er in U,S. 13. Was Decedant of if Yas, specify C		Hispanic Origin? (Sp ban, Maxican, Puerto Specify:	pecify Yas or No- Rican, etc.)		e - Amaric ck, White, w Wh		
2	72 ho	Completed	15. Decedent's (Specify only highest g	Education rede complated)	166	. Decede	ent's Usuel Occu	upation a during most of work	king	16b. Kind of Bu	siness/ind	dustry	
[2]	within ene.	Jdmc	Elementery/Secondery (0-12)	College (1-4or	5+)	(Give kind of work done during most of wo life. DO NOT use retired) Teacher				71			
פ	e filed w al Hygien other th	Be Co	17. Fether's Neme (First, Middle, Las	6			Teach	18. Mother's Nem	e (First, Middle, N		cations)	on	
<u>ya</u>	should be and Mental marked o	ToB	George Bingnear					Margare	t Bolton				
Mar nd 2 sho lith and 27 Is m	nd 2 sho aith and 27 is m r treum		19e. Informant's Neme/Rejetionship Carlton J. Walla					et and Number or Rus Lane, Mido				Code) 19709	
saitimore,	8 5 4		20e. Method of Disposition 1 ☑ Burlei 2 ☐ Cremetion 3	□Ramoval from Stete	cam ate	of Disposi ery, creme	ition (Neme of etory or othar pl	ace)	Data	20c. Location -	City or To	wn, State	
	pemit. Page Department Important: If eny Injury or once.		4 Donetion 5 Other (Specify) Galena Cemetery/September 12, 1996 Galena, Maryland										
a C	Depa Impo eny li		21. Signature of Funeral Sarvice Lic	Pelferk	lin	Fe 13	llows, 0 Speer	Helfenbeir Road, Che	n & Newna	am Fune	ral l	Home, P. 21620	Α.
			23a. Per 1. Enter the disease, or co shock, or heart feilure. List onl	nplications thet cause y one ceuse on each i	d the deeth. Do ine.							Approximate Interval Between Onset end Death	
7	Physician /Medical Examiner	er	Immediate Cause (Final disease or condition resulting in deeth)	· Me	tasta Due to (or as e	tic	Can	CINOMA	of	lung	,		
Goath certificate be executed death certificate be executed attending physician and of or use as the bunial-transit		Medicai Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	b	Due to (or es a		100						
ZOZ	ending r use	an/M		d				,					
2	e deat	Physician/	Pert II. Other significant conditions	contributing to death b	out not resulting	in the und	derlying causa g	iven in Pert I.	23b. Did to	bacco use co	ntribute to	the cause of de	eth?
7	ed by the								1 □ Y	a 214No	3 Prol	pably 4□Unk/	own
ecords,	law requires that the death cer as been signed by the attendir o 2 should be detached for use	Completed by							24e. Wes as perform	n eutopsy ned?	CO	ere autopsy findin aileble prior to mpletion of cause death?	
	The ate h page	Соп							1 □ Ye	s 2010	10	Yes 2□ No	
N I Ca	Physician: this certific ral director,	Be	25. Wes case referred to medical axeminer?	Hospitel:				28. Place of Death (Check only one) Other:					
5	Phys this ral dir	: To	1 ☐ Yes 2 ☑ No 27. Menner of Deeth	1 L Inpati			3LI DOA	4 Li Nursing no	28d Describe ho			1)	
VISION	teath. tor: After the fune	Certification:	1 ☐Neturel 5 ☐ Panding 2 ☐ Accident Invastigati 3 ☐ Sulcide 6 ☐ Could not	on	e. Data of Injury (Month, Dey Year) 28b. Tima of Injury Nork? 1 □ Yes 2 □ No			28d. Describe how injury occurred					
2	Ital or At its after al Direc iled in by		4 Homicide determine	28e. Piece of in	jury - At home, for ic. (Specify)	erm, stree	et, fectory, office		28f. Location (Sti City or Town	reet and Numb , Stete)	er or Rura	I Route Number,	
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical	29e. Certifier 1 Certifying P (Check only one) 1 Medical Exa	hysician: To the best minar: On the basis o and menner st	f examinetion er	e, deeth o	occurred et the t estigetion, in my	time, dete end plece, opinion, deeth occur	and due to the ca red at the time, da	use(s) end ma ite end plece,	nner as st and dua to	eted. the cause(s)	
	To the com	Σ	29b. Signature and this of cartifler	They	e m	78		128/3	25	9/10	(Month,	Day, Year)	
		30	30. Neme and address of person who Patricia Greve					arvland 21	012	1-1-1-	1 -		
	Sta Registr	te	31. Dete filed (Month, Day, Year) SEP 13	32. Registr	rers Signeture Julia Dairi			arland 71	.713				
	ricgisti	ul	OLI I)	JU	1 www.	WU07 V-1	Intrace						

DHMH 16 Rev 6/95



	_	1. Decedent's Neme (First, Middle, L		Certificate			2. Data of Da	Reg. No. Data of Daath 3. Time of Deeth					
ysician Medical		Elizabeth		Wil	son			Month Septemb	per 1. 1	996	12:55 p.m		
aminer	_	4e. Fecility Neme (If not institution, give street end number)					City, Town, or L	ocation of Deetl					
		Magnolia Hall Nu 5. Social Security Number 6.	rsing Home				Chester	town		Kent			
eral			Sex 7. As	M of The Months Dey:			f Undar 24 Hrs. Hours Min.	8. Date of Bir (Month, De	y, Yeer)	olece (Stete or Foreign			
ctor	h	214-28-1224 Usual Residence of Decedent		88	113.			September	er 14, 190)/ Ma	aryland		
H	_	10a. State 10b. County		10c. City, To	vn or Location					1	IOd. Inside City Limits		
plifted ctor	2	Maryland Ken	t		Che	estert	cown	11		1 XYas 2 □ No			
Director	5	10e. Street end Numbar			10f. Zip				10g. Citizen of		ntry?		
T Is	5	200 Morgnec Road			216	21620			U.S.				
the Medical Exercited matter notified at completed by Funeral Director		11. Marital Status	12. Was Decedent Ever in U,S. Armed Forcas?		13. Was Decedent of Hispenic Origin? (Sp If Yes, specify Cuban, Mexicen, Puerto			pecify Yas or No- lo Rican, etc.) 14. Raca - Black.		ca - Americ ck, White,			
by F		1 Never Married 2 Novarriad 3 Widowed 4 Divorced	If Yes, Give	1 ☐ Yes 2 ☑ Mo If Yes, Give Year or Dates:		2∏XNo S	Specify:	Specify:			Black		
1 2	3	15. Decedent's E		166	16a Dacadent's Usual Occupation				16h Kind of B	Business/Industry			
plet		(Specify only highest g	rede completed)	oleted) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)				king	Tob. And of Duaniesa industry				
rt, the Medical I	5	Elementery/Secondary (0-12) (Unknown)	College (1-4or	Homemaker				Domestic/Or			wn Home		
event, Be C	1	17. Fether's Neme (First, Middle, Las	st)	1			. Mother's Nem	, Meidan Sumame)					
		George Gordon			Ella Br			Brown					
mne.		19e. Informent's Neme/Relationship								nte Number, City or Town, Steta, Zip Code)			
ner tr		Eric Daniels/God	lson	19	04 Pondto	own Ro	oad, Che						
any Injury or other traumatic once.	12	20e. Method of Disposition 1 Burlal 2 □ Cremation 3 l	Removel from State	cemete	of Disposition (Nem ary, cremetory or of	ther plece)	į	Dete	20c. Location				
any Injury		4 Donation 5 Other (Spec		Mt. Ple	asant Cemet			/	Pondtown				
once.	1	21. Signature at Funeral Service Lice	ensee /		22 Name end	d Addrose a	of Eacility						
	- 1	100	1 00		Fellows	s, Hel	lfenbei	n & New	nam Fune	eral 1	Home, P.A.		
		Mary B-	Fellows		130 Spe	eer Ro	oad, Che	estertor	wn, Mary		Home, P.A. 21620		
		Sa Fanti Entur the disease, or cor shock, or near t feilure. List only			not enter the mode	eer Ro	oad, Che	or respiretory e	wn, Mary		21620 Approximete Intervel Between		
ian		V			not enter the mode	eer Ro	oad, Che	or respiretory e	wn, Mary	and	Approximete Intervel Between Onset and Deeth		
ian ical	1	Fant. Enter the disease, or cor shock, or near t feilure. List only immediate Ceuse (Finet disease or condition resulting in death)			not enter the mode	eer Ro	oad, Che	or respiretory e	wn, Mary	and	Approximete Intervel Between Onset and Deeth		
ian ical ner	1	immediete Ceuse (Finet diseese or condition			not enter the mode	eer Ro	oad, Che	or respiretory e	wn, Mary	and	21620 Approximete Intervel Between		
ian ical ner	1	Immediate Cause (Finet disease or condition resulting in death)			not enter the mode	eer Ro	oad, Che	or respiretory e	wn, Mary	and	Approximete Intervel Between Onset and Deeth		
cian ical iner	1	Immediate Cause (Finet disease or condition resulting in death)			130 Spe not enter the mode c Remainded consequence of):	eer Ro	oad, Che	or respiretory e	wn, Mary	and	Approximete Intervel Between Onset and Deeth		
lan cal cal Examiner	1	immediete Ceuse (Finet diseese or condition		Due to (or es e	not enter the mode	eer Ro	oad, Che	or respiretory e	wn, Mary	and	Approximete Intervel Between Onset and Deeth		
as the bunal-transit and labels leaded leaders leaded leaders		Immediate Ceuse (Finet disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	e. Ch	Due to (or es e	consequence of):	eer Ro	oad, Che	or respiretory e	wn, Mary	and	Approximete Intervel Between Onset and Deeth		
or use as the buriel-transit and page a		Immediate Ceuse (Finet disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		Due to (or es e	consequence of):	eer Ro	oad, Che	or respiretory e	wn, Mary	and	Approximete Intervel Between Onset and Deeth		
or use as the burial-transit au policie and a language and a langu		Immediate Ceuse (Finet disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	e. Ch	Due to (or es e	130 Spenot enter the mode consequence of):	eer Rose of dying, s	pad, Che such es cardiac Faile	estertory or respiretory of	wn, Mary rrest,	rland	Approximete Intervel Between Onset and Deeth		
ached for use as the bunat-transit and property to the property of the propert	F	Immediate Cause (Finet disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest	e. Ch	Due to (or es e	130 Spenot enter the mode consequence of):	eer Rose of dying, s	pad, Che such es cardiac Faile	estertory e or respiretory e eccless	wn, Mary rrest,	rland	21620 Approximate Intervel Between Onset and Deeth Several years		
be detached for use as the burial-transit an property by Physician/Medical Examiner		Immediate Cause (Finet disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest	e. Ch	Due to (or es e	130 Spenot enter the mode consequence of):	eer Rose of dying, s	pad, Che such es cardiac Faile	23b. Did	wn, Mary rrest.	rland	21620 Approximate Interval Between Onset and Deeth Screen gesus of the cause of death? bably 4 Unknown		
by Physician/Medical Examiner		Immediate Cause (Finet disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest	e. Ch	Due to (or es e	130 Spenot enter the mode consequence of):	eer Rose of dying, s	pad, Che such es cardiac Faile	23b. Did	wn, Mary	rland	21620 Approximate Interval Between Onset and Deeth Several gears of the cause of death? bably 4 Unknown ere eutopsy findings allabla prior to mpletton of causa		
by Physician/Medical Examiner		Immediate Cause (Finet disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest	e. Ch	Due to (or es e	130 Spenot enter the mode consequence of):	eer Rose of dying, s	pad, Che such es cardiac Faile	23b. Did 10	tobacco use co	ntribute to 3 Proi	21620 Approximete Intervel Between Onset and Deeth Several george to the cause of death? bably 4 Unknown ere eutopsy findings allabla prior to mpletion of causa deeth?		
Completed by Physician/Medical Examiner		Immediate Ceuse (Finet disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	e. Ch	Due to (or es e	130 Spenot enter the mode consequence of):	eer Road of dying, see all for the second of dying, see all for the second of the seco	pad, Che such es cardiac Faile	23b. Did 24e. Wes perfo	tobacco use co Yes 20 No an autopsy whed?	ntribute to 3 Proi	21620 Approximate Interval Between Onset and Deeth Several gears of the cause of death? bably 4 Unknown ere eutopsy findings allabla prior to mpletton of causa		
Be Completed by Physician/Medical Examiner	F 2	Immediate Cause (Finet disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest	b. Hy	Due to (or es e	130 Spenot enter the mode consequence of): consequence of): consequence of):	eer Road of dying, see and dying, se	pad, Che such es cardiac Faile plus n Pert i.	23b. Did 10 24e. Wes perfo	tobacco use co Yes 20 No an autopsy med? Yes 20 No	ntribute to 3 Prol	21620 Approximate Interval Between Onset and Deeth Onset and Deeth Several grass of the cause of death? bably 4 Unknown ere autopsy findings allabla prior to mpletlon of causa deeth?		
To Be Completed by Physician/Medical Examiner	F 2	Immediate Ceuse (Finet disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant conditions 25. Wes case referred to medical examiner? 1	b. Hospitel: 1 Inpatie	Due to (or es e	130 Spe not enter the mode Reno consequence of): consequence of): in the undarlying ce utpetient 3 DO. Time of 28	eer Road of dying, see and see	pad, Che such es cardiac Faile plus n Pert i.	23b. Did 23b. Did 10 24e. Wes performents of Check only of the	tobacco use co Yes 20 No an autopsy whed?	ntribute to 3 Proi	21620 Approximate Interval Between Onset and Deeth Onset and Deeth Several grass of the cause of death? bably 4 Unknown ere autopsy findings allabla prior to mpletlon of causa deeth?		
To Be Completed by Physician/Medical Examiner	F 2	Immediate Ceuse (Finet disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Part II. Other significant conditions 25. Wes case referred to medical examiner? 1 Yes 2 No	e. CA b. Ay c. Call d. Contributing to death be contributed to death be contributed to death be contributed to death be contributed to death be contributed to death be contributed to death be contributed to death be contributed to death be contributed to death deat	Due to (or es e	130 Spenot enter the mode CReno consequence of): consequence of): in the undarlying ce	eer Roe of dying, see of dying	pad, Che such es cardiac Faile plus n Pert i.	23b. Did 23b. Did 10 24e. Wes performents of Check only of the	tobacco use co Yes 20 No an autopsy primed? Yes 20 No one) dence 6 Oth	ntribute to 3 Proi	21620 Approximate Interval Between Onset and Deeth Onset and Deeth Several grass of the cause of death? bably 4 Unknown ere autopsy findings allabla prior to mpletlon of causa deeth?		
iffication: To Be Completed by Physician/Medical Examiner	F 2	Immediate Ceuse (Finet disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underflying Cause (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant conditions 25. Wes case referred to medical examiner? 1	e. Charles and the contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributing to death be contributed as a contribution of the contributi	Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e	130 Spenot enter the mode Consequence of): consequence of): consequence of): in the undarlying cell utpetient 3 Do. Time of injury	eer Roe of dying, s	pad, Che such es cardiac Faile plus n Pert I. 6. Place of Deel 4 D Nursing Ho	23b. Did 23b. Did 10 24e. Wes performe 5 Residence 28d. Describe 1	tobacco use co Yes 20 No an autopsy omed? Yes 20 No cone) dence 6 Oth how injury occur	ntribute to 3 Prol	21620 Approximate Interval Between Onset and Deeth Onset and Deeth Several grass of the cause of death? bably 4 Unknown ere autopsy findings allabla prior to mpletlon of causa deeth?		
of the function of the state of	F 2	Immediate Ceuse (Finet disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant conditions 25. Wes case referred to medical examiner? 1 Yes 2 No 27. Menner of Death 1 Peturel 5 Pending investigatic determined 4 Homicide GCould not by determined	e. CA b. Hospitel: 1 Inpatie 28e. Dete of triju (Month, Da 28e. Plece of Inju building, et	Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e	130 Spenot enter the mode consequence of): consequence of): consequence of): in the undarlying cell utpetient 3 Do. Time of injury M	eer Roe of dying, s	Dad, Chesuch es cardiac Faile plus es cardiac All Place of Deel 4 Driving Ho	23b. Did 1 24e. Wes performent 5 Bester to the Check only of the	tobecco use co Yes 20 No an autopsy med? Yes 20 No one) dence 6 Oth how injury occur Street end Numb	ntribute to 3 Proi 24b. Www.coc.of 1[21620 Approximate Interval Between Onset and Deeth Several george to the cause of death? bably 4 Unknown ere eutopsy findings allabla prior to mpletion of causa deeth? Yes 2 No		
of the function of the state of	2	Immediate Ceuse (Finet disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underfyliograms (Disease or Injury that initiated events resulting in deeth) Lest Part II. Other significant conditions 25. Wes case referred to medical examiner? 1 Yes 2 No 17. Menner of Deeth 1 Pheturel 5 Pending investigation of the conditions of the co	e. CA b. A c. Contributing to death b Contributing to death b 28e. Dete of this (Month, Da) 28e. Piece of Injuiding, etc.	Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e	130 Spenot enter the mode Remains consequence of): consequence of): consequence of): in the undarlying cell utpetient 3 DO. Time of injury M arm, street, fectory,	eer Roe of dying, s	Dad, Che such es cardiac Faile plus plus 5. Piece of Deel 4. Nursing Ho 2 \(\text{No} \)	23b. Did 1 24e. Wes performe 5 Residence City or Towns and due to the	tobacco use co Yes 20 No an autopsy med? Yes 20 No one) dence 6 Oth how injury occur Street end Numb	ntribute to 3 □ Prol 24b. W. av or of 10 er (Specified	21620 Approximete Intervel Between Onset and Deeth Onset and Deeth Several grants of the cause of death? bebly 4 Unknown ere eutopsy findings allabla prior to mpletion of causa deeth? Yes 2 No No Route Number,		
by the tuneral director, page 2 should be detached for use as the bunal-transit a bunal and a bunal diffication: To Be Completed by Physician/Medical Examiner	F 2 2	Immediate Ceuse (Finet disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underfying Cause (Disease or Injury that initiated events resulting in death) Lest Part II. Other significant conditions Part II. Other significant conditions To Menner of Death I Pleturel 5 Pending investigatic significant conditions To Menner of Death I Pleturel 5 Pending investigatic determined determined To Could not to determined to the conditions To Menner of Death I Pleturel 5 Pending investigatic determined To Could not to determined to the conditions To Menner of Death To Pending investigatic determined to the conditions To Menner of Death To Pending investigatic determined to the conditions To Pending investigation of the conditions o	e. CA b. Hospitel: 1 Inpatie 28e. Dete of triju (Month, Da 28e. Plece of Inju building, et	Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e	130 Specinot enter the mode Career consequence of): consequence of): consequence of): in the undarlying ce utpetient 3 DO Time of injury M arm, street, fectory, e, deeth occurred e indor investigation,	eer Roe of dying, see of dying	Dad, Che such es cardiac Faile plus plus B. Plece of Deel 4 D. Nursing Ho 2 No date end plece, on, deeth occur	23b. Did 23b. Did 1 24e. Wes performent of Check only o	tobacco use co Yes 2 No an autopsy med? Yes 2 No cone) dence 6 Oth how injury occur Street end Numb wn, Stete) cause(s) and me dete and placa.	ntribute to 3 Proi	Approximate Interval Between Onset and Deeth Deeth		
lled in by the funeral director, page 2 should be detached for use as the burial-transit and a complete by Physician/Medical Examiner	F 2 2	Immediate Ceuse (Finet disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underfyliograms (Disease or Injury that initiated events resulting in deeth) Lest Part II. Other significant conditions 25. Wes case referred to medical examiner? 1 Yes 2 No 17. Menner of Deeth 1 Pheturel 5 Pending investigation of the conditions of the co	e. CA b. A c	Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e Due to (or es e	130 Specinot enter the mode Remains a consequence of): consequence of): consequence of): in the undarlying cell in the undarlying cel	eer Roe of dying, see of dying, see of dying, see of dying, see of dying, see of dying, see of dying, see of dying, see of the time, of in my opinion.	Dad, Che such es cardiac Faile plus plus B. Plece of Deel 4 D. Nursing Ho 2 No date end plece, on, deeth occur	23b. Did 23b. Did 1 24e. Wes performent of Check only o	tobacco use co Yes 20 No an autopsy med? Yes 20 No one) dence 6 Oth how injury occur Street end Numb	ntribute to 3 Proi	Approximate Interval Between Onset and Deeth Deeth		

State Registrar State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Wood Willits Jeanne 199610:44 4 September /Medicai 4c. County of Deeth Kent 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner The Kent and Queen Anne's Hospital Chestertown If Under 1 Yeer If Under 24 Hrs. Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) September 6, 1907 Pennsylvania Birthplace (State or Foreign Country) Funeral 1 □ M 2 🗙 F Months 135-38-5102 88 Director Usual Residence of Decedent with the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Mexical Examiner must be noticed at 1 Yes 2 No Maryland Kent Chestertown 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? itams 23a or 204 Richard Drive 21620 U.S.A. death v Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11. Maritel Status 14. Race - American Indian. Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married ☐ Yes 2X No Yes, Give 6 Saltimore, Maryland 21215-0020 1 Yes 2X No Specify: by Specity: 3√ Widowed 4 Divorced White Year or Dates: 'natural', Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Domestic/Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Pages 1 and 2 should be nent of Haalth end Mental Internstit it itsm 27 is marked or Ralph E. Wood Anna Gibson 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2: Department of Haalth er important: If Itam 27 is any injury or other trausonce. Francis P. Willits III/Son 200 River Road, Chestertown, Maryland 21620 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) September 6, 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State Chesapeake Cremation Center, LLC 4 Donation 5 Other (Specify) Stevensville, Maryland Fellows, Helfenbein & Newnam Funeral Home, P.A. 130 Speer Road, Chestertown, Maryland 21620 Part. Entry the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest abock, or rount feilure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final diseese or condition resulting in death) Examiner Due to (or as a consequence of) Examiner The law requires that the death certificate be executed sician and burial-trans Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or as a consequence of): P.O. Box 68760, physiciar Physician/Medical the Due to (or as a consequence of): use es Part il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Probably 4 Unknown 1 ☐ Yss 2 ☐ No Completed by Records. 24b. Were autopsy findings available prior to 24a. Was en eutopsy performed? completion of ceuse of death? No 1 Yes 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: Be 25. Was cese referred to medicel examiner? 26. Place of Death (Check only one) Hospitel: hpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 2 ER/Outpatient 3 DOA this s efter death.

If Director: After this ad in by the funeral d 27. Mapner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Division Natural Accident 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. Location (Street and Number or Rurel Route Number, City or Town, State) filled in by 4 Homicide within 24 hours To the Funeral (Hospital Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner es stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai completaly (Check only one) To the 29b. Signature and title of out 29d. Date signed (Month, Day, Year, 29c. License number 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 100 Brown Street 12 Chestertown, MD 21620 Registrate Scholling 31. Date filed (Month Dey, Year) State '96 Registrar



State of Maryland / Department of Health and Mental Hygiene 0.0

20646

				Olate of	war ylari			of Death			Reg. No.	6 31460		
Г	Physic	ian	1. Decedent's Neme (First, Middle, L.				2. Dete of De Month	Day	3. Time of Death					
	/Medi		Robert Emlyn Wood October 8 1996 10:00p.											
)	Examir	ner	4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death											
			12448 Neale So	-			K I Index 4 V	Cobb			Charl			
	Funeral Director		201-05-5247	Sex 1 ☑ M 2 ☐ F	7. Age (In yrs. 79	last birthday) Yrs.	If Under 1 Y Months Da	eer if Under ays Hours	Min.	B. Dete of Bird (Month, De April	14 1917	9. Birthplace (State or Foreign Country) Pennsylvania		
	Pu .		Usuel Residence of Decedent 10a. State 10b. County		10c Cit	y, Town or Lo	ontion					404 4-14-06-11-6		
	he Maryla Ba-f sho offined si	Director	Maryland Charles	5	1 200	obb Isi	Land					10d. Inside City Limits 1 □ Yas 2 □ No		
	vith th		10e. Street end Number	1			10f. Zip Co				10g. Citizen of V			
	ath v	erai	12448 Neale Sound	T	tank Francis III	0 40.1		20625		USA 7 (Specify Yes or No- 14. Race - American Indian,				
020	and 2 should be filed within 72 hours after death with the Manyland Health and Mental Hygiene. Item 27 is marked other than "natural", or Hems 23s or 28s-f show other traumatic event, the Medical Evantinet must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 Wes 2 No If Yes, Give Year or Dates: WW 11				was Decedent f Yes, specify (I □ Yes 2 🗓	of Hispanic Or Cuban, Mexica No Specify:		ican, etc.)	Specify	ck, White, etc.		
21215-0020	in 72 ho n "natur dedical	Completed	15. Decedent's E (Specify only highest gr	ade completed)		(Give	lent's Usual Oo kind of work do OO NOT use ra	one during mos	st of working	9	16b. Kind of Bu	usiness/Industry		
	filed with Hygiene other the	mo.	Elementary/Secondary (0-12)	Coilege (1-	40r 5+)	Atto	cney				US Gov	vernment		
Maryland	should be file and Mental Hy marked othe numatic event.	To Be	17. Father's Name (First, Middle, Las Emlyn L. Wood	1)						(First, Middle,	Maiden Sumem	ne)		
lan	2 short and h		19e. Informant's Name/Relationship	(Type, Print)		19b. Mailir	g Address (St	reet end Numb	er or Rural	Route Number	er, City or Town,	Stete, Zip Code)		
	alth 27 i		Marguerite H. Wo	od (Wife)	12448	Neale	Sound	Dr Co	obb Is	land, MI	20625		
ore	M of H		20a. Method of Disposition 1 Burlal X Cremetion 3	Removai from S	C	emetery, cren	sition (Neme onetory or other	plece)		Date		City or Town, Stete		
E	nit. Pag artment ortant: injury o		4 ☐ Donation 5 ☐ Other (Speci	(y)	Met	ropol:	itan Cr	emator	y 10-9	9–96	Alexandı	ria, VA		
Baltimore,	permit. Pages 1 and 2 Department of Health s Important: If Item 27 is any Injury or other tra 900s.		21. Signatura of Funedat Service Lice	1	M00173	3 J	.H. Ebe	dress of Fecili rwein l	Mortu		ls., MD	20695		
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	one cause on ea	g cano		ith Li	dying, such as		respiratory a	rrest,	Approximate Interval Between Onset and Death		
	outed Nd nansit	Examiner	Sequentially list conditions	b. ———	Due to (or	r aa a conseq	uence of):							
o,	ifficate be axecuted g physician and as the burial-transit		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events									i i		
68760,	hysic the bi	edicai	that initiated events resulting in death) Last	C	Due to (or	as e conseq	uenca of):							
	E 0 6	man 2		d										
Box	attending for use a	ian												
О	res that the de- igned by the a be detached f	/ Physician/N	Part II. Other significant conditions	contributing to dea	th but not resu	ilting in the ur	nderlying cause	given in Part	l.			ntribute to the causs of death? 3 Probably 4 Unknow		
Records,	aw requi	Completed by									an autopsy med?	24b. Were autopsy findings available prior to completion of cause of death?		
×	The la	Con								103	res 20XNo	1 ☐ Yes 2 ☐ No		
Vitai	ician: The certificate rector, pag	Be	25. Was case referred to medical examiner?					26. Place	e of Death	(Check only o	ne)			
0	Physician: 1 r this certifica and director, p	2	1 Yes 2D No	A	patient 2					-	dence 6 Oth			
NOIS	oth our	atlon:	27. Manner of Death Natural 5 Pending 2 Accident investigation		Injury Day Year)	28b. Time of injury		Injury at Work? 1 □ Yes 2 □		3d. Describe i	now injury occur	red		
Division	F = = C	Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	289. Placa 0	f Injury - At ho g, etc. <i>(Specify</i>	me, ferm, stre	et, factory, off	ice	28	of. Location (S City or Tox	Street end Numb vn, Stete)	per or Rural Route Number,		
	Hos Pun Fun	edicai	29a. Certifier (Check only one) 2 Medical Example (Check only one)	nyaiclan: To the bas miner: On the bas and manne	is of examinat	viedge, death ion and/or inv	occurred et the restigation, in n	e time, date en ny opinion, dee	nd place, an	d due to the	cause(s) end ma date and piaca,	inner as stated. and due to the cause(s)		
	To the within To the comple	Ž	29b. Signeture and title of certifier					ense number				d (Month, Dey, Year)		
			Drille	Μ.	Ma	Ma	D28	352		1	Uctobe:	r 9, 1996		

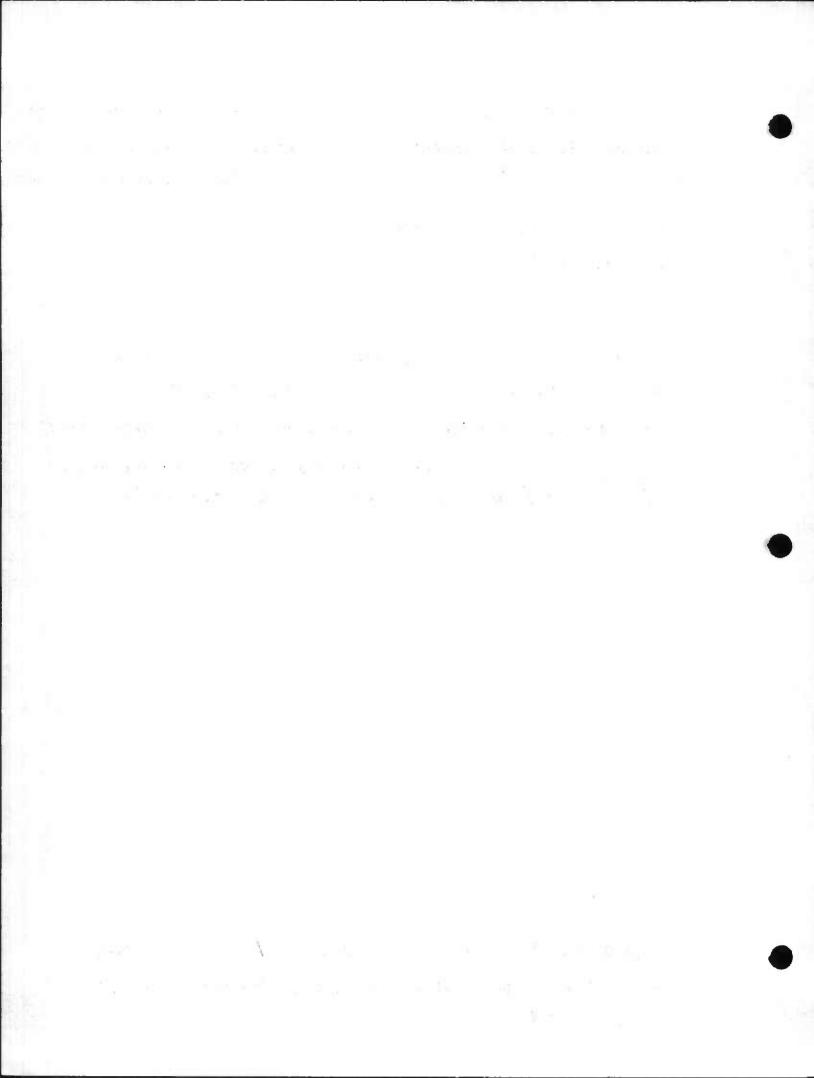
30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

Krishan Mathur, M.D. - P.O. Box 2729, La Plata, MD

State Registrar

State of Maryland / Department of Health and Mental Hygiene

_	- 65		Certificate of Death	Reg. No.	3 1 4 6 9
Physicia /Medic	ai	1. Decedent's Name (First, Middla, Last) The Ima Lorraine 4a. Facility Nama (If not institution, give street and number)	Wolfe 4b. City, Town, or	September 30 19	3. Tima of Death
Examin Funeral Director	er	Frederick Memorial Hospita 5. Social Sacurity Number 8. Sax 1 M 2 TF 7. Age '(In yrs. last		ck Frede	nick Birthplace (State or Foreign Country)
aryland ahow		Usual Rasidance of Decedent 10a. State 10b. County 10c. City, T	Town or Location		10d. Inside City Limits
death with the Maryland rms 23a or 28a-f show rmst.be notified at	Funeral Director	Md. Frederick Bru. 10e. Street and Number	nswick 10f. Zip Code	10g. Citizen of Wha	1 ☐ Yes 2 ☐ No
th wit	al D	710 East "A" Street	21716	USA	
9 48	by Fune	11. Marital Status 1 □ Nevar Married 2 □ Married 3 ☑ Widowed 4 □ Divorced 12. Was Decedent Evar in U,S. Armed Forces? 1 □ Yas 2 ☑ No If Yes, Give \(^1\) Yaar or Dates:	13. Was Decedent of Hispanic Origin? (S If Yes, specify Cuban, Mexican, Puan 1 ☐ Yas 2 No Specify:	pecify Yas or No- lo Rican, atc.) 14. Race - Biack, Specify:	Amarican Indian, Whita, atc. White
15-0 n 72 ho natur	Be Completed				ness/Industry
d 2 Hygie thygie	ပ္	17. Father's Name (First, Middle, Last)	Callen 18. Mother's Na	Railro ma (First, Middla, Maiden Sumame)	ad
Maryland 212 d 2 should be filed within th and Mental Hygiene. 7 is marked other than traumatic event, the H	To B	Roy Edward Grams 19a. Informant's Name/Relationship (Type, Print)	Agne. 19b. Mailing Addrass (Street and Number or Ri	Caney Hutts	
Heel Heel		Doneen Fornest - Daughten 20a. Method of Disposition 1 Burial 2 M Cramation 3 Removal from State	4/3 Birmingham Dr e of Disposition (Name of atary, crematory or other place)	Data 20c. Location - Cit	ck, MD21701 ty or Town, Stata
Baltimo permit. Peges Department of Important: If is any Injury or or		21. Signature of Funeral Service Licensee	enstown Crematory 22. Name and Addrass of Facility John T. Willio Runswick, Mo		
Physician		23a. Part1. Enter the disease, or complications that caused the death. I shock, or heart failure. List only one cause on each line.	Do not enter the mode of dying, such as cardia	c or raspiratory arrest,	Approximate Interval Between Onset and Death
/Medical Examiner			DIAC ATTHYLMIC		munits
58760, cate be executed physician and the burlat-transit	Examiner	b. Hyper	r Kalem M. s a consequence of):		house
68760, filicate be execute g physician and as the burial-trans	al E	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that intilated events	13 + REND FAILUR	•	hour
W # 0#	n/Medical	resulting in death) Last Due to (or as Sep3	s a consequanca of):		24hr
O. B.	sicia	Part II. Other eignificant conditions contributing to death but not rasulting	ng in the underlying cause givan in Part I.	23b. Did tobacco uee contri	bute to the cause of death
fords, P.O. Box requires that the death cert seen signed by the ettendin hould be detached for use.	y Phy	Renol Failure		1 Yee 2 No 3	Probably Unknow
of Vital Records, Physician: The lew requires the this certificate has been signed in director, page 2 should be controlled.	Completed by Physician/N			24a. Was an eutopay performed?	24b. Ware autopsy findings available prior to completion of cause of death?
The Late he cate he				1 ☐ Yes 2 No	1 ☐ Yes 2 No
Vital I	o Be	25. Was case refarred to medical examiner? 1 ☐ Yes 2 ☐ TO Hospital: 1 ☐ Topastiant 2 ☐ ER	Other	ath (Check only one)	
E & 95	tion: To	27. Manne of Death 1 Natural 5 Pending 28a. Data of Injury (Month, Day Year) 28	VOutpatient 3	tome 5 ☐ Residence 6 ☐ Other (28d. Describe how Injury occurred	
Les or in Section	Certification:	2 ☐ Accident 3 ☐ Sulcide 4 ☐ Homicida Accident Invastigation		28f. Location (Street and Number of City or Town, State)	or Rural Route Number,
24 hou P Funer etely fil	edical	29a. Certifier (Check only one) 12 Certifying Physician: To tha best of my knowle 2 Medical Examiner: On tha basis of examination and manner stated.	dge, daath occurred at tha time, date and place a and/or investigation, in my opinion, death occu	, end due to the causa(s) and mann- irred at tha time, data and place, and	er as stated. I due to the cause(s)
To the within To the compli	Me	29b. Signature and titla of cartifiar MCK P ROWNING	29c. Licansa number	29d. Data signed (A	Month, Day, Year)
		30. Name and addrass of person who completed cause of death (item 23	D29191 Ba) (Type, Print) Tohnsin Drive Fa	COOPER MANA	
Stat Registra		31. Date filed (Month, Day, Year) OCT 0.7 1996 32. Registrar's Signature	P. C.	The Property 21	100



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day **Physician** 30, 11:00 P.M. Sept. 1996 Robert A Wachter, Sr. /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Thurmont

If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth
(Month, Day, Year) 11223 Old Frederick Road Frederick 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplece (Steta or Foreign Country) **Funeral** 1**56**M 2□ F Months Yrs Director 94 214-28-6113 June 16,1902 Maryland Usuei Residence of Decedent death with the Maryland 10a. Stete 10b. County 10c. City, Town or Location ahow r 28a-f ahow 10d. Inside City Limits Maryland Frederick Thurmont 1 Yas 2 No Directo 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? r than "natural", or items 23s or the Medical Examiner must be 11223 Old Frederick Rd. 21788 United States Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Marital Status filed within 72 hours after 1 ☐ Nevar Married 2 ☐ Married altimore, Maryland 21215-0020 1□ Yes 2 No Specify: à Specify: White 3 Widowed 4 □ Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiena. Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed v Department of Health and Mental Hygies Important: If item 27 is marked other th any Injury or other traumatic event, the 6 Own Dairy Farm Farmer 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Surneme) Millard R. Wachter Mary Elizabeth Bell 19a. Informant'a Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Carroll R. Wachter, Sr. 6512 Fish Hatchery Rd./ Thurmont, Maryland 21788 20b. Place of Disposition (Neme of cematary, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cramation 3 ☐ Removel from Stete Lewistown Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 10-3-96 Lewistown, Maryland 22. Nama and Address of Facility Stauffer Funeral Home 21. Signeture of Funarel Service Licensee 23a Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock in heart fellure. List only one cause on each line. 104 E. Main St./ Thurmont, Maryland 21788 Approximate Interval Between Onset and Deeth **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of): Examiner attending physician and for use as the burial-transit requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Ceuse (Disease or Injury that initiated events Physician/Medical Due to (or as a consequence of): resulting in daeth) Last Part II. Other significant conditions contributing to death but inclusiviting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? tha signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24e. Wea en autopsy performed? 24b. Were autopsy findings Completed available prior to completion of cause of death? certificata hes 1 ☐ Yes 2 ☑ No 1 Yes 2 No director, 25. Wes case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Inneral 27. Menner of Death 28e. Date of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how injury occurred Certification: 28c. Injury et Work? Aftar 1 Straturel 5 Pending investigation death. 1 Yes 2 No 2 Accident or Attend after death Director: tha 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Sulcida Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide To the Hospital o within 24 hours af To the Funeral D 1 Cortifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) end mennar stated. Medicai 29e. Certifier completaly (Check only one) 29b. Signature and title of certifiar 29c. License number 29d. Data signed (Month, Dey, Year) 17549 96 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Dr. William F. Harper, 100 S. Center St./ Thurmont, Maryland 31. Date filed (Month, Day, Year)

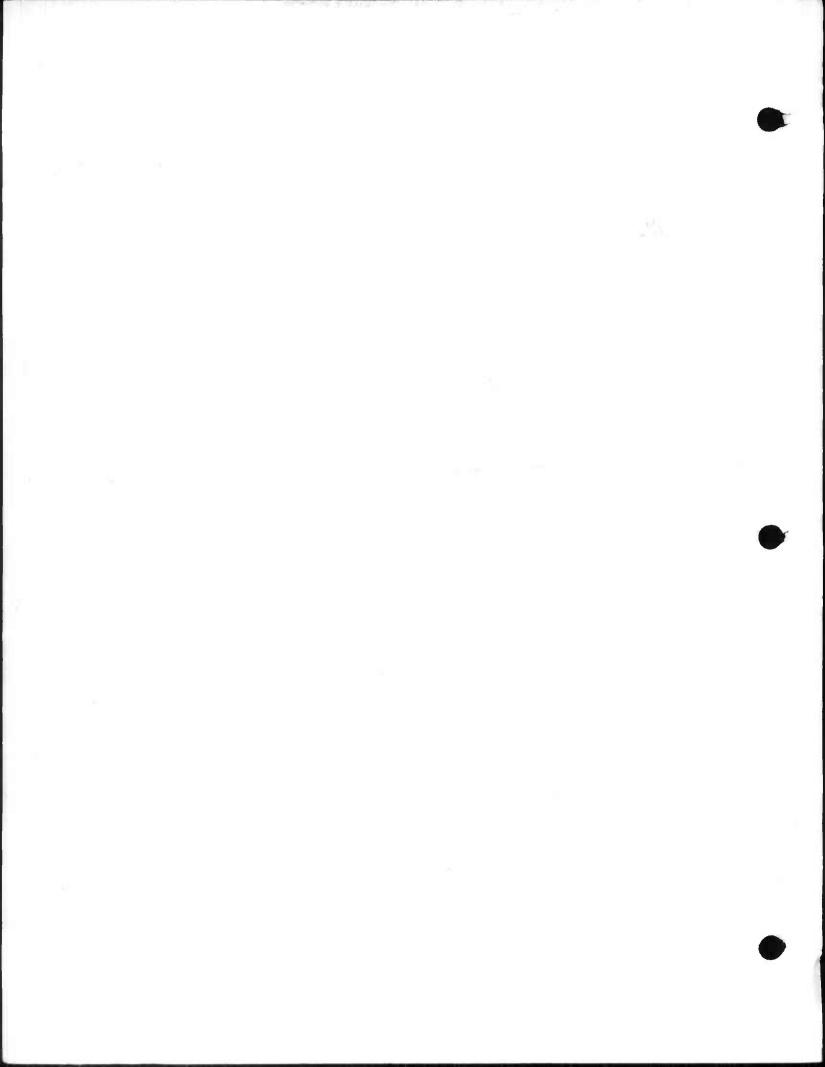
Registrar

BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should reach with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
ION OF VITAL RECORDS, P.O. BOX 68760	VOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. After this certificate has been signed by the attending physician and completely filled in by the furices with the State Dept. of Health and Memtal Hygliene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTHAH	CERTIF	ICATE OF DEATH	REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Lest)	WASH	ing ton	2. DATE OF DEATH MONTH DAY	21996	3. TIME OF DEATH
plo	1	4. social security number 5. sex 155-01-0382 1 □ M	A	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIFTTN (Mooth, Day, Year)	19 1970	APLACE (State or Epreign
1. 2, 3 should	стов	9a. FACILITY NAME (If not institution, give street and not pENINSULA REGIONAL MRESIDENCE OF DECEMENT		96. CITY, TOWN OR LOCATION OF DE SALISBURY	ATH	WICOMI	
Pages	DIRE	10a. STATE 10b. COUNTY DOS Che	ster 10c. GT	2 mbridge			10d. INSIDE CITY UMITS? 1 YES 2 NO
an. ransit permit.	NERAL	505 Dobson St.	eet	101. ZIV CODE 21613		10g. CITIZEN OF V	WHAT COUNTRY?
attending physician. se as the burlal-transit	BY FUNI	1 Never Married 2 Married FORC	DECEDENT EVER IN U.S. ARMED ES? 1 YES 2 NO S, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxice 1 YES 2 NO Specify	n, Puerto Rican, atc.)	or No— 14. RACE Black Speci	E — American Indian, k, White, etc.
for u	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College	(1-4 or 5+) 16a. DECEDENT'S (Give kind of sile. Do NOT us) (1-4 or 5+)	. H. V	166. KIND OF BUSH	NESS/INDUSTRY	1:-
be der	BE COMPL	17. FATHER'S NAME (First, Middle, Last)	Shington		ME (First, Middle, Maiden S	ourame) (W	achington
ay be retained page 5 should be notified	TO B	Jacquelyno Luck	132	ADDRESS (Street and Number or Flural F	houte Number, City or Town	State, Zip Code)	md, 21801
rector,		20e, METHOD OF DISPOSITION 2 Burlel 2 Cremetton 3 Removel from 4 Donatton 8 Other (Specify) 21 SUGNATURE OF SUBERAL SERVICE LICENSE	Stata 20b. PLACE AND DATE (cometery, crematory or o	of DISPOSITION (Name of their place) S Memory a Cemetry 22. NAME AND ADDRESS OF FAM	V10-1-96 5a	ATION — CHY of TO	md.
2 2 2	Щ		8	Watson Finera) Ho	me . West Ro	l. Salisb	in ml.
within 24 hour pletely filled in cremation, or rent, the me		23. PART I. Enter the diseases, or complicet ahock, or heart feilure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)	one cause on each line.	not anter the mode of dying, such		story arrest,	Approximate Interval Between Onset and Death
physician and correction by prior to burial, ne prior to burial, ner traumatic ex	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF	P):			
ending Hygier or oth	CERTIFIC	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF	F):			
unar une ed by the h and M amy Inju	DICAL	PART II. Other algnificent conditiona contrib	uting to death but not resulting	In the underlying cause given in	Part I. 24a. WAS AN A PERFORM	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
has been signing to be a second of the signing to be a second of the signing to be a second of the signing to be a second of the signing of t	AN: ME	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL					1 TYES 2 DATO
certificate h the State [YSICIAN:	EXAMINER? HOSPI	26. PLACE OF DEATTAL: lent 2 ER/Outpetient 3 DOA	OTHER: 4 Nursing Home 5 Residence	6 Other (Specify)		
F sign S	ву Рну	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
OIRECTOR: After the hours after death item 28 is mar	ED	4 Homicide detarmined	PLACE OF INJURY — At home, farm, a building, atc. (Specify)		281. LOCATION (Street an City or Town, State)		loute Number,
UNERAL O HITHIN 72 TO ANT: If Ith	COMPLET	(Check only CERTIFYING PHYSICIAN: To the	e best of my knowledge, death occurre sale of examination and/or investigation	nd at the time, data and place, and due on, in my opinion, death occured at the	to the cause(e) and mann time, data and place, and	er as stated, due to the cause(s) and menner as stated.
TO THE HOSPITAL OF THE FUNERAL C DE filed within 72 h	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED IN THE PROPERTY OF THE PRO	/	29c, LICENSE NUM 0 0 30	690	> Soft.	30,1996
		James E. IM	artin M.O.		Carroll	51.5	2/:350-
0		OC) 02 1996 Jul	EGISTRAR'S SIGNATURE				
		()					

DHMH-16 Rev 1/89



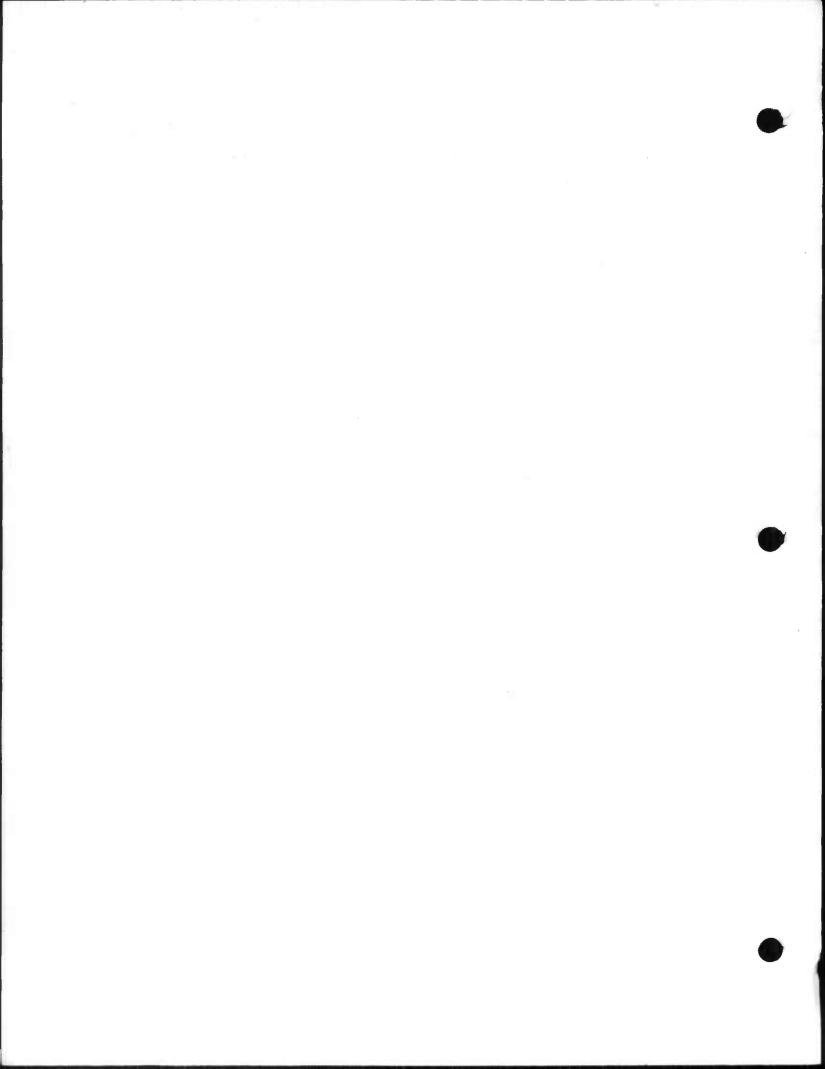
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

FOR 1 - STATE BEGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH				ONIE O	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			3. TIME OF DEATH
	GEORGE RHY	YON		-	WAINRI	тн		PTEMBER		1996	1935 M
- 3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less		IF UNDER 1 YEAR		s. 7. D	ATE OF BURTH			PLACE (State or Foreign
4	214-16-4563	1 ☑ M 2 ☐ F	92	YRS.	MONTHS DAYS	HOURS MR	ΔP	RIL 2, 1	904	MARY]	AND
	9e. FACILITY NAME (If not institution, give a	treet and number)			Sh CITY YOUR	OR LOCATION OF		2, 1			
œ !	A STATE OF THE STA		animn.				PUEATR			NTY OF DE	
DIRECTOR	PENINSULA REGIONA	AL MEDICAL	L CENTER		SAI	JISBURY			W	ICOM	ICO
입	10a. STATE 10b. COUNTY	Y		10c CITY	TOWN OR LOC	ATION					10d, INSIDE CITY
E	MARYLAND WORCE	CTTD			LIN						LIMITS?
	10a, STREET AND NUMBER	ESTER		DEK							1 TES 2 NO
FUNERAL						Of. ZIP CODE					HAT COUNTRY?
9	7713 LIBERTYTOWN					21811			USA	7	
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI		13. WAS DI	ECENDENT OF HIS	PANIC OF	IIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, atc.
BY	1 Never Married 2 (2) Married 3 Wildowed 4 Divorced	IF YES, GIVE WA		•		S 2 NO Sp		into Hican, etc.)	- 1	Specif	
	- 3732	l									WHITE
Ĕ	15. DECEDENT'S EDU (Specify only highest grade		16a. DE0	EDENT'S	JSUAL OCCUPATION done during it	TION post of working		166. KIND OF BUS	INESS/IND	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)	Total or Worlding					
9	4		MAC	CHINI	ST			SAWMILL			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (FI	rst, Middle, Malden	Sumame)		
	GEORGE T. WAINRIG	GHT				ADA E.	MIT	CHELL			
BE	19a. INFORMANT'S NAME (Type/Print)		196	MAILINO	ADDRESS (Stree	and Number or Ru	rai Anuta i	Number, City or Town	State Zin	Code	
2	RUTH E. WAINRIGHT	r						ERLIN, N			21811
	20a, METHOD OF DISPOSITION				F DISPOSITION /				CATION —		
ļ	20a, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State			CEMETI		1 '	3/96 BEI		-	
	21. SIGNATURE OF FAMERAL SERVICE LIC	ENGEE /	KIVEI	COIDE			_		KLIN,	MAK	TLAND
	. /// // /	011			22. NAME	AND ADDRESS OF	FACILITY				
	- (Kule W	And			HAST	INGS FUN	ERAL	HOME,	SELBY	VILL	E, DE. 1997
	23. PART I. Enter the diseases, or o	complications that	caused the dea	ith. Do n	ot enter the m	ode of dying,	uch as	cardiac or reapi	ratory arr	wat.	Approximate
	snock, or neart feiture.	List only one caus	e on each line.								interval Between
- 1	iMMEDIATE CAUSE (Final disease or condition										Onset and Death
- 1	resulting in death)		ESTIVE H			RE					
		DUE TO //):						
			OR AS A CONSEC		LOCK						
NO	Sequentially list conditions,	COMP	LETE HEA	ART B							
ATION	Sequentially list conditions, if any, leading to immediate	COMP		ART B							
-ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (C	LETE HEA	ART B	:						
ITIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	LETE HEA	ART B	:						
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (C	LETE HEA	ART B	:						
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. COMP DUE TO (C	LETE HEA	ART B):	na ceuse given	in Part	i. 24a. WAS AN	ALITOPRY	24h	WERF ALLYOPSY FINANCE
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. COMP DUE TO (C	LETE HEA	ART B):	ng ceuse given	in Part	PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMMETCH OR CAMPE
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. COMP DUE TO (C	LETE HEA	ART B):	ng ceuse given	in Part	I. 24a. WAS AN PERFOR	MED?		
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition	DUE TO (C	LETE HEA	ART B	: : n the underlyl			PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI	DUE TO (C	LETE HEA OR AS A CONSEO OR AS A CONSEO JOEN HEAT JSE OF DEAT	ART B UENCE OF UENCE OF	the underlyi	UNCERT		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition	DUE TO (C	LETE HEA OR AS A CONSEO OR AS A CONSEO JOEN HEAT JSE OF DEAT	ART B UENCE OF UENCE OF	the underlyi	UNCERT		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI	DUE TO (C	DR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF	ART B UENCE OF UENCE OF	the underlying the state of the	UNCERT	AIN E	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI	DUE TO (C	JSE OF DEAT 26. PLACE ER/Outpatient 3 NJURY	ART B UENCE OF UENCE OF PSUITING II	the underlying the state of the	UNCERT	AIN E	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI	DUE TO (C. DUE TO (C.	JSE OF DEAT 26. PLACE ER/Outpatient 3 NJURY	ART B UENCE OF UENCE OF PSUITING IT	the underlying the state of the	UNCERT	AIN E	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI	DUE TO (C. DUE TO (C.	JSE OF DEAT 26. PLACE ER/Outpatient 3 INJURY — At hon	UENCE OF	the underlyl MOCOTHER: Underlyl MOTHER: MY M1	UNCERTA Dipole to the property of the propert	AIN 2 28d.	PERFOR 1 YES 2 Dither (Specify) DESCRIBE HOW IN	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Autural 5 Pending Investigation	DUE TO (C	JSE OF DEAT 26. PLACE ER/Outpatient 3 INJURY — At hon	UENCE OF	the underlyl MOCOTHER: Underlyl MOTHER: MY M1	UNCERTA Dipole to the property of the propert	AIN 2 28d.	PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW IN	MED?	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (C. DUE TO (C.	JSE OF DEAT 26. PLACE ER/Outpatient 3 NJURY — At hon 1c. (Specify)	UENCE OF UENCE OF UENCE OF DESIRITION DOA DOA 28b. TIME NJ.	The underlying the un	UNCERTA District to the second of the secon	28d.	PERFOR 1 YES 2 Dither (Specify) DESCRIBE HOW IN LOCATION (Street a City or Town, State)	MED?	CURED or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTINUES. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (C. DUE TO (C.	JSE OF DEAT 26. PLACE ER/Outpatient 3 INJURY — At honder, (Specify) Iny knowledge, dea	UENCE OF UENCE OF UENCE OF UENCE OF DESILITING IT DOA 20b. TIME 100.	the underlying in the underlyi	UNCERTA Display to the property of the proper	28d.	PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street a City or Town, State)	MED?	CURED or Rural Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (C. DUE TO (C.	JSE OF DEAT 26. PLACE ER/Outpatient 3 INJURY — At honder, (Specify) Iny knowledge, dea	UENCE OF UENCE OF UENCE OF UENCE OF DESILITING IT DOA 20b. TIME 100.	the underlying in the underlyi	UNCERTA Display to the property of the proper	28d.	PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street a City or Town, State)	MED?	CURED or Rural Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTINUES. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (C. DUE TO (C.	JSE OF DEAT 26. PLACE ER/Outpatient 3 INJURY — At homoto, (Specify) Injury — At homoto, (Specify) Injury — At homoto, (Specify) Injury — At homoto, (Specify)	UENCE OF UENCE OF UENCE OF UENCE OF DESILITING IT DOA 20b. TIME 100.	the underlying in the underlyi	UNCERTA Display to the property of the proper	AIN E	PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street a City or Town, State)	NJURY OCC and Number ner as stated d due to the	or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner ea stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE? 29b. SIGNATURE AND TITLE OF CERTIFIER SELY CANNAMENT	DUE TO (C. DUE TO (C.	LETE HEA OR AS A CONSEO OR AS A CONSEO DEATH TO THE TENT OF THE TE	UENCE OF UENCE	The underlying the un	UNCERTA Description The S Resident JURY AT TORK? YES 2 NO Ice The and place, and of death occured at	28d. 28f.	PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street a City or Town, State)	NJURY OCC and Number ner as stated d due to the	or Rural Ru	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner ea stated. (Month, Day, Year)
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 29e. CENTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (C. DUE TO (C.	JSE OF DEAT 26. PLACI ER/Outpatient 3 INJURY — At hon ac. (Specify) Ty knowledge, deal minimation and/or in	UENCE OF UENCE OF UENCE OF UENCE OF DESILITING IN TH YES E OF DEATH DOA 28b. TIME th occurrence investigation (127) (Type,	the underlying the un	UNCERTA DO O THE 5 Resident JURY AT TORK? YES 2 NO Idea te and place, and ideath occured at 29c. LICENSE I D307	28f. 1	PERFOR 1 YES 2 Dither (Specify) DESCRIBE HOW IN LOCATION (Street as City or Town, State) - cause(a) and man date and place, and	NJURY OCC and Number ner as stated d due to the	or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner ea stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE? 29b. SIGNATURE AND TITLE OF CERTIFIER SELY CANNAMENT	DUE TO (C. DUE TO (C.	JSE OF DEAT 26. PLACE ER/Outpatient 3 INJURY — At hon ac. (Specify) Ty knowledge, dealermination and/or in 3 Quinc Quinc	TH YES OF DEATH DOA 286. TIME INJUING. IST IN THE CONTROL OF THE C	the underlying the un	UNCERTA DO O THE 5 Resident JURY AT TORK? YES 2 NO Idea te and place, and ideath occured at 29c. LICENSE I D307	28f. 1	PERFOR 1 YES 2 Dither (Specify) DESCRIBE HOW IN LOCATION (Street as City or Town, State) - cause(a) and man date and place, and	NJURY OCC and Number ner as stated d due to the	or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner ea stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 1. LEAST CONTINUE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO Benjamin Meyer 31. DATE FILED (Month, Day, Year)	DUE TO (C. DUE TO (C.	JSE OF DEAT 26. PLACE ER/Outpatient 3 INJURY — At hon ac. (Specify) Ty knowledge, dealermination and/or in 3 Quinc Quinc	TH YES OF DEATH DOA 286. TIME INJUING. IST IN THE CONTROL OF THE C	the underlying the un	UNCERTA DO O THE 5 Resident JURY AT TORK? YES 2 NO Idea te and place, and ideath occured at 29c. LICENSE I D307	28f. 1	PERFOR 1 YES 2 Dither (Specify) DESCRIBE HOW IN LOCATION (Street as City or Town, State) - cause(a) and man date and place, and	NJURY OCC and Number ner as stated d due to the	or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner ea stated. (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition DID TOBACCO USE CONTINUES. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE. 29b. SIGNATURE AND TITLE OF CERTIFIER SELECTION WHY BEN jamin Meyer	DUE TO (C. DUE TO (C.	JSE OF DEAT 26. PLACE ER/Outpatient 3 INJURY — At hon ac. (Specify) Ty knowledge, dealermination and/or in 3 Quinc Quinc	TH YES OF DEATH DOA 286. TIME INJUING. IST IN THE CONTROL OF THE C	the underlying the un	UNCERTA DO O THE 5 Resident JURY AT TORK? YES 2 NO Idea te and place, and ideath occured at 29c. LICENSE I D307	28f. 1	PERFOR 1 YES 2 Dither (Specify) DESCRIBE HOW IN LOCATION (Street as City or Town, State) - cause(a) and man date and place, and	NJURY OCC and Number ner as stated d due to the	or Rural Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner ea stated. (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 96 311,73

				Certificate of	Death	R	eg. No.		01970
			Decedent's Nama (First, Middla, Last)			2. Data of Deat Month	h	Man	3. Time of Death
	Physica /Medi		FLORENCE	WEATHERS		SEPT.	Day 27 19	Yaar 96	9:00 PM
	Examir		4a. Facility Nama (If not institution, giva street and number)		4b. City, Town, or Lo		4c. County		7.00 1
			SALISBURY CENTER: GENESIS ELDERCA	ARE	SALISBURY	MD.	WICO	MICO	
	Funeral		5. Social Security Number 6. Sex 7. Aga (In yrs. last to	Months Days		8. Data of Birth (Month, Day,	Year)	9. Birthp	placa (Stata or Foreign
e i	Director		219-07-6158 1 ^{1 M 2} / ₄ 79	Yrs.		Mar.13	1917	Mar	yland
	pue *_		Usual Rasidence of Decedant 10a. Stata 10b. County 10c. City. To	own or Location				1	Od. Insida City Limits
	sho s	5						'	1 ☐ Yas 2 No
	15 h	Director	Maryland Wicomico Qua	antico		1	0g. Citizan of V	Man Cause	
	WITH NO B					'			itry ?
	# 23	era	Lankford Road 11. Marital Status 12. Was Dacedant Evar In U.S.	218		point Vee or No.	U.S.		can Indian.
	filed within 72 hours after deeth with the Meryland Hyglene. ther than "naturel", or flems 23a or 28a-f show httl, the Medical Examiner must be incuffed at	Funeral	Armed Forces? 1 Nevar Married 2 Marriad 1 Yas 2 No	13. Was Dacedant of it Yas, specify Cub	an, Mexican, Puarto	Rican, atc.)		k, Whita,	
20	8 9 P	by	3 Widowed 4 □ Divorced If Yas, Giva Yaar or Datas:	1□Yas 2No	Specify:		Specify		ack
21215-0020	2 hot	8	15. Decedant's Education 16	Sa. Decedent's Usual Occu	pation	T	16b. Kind of Bu		
212	hin 7	Completed	(Specify only highast grada complated) Elementery/Secondary (0-12) College (1-4or 5+)	(Giva kind of work done life. DO NOT usa retire	during most of work d)	ing			
2	d wit	DO.	12	Domestic			None	2	
Maryland		Be	17. Fathar's Nama (First, Middla, Last)		18. Mothar'a Nemi	a (First, Middle, M	Aaiden Sumam	a)	
ya		To	Upsher Wright		Emma I	ankfor	d		
2	2 2 2			9b. Mailing Addrass (Street	t e <i>nd N</i> um <i>ber</i> or Run	al Routa Number	City or Town,	Stata, Zip	Code)
	5 = N L		Nelson Dutton 6	5 Gamewell	La, Will				
Ore	90 0 7		20a. Mathod of Disposition 20b. Placa 20b. Placa cematical State 20b. Placa	of Disposition (Nema of tary, crematory or other pla	ice)	Data :	20c. Location -	City or To	wn, Stata
altimore,	Peges ment of 8 ant: If its ury or of		The state of the s	pquin Chur			Quanti	ico,	Md.
Sall	permit. Peg Department Important: It any Injury o		21. Signatura of Funaral Sarvica Licansee	22. Nama and Addre		Homo			
m	20239		Gladys B. Stewart	821 West			Md.218	301	
			23a. Part1. Entar tha diseasa, or complications that caused tha death. Do shock, or heart failure. List only one cause on each line.	o not antar tha moda of dy	ing, auch as cardiac	or raspiratory arra	ast,		Approximata Interval Batween
4	Physician		0 0	1	_				Onsat and Death
	/Medical Examiner		immadiata Causa (Final disaasa or condition rasulting in deeth)	Dewart 4	i				410
		<u>.</u>		e consequence of):		1		/	
	pet nsrt	Examiner	b. Un hores	- etarla	diese.	-ara	2	19	un.
_6	icete be executed physician and s the buriel-transit	Exar	if any leading to immediate	a consequance of):	10			1	
09/89	sicia buri	edical	causa. Entar Undarlying Causa (Disasas or Injury that Initiated events	art of "	duceda	e			
9	death certificate be executed e attending physician and of for use es the buriel-transit	B	resulting in death) Last	a consaquary of):					
ROX	attendin for use	In/M	d						
	deati e atte	Physician/	Part II. Other significant conditions contributing to death but not rasulting	in the underlying cause of	van in Part I.	23b. Did to	bacco usa cor	ntribute to	the cause of death?
J Ö	res that the de signed by the a I be deteched I	hys					es 2□ No		bably 4 Unknow
Ś	ss thet gned b	by F							
ord G	v requires been sign should be					24a. Was a perform		av	ara autopay findings aliable prior to
ecc	_ LJ (/)	pie						CO	mpletion of cause death?
r	0 - 0	Completed				1 □ Yε	s 20 No	1 [☐ Yas 2☐ No
VII	ysicien: The is certificate director, par	Bec	25. Was casa rafarred to medical		26. Placa of Deat	n (Check only on	a)		
01 <	S 00 D	To	axaminar? 1 ☐ Yas 2 ☑ No Hospital: 1 ☐ Inpatiant 2 ☐ ER/C	Outpatient 3 DOA	har: 4 Nursing Ho	ma 5 Rasida	nca 6 Oth	ar (Specif	y)
	ng Phy fer thi		27. Mennar of Death 28a. Data of Injury 28b 1 □Nature 5 □ Panding (Month, Day Year)	. Time of 28c. Inju	ry at ork?	28d. Dascribe ho	w injury occurr	ed	
SIO	Attending F r death. ector: After by the funer	cati	2 Accidant investigation 3 Suicida 6 Could not be	M 1	Yas 2□No				
Division	frect frect frect in by	ertification:	4 Homicide determined 28e. Placa of Injury - At home, building, atc. (Specify)	farm, straat, factory, offica		28f. Location (St City or Town		er or Rura	il Routa Number,
	urs a urs a urs a liled	O							
	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completely filled in by the fu	edicai	29a. Cartifier (Check only one) 1 ☐ Certifying Physician: To the best of my knowledge one) 2 ☐ Medical Examiner: On the basis of axamination a one)						
	the the	Mec	29b. Signatura and titla of partition	29c. Lican	sa number	2	9d. Date signed	d (Month.	Day, Year)
	F ≯ F ŏ		N// XVIII		97119		9/75	10,	
	(2/2	139/		1/11/	16	
4	0		30. Nama and address of person who completed catts of death (Itam 23a		DD (3177)	ייי יייייייייייייייייייייייייייייייייי	0100	4	
	Sta	to	31 Date filed (Month Day Vees) 20 Desistante Comptus	04 HEALTHWAY	DR., SALIS	PROKX " M	D. 2180	4	
	Registr		OCI UL 1996	urdate					

DHMH 16 Rav 6/95

OCT U1 1996

A TENED & CO.

State of Maryland / Department of Health and Mental Hygiene Q 6

				Otato or ma	aylaria	Certificat				Reg. No.	0	3 4 4
	Physici /Medic		1. Decedent's Neme (First, Middle, Las JAMES	v.		AIR	Ey		2. Data of De Month OCTOBIS	Day	Yaar 1996	3. Time of Death 7.42
	Examir Funeral		4e. Fecility Name (If not institution, given NORTH ARUNCA) 5. Social Security Number 6. S 215 07 9673	1 HOSPITA	U 3 (In yrs. lest	birthdey) If Under				ANA	VE A	Rundel laca (Stata or Foreign lyland
	Director		Usuel Residence of Decedent 10a. Stete 10b. County	7\	10c. City, T	own or Location			July 2	9, 1914		y Lattu Od. inside City Limits
	within 72 hours after death with the Maryland ene. then "neturet", or frems 23a or 28a-f show he Modicel Examiner must be notified at	Funeral Director	Maryland Anne Ar 10e. Street and Number 7664 Pine Haven		Pas	adena 101. Zip	Code 211	22		10g. Citizen of V		1 ☐ Yes 2 🗷 No
020	urs after death al', or items 2:	by	11. Marital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Was Decedant E Armed Forces? 1 ⊠ Yas 2 ☐ No If Yes, Give Yaar or Datas:		13. Was Decedif Yes, spec		Hispanic Origin? (Spean, Mexicen, Puarto	pecify Yes or No Pican, atc.)	14. Rec Blac Specify	e - America ck, Whita, a	
21215-0020	s 1 and 2 should be filed within 72 hours Health and Mental Hygiena. 1em 27 is marked other than "natural", other traumatic event, the Medical Exa	Completed	15. Decedant's Ec (Specify only highest gra Elementery/Secondery (0-12) 12th	ucetion de completed) College (1-4or 5-		6a. Decedent's Usua (Give kind of wo, life. DO NOT us Guard	el Occur rk done se retire	pation during most of work ed)	king	16b. Kind of B		
Maryland	should be filed with and Mental Hygiena. s marked other ther umatic event, the M	To Be (Marm Airey					lizabet	h Monor	nam	
	1 and 2 sho Health and em 27 is m other traum		Dorothy Airey 20a. Method of Disposition	Type, Print)		19b. Melling Address 7664 Pine	Ha	ven Drive			aryla	nd 21122
Baltimore,	Page nent o ant: If i		1 Suriel 2 Cremetion 3 C 4 Donetion 5 Other (Specify)		e of Disposition (Nerestary, crematory or o	'eme	tery	10/23/96	Crownsv	ville	, Maryland
Ba	permit. Departr Imports any infe		21. Signature of Funeral Service Licer	Bramiro	cush	4001 R	itc	ass of Facility hie Highw	ay Bal			21225
	Physician /Medical Examiner		23e Pert 1. Enter the disease, or and shock, or haert failura. Life of the shock of									Approximate interval Between Onset and Death
ý E	and transit	caminer	Sequentially list conditions,			s e consequence of): AC s e consequence of):	RY	THAMA.	5			> Quient
Box 68760,	n certificate be executed ending physician and use as the burial-transit	n/Medical Examiner	Sequentially tist conditions, if any, leading to immediate cause. Enter Undarfying Cause (Disease or Injury that initiated events rasulting in death) Last	c	Due to (or es	a consequence of):						
P.O.	the death y the atte	by Physician/N	Pert It. Other eignificant conditions of									the cause of death
of Vital Records,	> 24 (0)	Completed b							perfo	en eutopsy ormed?	oor of o	ere autopsy findings silable prior to mpletion of cause death?
Vital	Physician: The law this certificata has ral director, page 2	Be	25. Wes casa referred to medical examiner?	Hospital:			Ot	28. Plece of Dea	th (Check only			Yes 212 No
Division of	or Attending Physician: The lavarier death. Director: After this certificate has In by the funeral director, page 2	ation: To	1 Yes 2 No 27. Manner of Deeth 1 Neturel 5 Pending 2 Accidant Investigation	28e. Date of tnjun (Month, Dey		VOutpetient 3 DC	28c. inju	4 LI Nursing H		dence 6 ⊟Oth how Injury occur		9
Divis	5445	Certification:	3 Sulcide 6 Could not be determined	building, etc.	(Specify)	e, ferm, street, fectory			City or To	Streat and Numl wn, State)		4
1	To the Hoppin or within 24 hours afte To the Funeral Dir completaly filled in	Medicai	(Check only 2 Medical Examone)	yeiclan: To the best of itnar: On the besis of end menner stat	examinetion	end/or investigation	, in my				and due to	the cause(s)
	To Your	•	29b. Signatura and title of certifier	leng mx						BCF. /		
	5		30. Nama end address of person who	completed cause of de	NORTH	Be) (Type, Print) ARV ND	EL	HOSP, G	LEN BY	RNIE	MD	

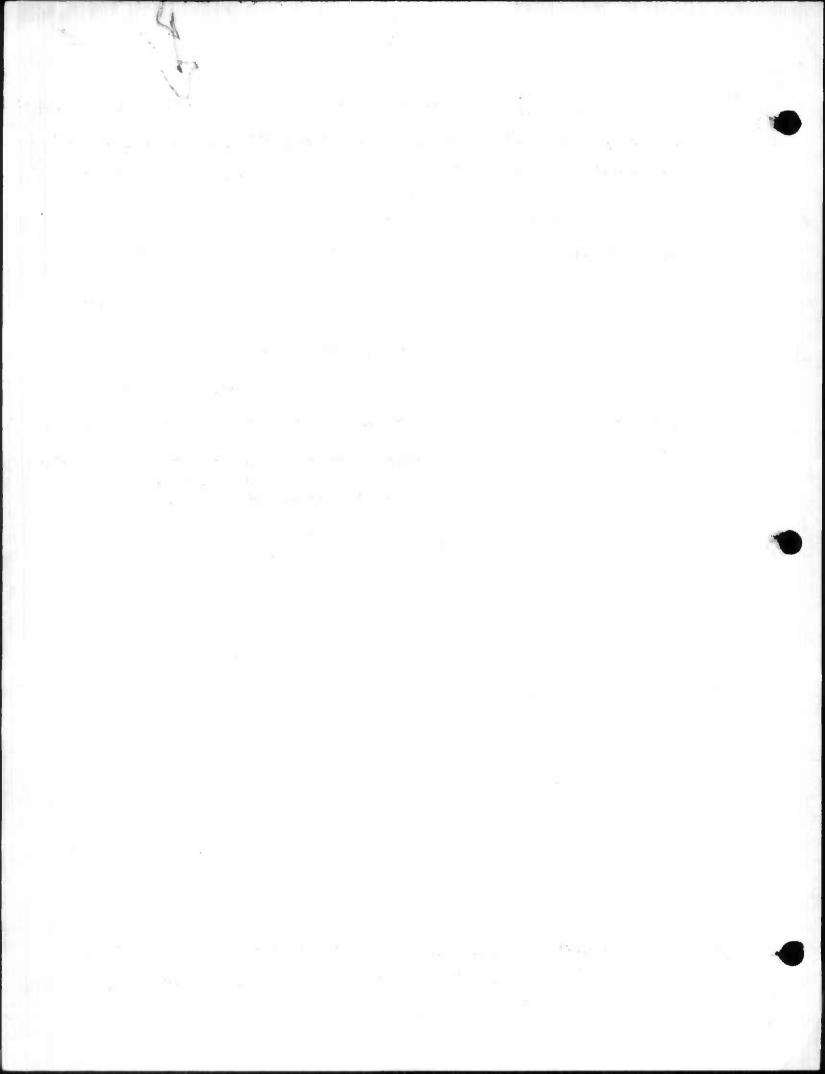
NORTH 32. Registrar's Signature.

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death **Physician** 20AM RANGES KLOBER /Medicai 4a. Eacility Name (If not institution, give street and 4b. City, Town, or Location of Death Examiner ARUNde lew BURNIE ASSN Ne If Under 1 If Under 24 Hrs. Yaar 6. Sex Aga (In yrs. last birthday) Birthpiace (State or Foreign Country) Funerai Days 1□ M 25 F 213 14 5385 72 Director Maryland Usual Residence of Decedent the Maryland show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Examiner must be notified at Maryland Anne Arundel 1 ☐ Yes 2 No Director Linthicum 28a-f 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 6318 S. Orchard Road 238 21090 U.S. Funerai Пот 12. Was Decedent Ever in U,S. Armed Forces? Race - American indian, Black, White, etc. Was Decedent of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Ricen, etc.) Pages 1 and 2 should be filed within 72 hours after of the family and Mentel Hybjane.
Int: If fem 27 is marked other than "natural", or files into or other traumatic event, its feat on the fraumatic event, its feat on the family and the family an 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify. þ Specify: 3 Widowed 4 Divorced White Completed 15. Dacedent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Packer and fill orders 8th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be 10 John Szymanik Christine Wentland 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 7802 Ruanne Court David Adamski son Pasadena, Maryland 21122 20a. Method of Disposition 20b. Place of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, Stata permit. Pages Department of important: If It any Injury or o 1 X Burial 2 ☐ Cramation 3 ☐ Removal from Stale 10/18/96 4 ☐ Donation 5 ☐ Other (Specify) Glen Burnie, Maryland Glen Haven Memorial Pk. 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway mamuoufu-Baltimore, Md. 21225 23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dylng, such as cerdlac or respiratory arrest, shock, or heart failure. List only ona ceusa on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Causa (Final disease or condition resulting in death) Examiner Examiner money The law requires that the death certificate be executed buriel-transit Sequantially list conditions, if any, leading to Immadiate ceuse. Enter Underlying Cause (Disease or Injury that initiated avants rasulting in death) Last Box 68760. physiciar Physician/Medicai 200 950 P.O. signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? page 2 2 No certificate 1 Yas 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: funeral director. Be 25. Was casa referred to medicel 28. Place of Death (Check only one) 1 Yes 2 No 1 Inpalient Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) Medical Certification: To 2 ER/Outpatient 3 DOA this 27. Manner of Death 28a. Date of injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of Injury 28c. Injury at Work? After 5 Pending invastigation 1 DNatural 24 hours after death. 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Suicida 28e. Place of injury - At home, farm, straet, factory, office building, etc. (Specify) filled in by 4 Homicide 29a. Certifiar 1 🗹 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and dua to tha ceuse(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the causa(s) and manner stated. To the 29b. Signature and title of certifier 29c. Licanse number 29d. Data signed (Month, Day, Year) 034480 30. Name and addrass of person who completed causa of death (Item 23a) (Type, Print) Hospital Dr, Glen Bur me 32 Registrar's Signature 31. Date filed (Morth, Day, Year) State Registrar

DHMH 16 Rev 6/95



			Item: 10e per F.H. G	State of Maryland 0741 11/14/96 reb	Certificate of		Hygiene Reg. No.	96 31476
	Physic /Medi	cal	1. Decedent's Name (First, Middle, Las EUGENE 4a. Facility Name (If not institution, give	ARMSTR		2. Date Mon	t 16,1	Year 3. Time of Death 996 5. ON PM
	Exami _e Funeral Director		3423 ELMORA 5. Social Security Number 6. Sr 218-01-1666	AVE		BALTO . If Under 24 Hrs. 8. Date Hours Min. (Mon		N/A 9. Birthplace (Stata or Foreign Country)
	anyland show		Usuat Residence of Decedent 10a. State 10b. County	10c. City, 1	Town or Location	•		10d. Inside City Limits
	the Man 28s-f sh	ctor	MD N/A		BAI	LTO.		1 X Yes 2 □ No
	5 98	Funeral Director	10e. Street and Number 6010		10f. Zip Code		10g. Citizan of	What Country?
	eath w	erai	6014 HARRISTOW	N RD 12. Was Decedent Ever In U.S.	2122		usa	American Indian
5-0020	or he	by	3 Widowed 4 Divorced	Amed Forces? 1 Yes 2 No If Yes, Give Year or Dates:	If Yes 25tNo	lispantc Orlgin? (Specify Yes an, Mexican, Puerto Rican, at Specify:	c.) Bla	ce - American Indian, ck, Whita, atc.
5-0	"naturel",	eted	15. Decedent's Ed (Specify only highest grad	ucation de completed)	16a. Decadent's Usual Occup. (Give kind of work done of	ation during most of working	16b. Kind of B	usiness/industry
12121	withir plane.	Completed	Elementary/Secondary (0-12) 5th	College (1-4or 5+) N/A	(Give kind of work done of life. DO NOT use retired WATCH REF	PAIRMAN		EMPLOYED
and	ould be fi Mental H arked of	To Be	17. Father's Name (First, Middle, Last) ALEXANDER ARMS!	PRONC		18. Mother's Name (First, N		nθ)
Maryland		F	19a. Informant's Name/Relationship (7		19b. Mailing Address (Street	ANNIE LOCI and Number or Rural Routa I		, State, Zip Code)
	1 and 2 Health a em 27 is ther trait		SADIE GOOCH		3423 ELMORA	AVE BALTO	MD 212	2.1.3
Baltimore,	60 -		20a. Method of Dtsposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ I	Ramovat from Stata cem	te of Disposition (Name of etery, crematory or other place	Data	20c. Location	- City or Town, Stata
altin	permit. Pag Department Important: I any injury o		4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Fundal Sarvice Licens		JTUS MEM PK	1996 SS of Facility BETTS I		rus, MD
ä	Departr Importu any Inja		> Holania	1011		CAROLINE ST	FUNRAL HO	
	Physician /Medicai Examiner	Examiner	23a. P. 11. Enter the disease, or comp shook, or heart failure. List only of the shook of the sh	a. END STA b. HYPER		VAL DISE		Approximata Interval Between Onset and Death I Lour Lour
Box 68760,	death certificate be executed e attending physician and ed for use as the burial-transit	edicai	resulting in daath) Last	c. Due to (or as	s a consequenca of):			
P.O.	that the ded by the detached	by Physician/M	Part II Other significant conditions conditions on ARCINION	ntributing to death but not resulting	ng In the underlying cause give PROSTA	en in Part I. 23b	. Did tobacco use co	ntribute to the cause of death? 3 Probably 4 07hknown
Records,	been should	Completed b			•	24a.	Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?
=		Com					1 ☐ Yes 2 ☑ No	1 ☐ Yes 2 ☐ No
of Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	Hospital:	Other	26. Place of Death (Check	4	
	o Phys er this eral dii	J: To	1 Tes 2 No 27. Manner of Death	1 Inpatient 2 ER	/Outpatient 3 DOA Other	4 I Nursing Home	Restdenca 6 Oth	
rion	Ta lo	atio	Naturat 5 Pending Investigation	(Month, Day Year)		k? Yes 2□No		
Divis	nai och mar oc	Certification:	3 Suicide 6 Could not be 4 Homictde determined	28e. Place of Injury - At home building, etc. (Specify)	, farm, street, factory, offica	28f. Local City o	tion (Street and Numb or Town, State)	per or Rural Routa Number,
1	Hosp 24 ha Fund etery ii	edicai	29a. Certifier (Check only one) 1 Certifying Physical Example (Check only one)	elclan: To the best of my knowled ner: On the basis of examination	dge, death occurred at the tim and/or investigation, in my op	na, date and place, and due to pinion, death occurred at the	o the causa(s) and ma time, data and placa,	anner as stated. and due to the causa(s)
	To the High	Me	296. Signature and title of cestiller	and manner stated.	29 License	a number	29d. Data signe	d (Month, Day, Year)
		1	30. Name and address of person when	propieted state of death (Item 23	la) (Type, Print)	1121	11	1 170
	Sta	te	OLUSEGUN (31. Date filed (Month, Day, Year)	32. Begistrar's Signature	N, M.J. 26	OU LIBERTY	Hacouts &	He GALT.My.
	Registr	ar	GCT 9 9 1996	Ju w Wardoon Mano	1000			

Peterni Hill

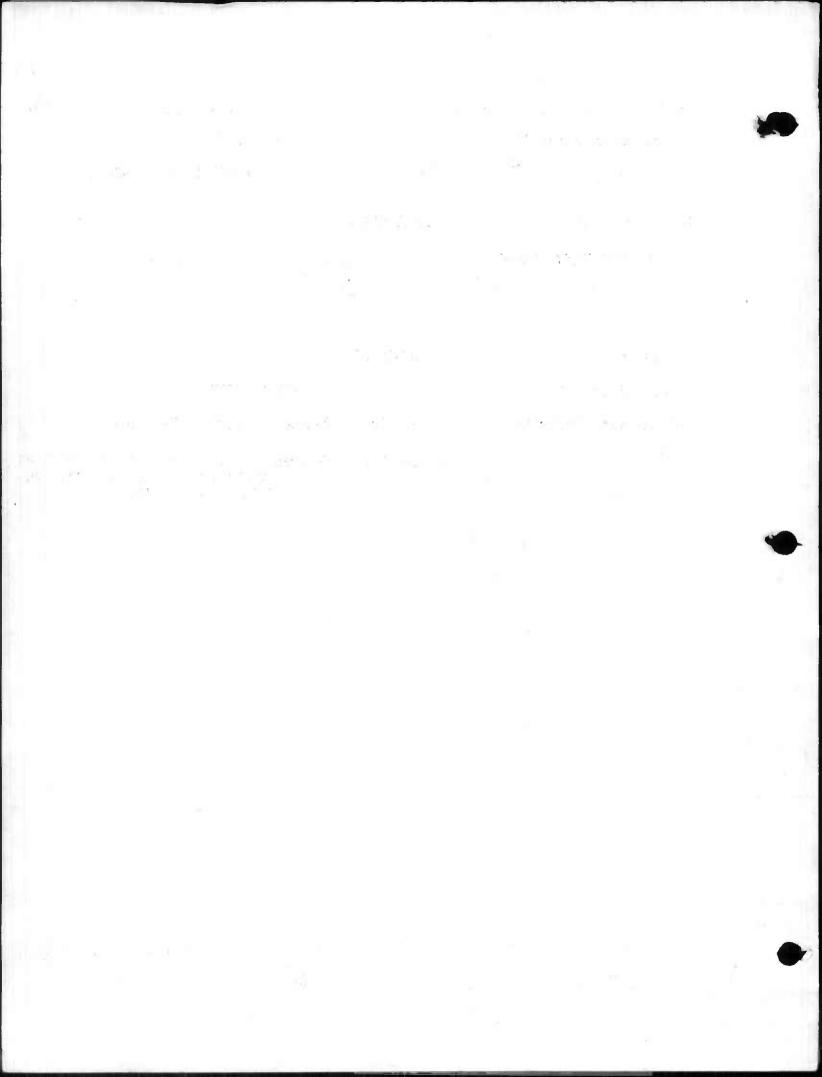
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Year Bumberry Aristine 2:00 P.M. Lee October 1996 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** St. Agnes Hospital BALTIMORE CITY N/A | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Months Days Hours Min. | April 12 1965 | 9. Birthplace (State MARYLAND) 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 10 M ZEXF 31 Yrs. Director 216-96-8112 Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 TyYes 2 □ No Director MARYLAND N/A BALTIMORE CITY 10e, Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8 or items 23a U.S.A. 3 N. MONASTERY AVENUE 21229 permit. Peges 1 end 2 should be filed within 72 hours efter deal Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural" any Injury or other traumatic excessions. 11. Marital Status 12. Was Decedent Ever in U.S. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. Armed Forces? 1 ☐ Never Married 2 ☑ Married 1 Yes 2 No If Yes, Give Yeer or Dates: Specify. by Specify. 3 Widowed 4 Divorced BLACK Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th grade HOUSEWIFE HOME 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be 2 SHERMAN BUMBERRY MARY L. COATES 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Neme/Relationship (Type, Print) SHERMAN BUMBERRY/Father 1701 Thomas Avenue, Baltimore, Maryland 21216 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Buriat 2 ☐ Cremation 3 ☐ Removel from State Garrison Forest Veterans 10/22 4 ☐ Donation 5 ☐ Other (Specify) OWINGS MILLS, MARYLAND 21. Signature of Fungral Service Licenses 22. Name and Address of Facility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE 23a. Pert1. Enfer the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervat Between Onset end Death **₽**Physician Pancreatic Cancer (adeno Carcinoma of Panera) 5 Months Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner or Attending Physician: The law requires that the death certificate be assecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, attanding physician for use as the buria Physician/Medical Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown HypoKalemia þ 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24a. Was en autopsy performed? certificate 1 Yes 2 No 1 ☐ Yes 2 No 25. Wes cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA in 24 hours after death.

the Funeral Director: After this pletely filled in by the funeral di 27. Menner of Death 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, end due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) within 2 To the I 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Risa MD m. October, 17, 1996 30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) Baltimore, Maryland 21229 Hospital MD. ST. Agnes Kim 92. Registrare Signature 31. Date filed (Month, Day, Year) OCT 22 1996 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Cer	tificate of		R	eg. No.	6 3	14/8
П	Physici	an	Decedent's Nama (First, Middle, Last	st)	0	10	c 1		2. Data of Deat Month	h Day	Yaar 3	. Time of Death
	/Medi		BERNADINE		K	SECK	2 K		October	16 1	996	12:50 pm
	Examir	ner	4a. Facility Nama (If not institution, giv.	a street and number)	tosp.	ita (13 altin		4c. County	of Death	
	Funeral Director		-,000	D	a (In yrs. ia 76	st birthday) Yrs.	If Undar 1 Yaar Months Days		8. Data of Birth (Month, Day,	Year) 1920	9. Birthplace Country) Mary La	a (Stata or Foreign and
Τ	and w		Usual Rasidance of Decedant 10a. State 10b. County		10c. City.	Town or Loc	cation				104	Insida City Limits
	f aho	20	md N/A		Too. Only		timore					Yas 2□No
	28a moth	rect	10e. Street and Number				10f. Zip Code		1	0g. Citizen of W	/hat Country?	
	h with	Ω	3100 WEST Field	d AUE			212	14		U.S.A.		
120	filed within 72 hours after death with the Maryland hygiene. ther than "natural", or items 23a or 28a-f ahow int, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status 1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedant E Armed Forcas? 1 ☐ Yas 2 ☑ N It Yas, Giva Yaar or Datas:			Vas Decedant of Yas, specify Cut	Hispanic Origin? (Sp ban, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)	Blac	- Amarican I k, Whita, atc.	- 4
21215-0020	2 hou		15. Decedant's Ed	ducation		16a. Deced	ant's Usual Occu	pation		16b. Kind ot Bu	sinass/Indust	ry
215	e. Bn 'n	Be Completed	(Specify only highast gra	da complated) College (1-4or 5	+)	(Giva I life. D	kind of work done OO NOT usa retire	ipation a during most of work ed)	ing			
2	ygien Arth	Con	12th Grade			Clerk				Departm		ore
Maryland	of a by	Be	17. Fathar's Nama (First, Middia, Last)		D:	0.1-		18. Mother's Nam			_	
2	should marke marke	2	George (19a. Interment's Name/Relationship (G.	דמ	etz	n Addenna (Ctenia	Mary et and Number or Rur	Unknow		Dougl	
	and 2 s ealth an n 27 ia r		Louis E. Becker,		a		-	d Avenue,				
ē,	工工品包		20a. Mathod of Disposition	JI •/IIusbaii	20b. Pla	ce of Dispos	sition (Nama of satory or other pic		Data	20c. Location -	City or Town.	Stata
Baltimore,	permit. Pages Department of Important: If Its any injury or o		1 ⊠ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	y)			e Method	list 10	/19/96 M	arroll aryland	County	, Gamber,
Ba	pemit. Page Department of Important: If any injury or once.		21. Signature of Funaral Sarvica Lican	Saa Phoma	2 4	Joh	Nama and Addr nn C. Mi 15 Relai	ass of Facility Lller, Inc r Road, B	altimore	Maryl	and 21	206
	100	Г	23a. Part . Euter tha disaasa, or com shock of heert teilura. List only	plications that caused one cause on each lin	the death.	Do not anta	r tha moda of dy	ring, such es cardiec	or raspiretory erro	ast,		proximata erval Between
Ь	Physician						_				Or	nsat and Death
	/Medical Examiner		Immediate Cause (Fine) disease or condition resulting in death)	a. Met	aste	utic	Brec	ist Ca	LC1704	ia	>	272
b		-	radding in dadily		Due to (or	as a consequ	uence of):				t	
	oned insit	Examiner		b	Due to /or		*****					
ĵ	tificata be axecuted g physician and as the bunal-transit	Exa	Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury		Dua to (or	as a consequ	Jence of):					
68/60,	ysicie	edical	Cause (Disease or Injury that Initiated evants rasulting in death) Last	c	Dua to (or a	as a consequ	iance of):					
	\$ 0 d		rasulting in death) Last	d								
ROX	ath catherd	Physician/		u							1	
ў. О.	the de	ysic	Part II. Other significant conditions of					ivan in Part I.				e cause of death?
	r that the med by a deta	by Ph	O Gastric	out let	055	thuc	4707	due	1 D Y	es 2□ No	3 Probab	ly 4 Unknown
or Vital Records,	The law requires that the death certific tie has been signed by the attending page 2 should be detached for use as	Completed b)entral					24a. Was e perform	n autopsy ned?	avalial	autopsy findings ble prior to etion of cause
Ye.	sician: The law certificate has t irector, page 2 s	omo	3 MAL NUT	7ition	(3)	COPD		1 🗆 Ye	s 2 No	of dea	
Iga		Be C	25. Wes casa ratarred to medical axaminar?					26. Placa of Deat	h (Check only on	a)		
>	5 00 0	To	1 ☐ Yas 2 No	Hospital:	nt 2DE	R/Outpatient	OLI DON		ma 5 Raside	ence 6 Othe	ar (Specify)	
	ing Ph Viter thi uneral	on:	27. Mannar of Death 1. ■ Natural 5 □ Pending	28a. Data of Injur (Month, Day	Year)	28b. Tima of tnjury	Wo		28d. Dascribe ho	ow Injury occurr	ed	
S	Attending or death.	icat	2 Accident Investigation 3 Sulcide 6 Could not be		445			Yas 2 No	20f Leastles (Cr	mant and Alumb	or or Burni B	auta Alumbar
DIVISION	2 4 4 5	Certification:	4 ☐ Homicida datarmined	28a. Place of Inju building, atc	(Specify)	na, ram, stre	et, factory, office		28f. Location (St City or Town		er or nural no	ruta Nuntber,
_	Hospital Funeral etely filled	edical C	29a. Cartifiar (Check only one) 2 Medical Exam	yalclan: To the bast on the bast of and mannar sta	axaminatio	ledga, daeth on and/or inv	occurred at tha t astigation, in my	ima, data and place, opinion, daath occur	and dua to tha ca red at tha tima, d	ausa(s) and ma ate and place, a	nnar as state and dua to the	d. I cause(s)
1	rith or the complete of the co	Me	29b. Signatura and titla of certifier					ise number		9d. Data signed		
V.			1-1-	- MD			D32	1984	/	0/16/96		
	5		30. Name and address of person who of JEREMY WEIN	complated causa of de	eath (Item :	23e) (Type, F	Print) D	7 #301	Tou	uson	2120	1 Md
Ī	Sta Registr			32. Registra								

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

31479

						Cei	tificate of	f Death	1		Reg. No.			
			1. Decedent's Neme (First, Middle	, Last)						2. Dete of De	eeth		3. Time of	Death
J	Physic		Joyce W.	BROAD	WATER					Month	er 19,1	996°	9:11	a.m
	/Medi Examii		4e. Fecility Neme (If not institution,	give street and n	umber)			4b. City, To	own, or L	ocation of Deel		y of Death		
п	Exami		Franklin Squar	e Hospit	a1			В	alti	more	Balt:	imore		
	Funeral	г		6. Sex	7. Age (In yrs. la	st birthday)	If Under 1 Yes	er If Under	24 Hrs.				lace (Stete o	r Foreian
	Director		212-40-8287 Usuel Residence of Decedent	1□M 2Å F	54	Yrs.	Months Dey	s Hours	Min.	Jan. 26	, 1942	Mary	place (Stete on try) 1and	
	dand		10a. Stete 10b. County		10c. City,	Town or Lo	cation					1	0d. inside Ci	ty Limits
	Man	ō	Maryland Balti	more		1	Baltimor	e.					1 Tes	2 🕅 No
	284 7284	Director	10e. Street end Number				10f. Zip Code				10g. Citizen of	What Coun	ntry?	
	With With		4103 Klausmier	Road				236				S.A.		
	leath 2	era	11. Meritei Status		sedent Ever in U.S	13. \	Wes Decedent of		ioin? (So	ecify Yes or No	-	ce - Americ	an Indian	
21215-0020	72 hours after death with the Maryland natural, or Nema 23a or 28a-f show pical Examiner must be profited at	by Funeral	1 Never Married 2 Marrie 3 Widowed 4 Divorced	Armed F	orces? 2⊠No ive	1	l Yes, specify Cu I □ Yes 2/□ No	iben, Mexica	n, Puerto	Rican, etc.)		ock, White,		
0	72 hours "natural", solical Exa	Completed	15. Decedent			16a. Deced	lent's Usuei Occ	upation			16b. Kind of E	Business/Inc	dustry	
218	C . 0	ple	(Specify only highest Elementery/Secondery (0-12)	Ť) (1-4or 5+)	(Give life. L	kind of work don OO NOT use retii	e during mos red)	st of work	ding				
21	filed within Hygiene. Ither than	E	12th grade	College	(1-40/ 54)	Sec	retary				Real	Estat	e Comp	any
	be filed tal Hygid d other event, to	BeC	17. Fether's Neme (First, Middle, L	ast)				18. Moth	ar's Nam	e (First, Middle	, Meiden Suma	me)		
la	0 5 5 0	TOE	John Walten	eyer				Man	ry	Voslo	h			
Maryland			19e. Informent's Neme/Relationsh	lp (Type, Print)		19b. Mellin	g Address (Stre	et and Numb	er or Rur	ral Route Numb	er, City or Town	, State, Zip	Code)	
	nd 2 lith a 27 is		Donald Ray Broa	dwater (husband)	410	03 Klaus	mier I	Road	. Ralti	more. M	D 21	236	
e,	He Hed		20e. Method of Disposition		20b. Pla	ca of Dispo	sition (Neme of		Toda	Dete	20c. Location			
Baltimore,	permit. Peges 1 and 2 Department of Health a Important: If item 27 is any Injury or other trai 90059.		1 Buriel 2 □ Cremetion Donetion 5 □ Other (Sp		2000		Cemeter Cemeter			10/21/0	6 Dolas		W1	
草	ortan		21. Signeture of Funerei Service L		Iai		. Neme end Add	3		10/21/9	6 Balti	more,	maryı	and
Ba	Depariment Important			2 /11	1	-	Schimun		-	1 Homes	. Inc.			
_			411	on			9705 Be	lair I	Rd.	Baltim	ore. MD	212	36	
			23a Part Linter the disease, or of the share or heart feilure. List of	omplications that nly one cause on	caused the deeth. eech line.	Do not ente	er the mode of d	ying, such es	cardiec	or respiretory e	errest,		Approximati Interval Bet	ween
	Physician		Companie Companie									į	Onset and I	Deeth
п	/Medical Examiner		tmmediete Ceuse (Final diseese or condition	Sep	sis								7 Days	
	LAGITITICI		resulting in daeth)		Dua to (or	as a conseq	uence of):							
	D E	lne		_ h Nec	rotizing	Fasci	itis							
	seth certificate be executed attending physician and for use as the burial-transit	Examiner	Sequentially list conditions,	D. —		es e conseq						I		
ő	e ex		if eny, leeding to immediate cause. Enter Underlying Cause (Diseasa or Injury									1		
68760,	hysic tha b	edical	that initieted events resulting in deeth) Last	C	Due to (or e	s a consequ	uence of):						-	
9 ×	ng p	Мес										1		
Bô	th ce tendi	an	`	d								i		
	the deeth y the atter iched for u	Physician	Pert II. Other stgnificant condition	a contributing to d	leath but not resuit	ing in the ur	nderlying cause g	given in Pert	I.	23b. Dld	tobacco use co	ontribute to	the cause o	of death?
P.0		hy								1 🗆	Yes 210 No	3 □ Prot	bebly 4	Unknowi
S,	igned be det	by F												
Ë	- 0										an autopsy		are autopsy f	
00	- LI 09	let								pen	ormed?	COI	eilable prior to mpletion of a death?	
Record	The lew ate has b pege 2 s	Completed												
a	delen: The certificate rector, peg		0.5 144							10	Yes 2 No	1 1 L	Yes 2	No
Vital	Physicien: this certific ral director,	o Be	25. Wes case rafarred to medical examiner?	Hospitel:				Whor		h (Check only				
of	Phys this ral di		1 ☐ Yes 2 ☐ No 27. Mannar of Death	1 000		R/Outpetien	I SLI DOA	4 LI NI	ursing Ho		Idence 8 Ot		y)	
2	Iling After fune	Certification:	1 XNetural 5 ☐ Pending		nth, Day Year)	8b. Time of Injury	28c. inj W		141-	280. Describe	how injury occu	rred		
Division	if or Attending after death. Director: After d in by the fune	Cat	2 Accident investigated investi	ot be	41.1			Yas 2	NO	00((0)		10 . 11	
<u>></u>	or Al	ŧ	4 ☐ Homicida datermin	ed 256. Place	e of Injury - At horr ling, etc. <i>(Specify)</i>	ie, ferm, str	et, factory, office	0			(Street and Num wn, State)	per or Hura	I Houte Num	ber,
Ш	Hospital or 24 hours afte Funeral Dir stely filled in		20 0 10											
	Hosp 14 ho Fund tely f	edical	(Check only 2 Medical E	xaminer : On the b	e best of my knowl basis of examinetic	edga, death n end/or inv	occurred et the estigetion, in my	time, date an opinion, des	nd plece, oth occur	and due to the red et the time.	cause(s) and m	anner as at	ated. the cause(s)
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Med	une)	end mer	nner steted.									
	O N N		29b. Signeture end title of certifier	in Maria	^		78.	nse number			29d. Dete sign			
			- Halorya &	Mack	- , MD		R	D02109	1		Octobe:	19,	1996	
	10		30. Nama and eddress of person w	ho completed cau	se of death (Item 2	23a) (Type, I	Print)							
	1	1	Dr. Latonja Mac	k 900	0 Frankl	in Sau	are Dri	ve I	Balti	lmore,	Md. 21:	237		
	Sta	te	31. Dete filed (Month, Dey, Year)	32. F	Registrer's Signatu									
	Registr	ar	COT 22 1996	8.0. Kg	dry Band	100								

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month mes 10 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Meridian Franklin Woods Rossville If Under 24 Hrs. 8. Hours Min. Baltimore County

9. Birthplece (State or Foreign Country) If Under 1 Yeer 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Months Deys 1∭M 2□ F April 9, 1923 Washington, D.C. Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Maryland Baltimore County Rossville 10f. Zip Code 10g. Citizen of What Country? 9200 Franklin Square Drive 21237 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No if Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☒ Divorced Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade com 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Landscaping Tree Surgeon 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) James E. Bishop Unknown Townsend 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 1600 Twin Maple Avenue, To Charles James Bishop Towson, MD 21204

ete 20c. Location - City or Town, Stete 20b. Piece of Disposition (Neme of cametery, cremetory or other plece) 1 ☐ Buriei 2 CXCremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Green Mount Crematory 10/19/96 Baltimore, Maryland 21. Signeture of Funerel Service Lieunse 22. Neme end Address of Fecility Martin auron Mitchell-Wiedefeld Home 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death eurs Due to (or as a consequence of) Due to (or es a consequenca of)

Physician /Medical Examiner

physician and s the burial-transit

signed by the at id be detached for

page 2 s

director

certificate

this funeral

After deeth.

after deeth Director:

24 hours

To the Hosp within 24 hou To the Funer completely fil

Hospital or Attending Physician:

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

Funeral

Director

permit. Pages 1 end 2 should be filed within 72 hours efter death with the Meryland Department of Heelth end Mental Hygiene. Introportant: If Item 27 is marked other than "natural", or Items 23s or 28s-1 show any injury or other traumatic event, my Medical Eventual to constitute and sonce.

Baltimore, Maryland 21215-0020

5. Sociel Security Number

10e. Street and Number

12

20e. Method of Disposition

10a. Stete

Direct

Funeral

ģ

Completed

Be

2

Examiner

Physician/Medical

Completed by

Be

2

Certification:

Medical

579-44-5633

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last

Immediate Cause (Final

diseese or condition resulting in deeth)

enpheral varillandisease with to	Interior
Ind stage renal direase	

23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 ☐ Unknown

24a. Was an autopsy performed?

24b. Were autopsy tindings available prior to completion of cause of death?

2 DW 28. Plece of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

25.	exeminer?	
27.	Megmer of Death	5 Pending

1 Inpatient 28e. Dete of Injury (Month, Dey Year)

2 ER/Outpatient 3 DOA 28b. Time of

28e. Piece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, State)

290.	Certifier					
	(Check onl					
	one)					
_						

2 Accident

3 Sulcide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and pieca, end due to the ceuse(s) and manner as stated. 2 Madical Examine: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture and title of certifier

6 Could not be determined

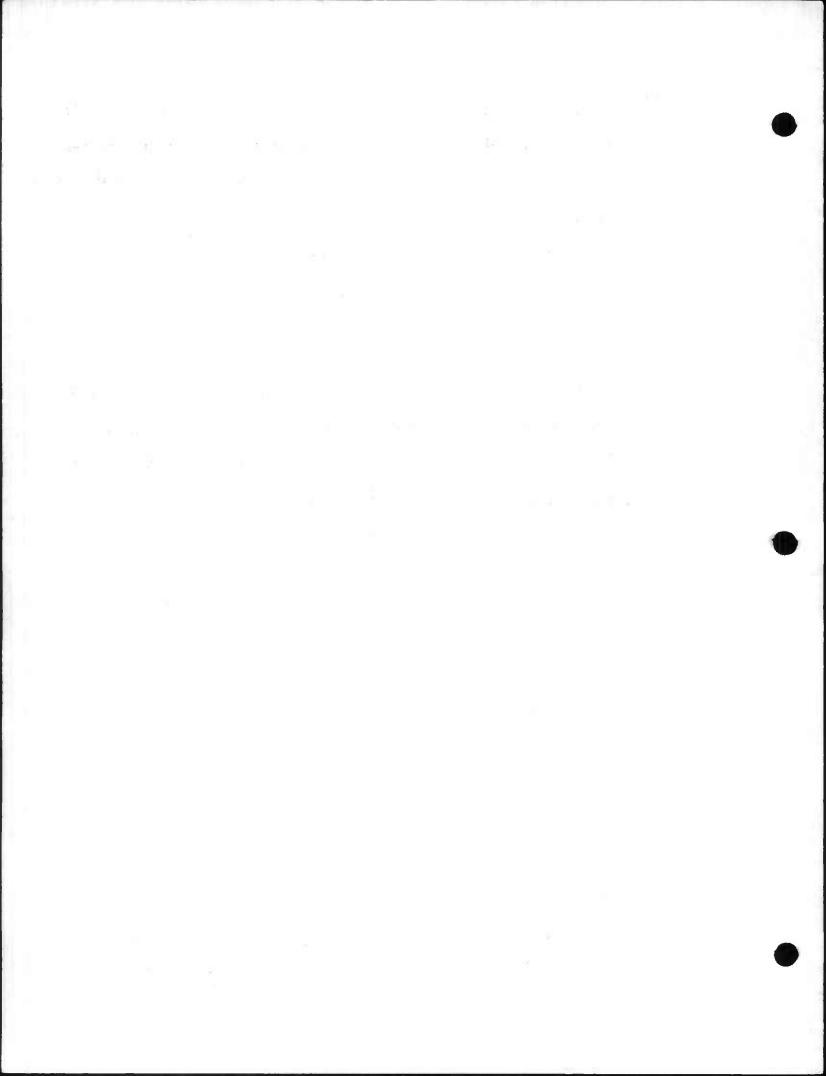
29c. License number

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed en)an

31. Dete tiled (Month, Day, Year) State Registrar

32 Registrer's Signeture Lusa Lavidson 221996



				State of M		d / Depa		of Hea	alth and M		-	6 3	481	
	4 50		Decedent's Name (First, Middle, Last)						2. Date of Deeth			The state of the s		
	Physic /Medi Exami	cai		MARY SWETT BARNEY e. Facility Name (If not institution, give street and number)			4b. 0	City, Town, or L	Month Octobe ocation of Deeth	r 18, 1		:30 AM		
			BLAKEHURST RETI	REMENT CO	MMUN]	ITY		Т	owson		Balti	more Co	untv	
	Funerai Director		230 01 0071	7. Ag	ge (In yrs. i 82	last birthday) Yrs.	If Under 1 Months	Yeer if	Under 24 Hrs. lours Min.	8. Dete of Birth (Month, Day May 11,	Year)	9. Birthplace Country)	(State or Foreign Carolina	
21215-0020	Maryland f show	tor	Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location Maryland Baltimore County Towson							nside City Limits				
	death with the Maryland ms 23a or 28a-f show Lmust be notified at	al Direc	10e. Street and Number 10f. Zip Code 10g. Citizen of What Co 1055 West Joppa Road 21204 USA											
	illed within 72 hours after hygiene. ther than "natural", or the nt, the Medical Examine	by Funeral Director		12. Wes Decedent Armed Forces? 1 Yes 2 H If Yes, Give Yeer or Detes:	! ☐No 1 ☐ Yes 2 💢 N				of Hispenic Origin? (Specify Yes or No- Cuban, Mexican, Puerto Rican, etc.)			14. Rece - American Indien, Bleck, White, etc. Specify: White		
		Completed	15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) 4 Homemaker				done durii retired)	e during most of working red)			siness/Industry			
Maryland		To Be C	17. Father's Neme (First, Middle, Last) James Baldwin Swet	t				18	. Mother's Nem Rebecca	e (First, Middle,		ne)		
ary	2 should be end Mental is marked of aumatic even	F	19e. informent's Neme/Reletionship (Ty			19b. Meili	ng Address (ral Route Number			θ)	
	end 2 selth e n 27 ls		Mr. David M. Barne	У		310 F	layward	1 Mil	1 Road.	Concord	1. MA O	1742		
nore,	8 = 5		20e. Method of Disposition 1 Durial 2 XCremetion 3 DR			lece of Dispo emetery, crea	natory or oth	of er placa)		Dete	20c. Location -	City or Town, S		
Baltimore,	permit. Per Department Important: any Injury		4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Laure	6	Gre		unt Cr	-		10/22/96	Baltin	nore, Ma	aryland	
	Departi Departi Importu any inju		Martin	ewson		N	<pre>litchel</pre>	L1-Wi	edefeld					
			Martin D. Laws 23a, Part I, Enter the disease, or compli	OII	the death	Do not ent	500 Yo	ork R	oad, Ba	ltimore	Maryl	and 212	12	
ı	Physiclan /Medical Examiner		23a. Part1. Enter the disease, or complishock, or heart failure. List only or Immediate Cause (Final disease or condition									Ons	roximate rvei Between et end Deeth	
		ner	Due to (or es e consequence of):									<i>n</i>		
Box 68760,	ficate be physicials the bur	n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last		Due to (or	as e consec	quence of):		CAN	DI Ohny	OPAT	7+4	n	
	0 0 0	slcla	Pert II. Other significant conditions con	tributing to death b	ut not resu	ilting in the u	nderivina cau	se given i	n Pert I.	23b. Did to	obacco una co	ntribute to the	cause of death?	
s, P.O	es that the death igned by the atter be detached for	by Physician/M								1 🗆 Y			4 Unknown	
of Vital Records,	requir	Completed	Saron I	DISUND	m				-	24e. Wes a perfor	n autopsy med?	availabl	utopsy findings e prior to tion of cause 1?	
al F	sician: The law certificate hes t lirector, page 2 s									1 🗆 Y	es 2 No	1 🗆 Yas	2 □ No	
X X	Physician: r this certific real director,	Be	25. Wes case referred to medical examiner?	ospitel:				1	h -	th (Check only or	4			
	> 00	1: To	1 Yes 2 No	1 ∐ Inpatie		ER/Outpatler 28b. Time of			42 Nursing H	ome 5 Reside				
Division	or Attending I after death. Director: After I in by the funer	cation	1 Syleturel 2 Accident 3 Suicide 5 Pending investigation 6 Could not be	(Month, Da	y Year)	Injury	М		2 🗆 No					
DİVİ	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	Certification:												
1	To the Hospital within 24 hours a To the Funeral completely filled	edicai	29e. Certifier (Check only one) Cartifying Physical Examination (Check only one)	Iclan: To the best ear: On the basis of end menner st	f exemineti	vledge, deett i <i>on</i> end/or In	n occurred et vestigetion, in	the time, on my opinion	dete end plece, on, deeth occur	end due to the c red at the time, d	ause(s) end me ate end place,	enner es stated and due to the	cause(s)	
	No t	M	29b. Signeture and title of certifier	1 Di	L	5 A	29c. l	icense nu	891-	2		d (Month, Day,	Year)	
	15		30. Neme end address of person who co		,		,							
	1,		Vincent A. DiPie	tro, M.D.	, 780	01 Yor	k Road	l, Su	ite 102	, Towsor	n, Mary	land 21:	286	

State Registrar

State 31. Date filed (Month, Day, Year) 32. Registrer's Signature

Julia Javidson-Randelle

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death GLYDYS BRYYNT OCTOBER 16 1996 4a. Facility Name (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Death Johns Hopkins Bayview- Geriatric Center N/A Baltimore H Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 9. Birthplace (Stet Country) 1911 Virginia 7. Age (In yrs. lest birthday) If Under 1 Yaar | Months Days 5. Social Security Number 6. Sex Birthpiace (Stete or Foreign Country) 1 M 2 F 228-10-9547 85 Usuat Residenca of Decadent 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Maryland N/A Baltimore. 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 229 North Luzerne Avenue 21224 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - American Indian, Black. White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yas 2 No if Yes, Give Year or Dates: 3 X Widowed 4 ☐ Divorced Specify: White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Cotlege (1-4or 5+) 12th grade Laborer Textile Factory 17. Fathar's Name (First, Middle, Lest) 18. Mothar's Name (First, Middle, Melden Sumama) Charles B. Carroll Lula Hutchins 19a. informant's Name/Ratationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) Emma Odelle Blosser (Daughter) 229 North Luzerne Ave., Baltimore, Maryland 21224 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cremation 3 ☐ Ramovai from State 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery 10-19 Baltimore, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Schimunek Funeral Home due the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast,

Approximate the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast,

Approximate the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, Approximata Interval Between Onset and Death tmmediate Cause (Finai . ISCHEMIC RIGHT LEG 2 WEEKS diseasa or condition resulting in death) Due to (or as a consequence of) ATRIAL FIBRILLATION YEARS Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Diseasa or injury that initiated avants rasulting in death) Last YEARS PERIPHERAL VASCULAR DISEASE Due to (or as a consequenca of): 23b. Did tobacco use contribute to the causs of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown ISCHEMIC COLITIS, status post hemicolectomy 24b. Were autopsy findings available prior to comptation of causa of death? 24a. Was an autopsy performed? 2 No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 45 Nursing Home 5 Residence 6 Other (Specify) 28b. Time of

Physician /Medical Examiner that the death certificate be executed

Box 68760.

P.O.

Records.

Division of Vital

The law

permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If item 27 is marked other than "na any injury or other traumatic event, the Mental pages.

Physician

/Medical

Examiner

Director

þ

Completed

Funeral

Director

the

Baltimore, Maryland 21215-0020

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at

attending physician end for use es the bunel-transit After n 24 hours after death.

Pe Funeral Director: Aft
pletely filled in by the fur

Physician/Medical Examiner 2 Completed Be 2 Certification:

Medical To the Hosp within 24 hos To the Fune completely fi

State Registrar

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. ISCHEMIC LEFT FOOT, status post loft above knee amountation HISTORY OF CERVICAL CANCER 25. Was case referred to medical axaminer? 1 Yes 2 No 27. Manner of Death 28e. Data of injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural
2 Accident 5 Pending Invastigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Piace of tnjury - At home, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledga, daath occurred at the time, deta and piace, and due to tha causa(s) and mannar as stated.

[Medical Examiner: On the basis of axamination and/or investigation, in my opinion, daath occurred at tha time, date and piace, and due to the cause(s) and manner stated. (Check only one)

29c. Licensa number

V04387

29d. Date signed (Month, Dey, Year)

10/14/96

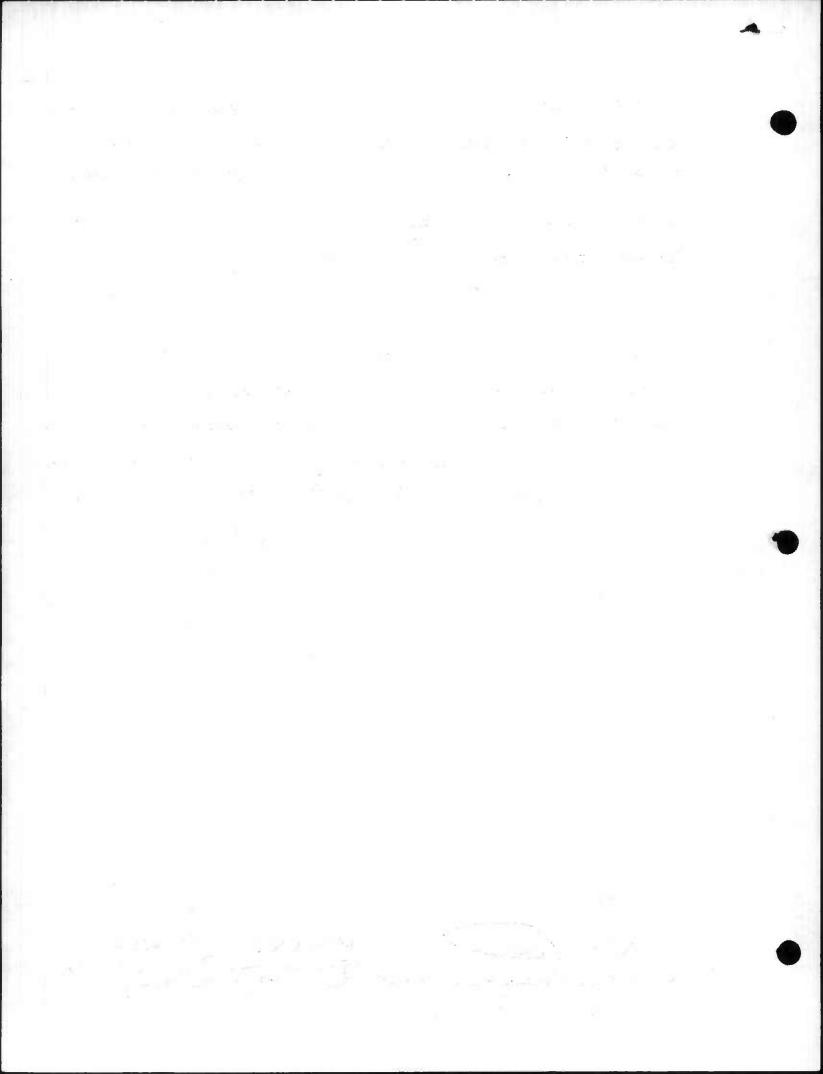
Homes Bey read Girele

ere a hour 31. Date filed (Month, Dey, Year)

29b. Signature and title of certifier

3HGC 18 32. Registrar's Signature

30. Name and address of person who complated cause of death (ttam 23a) (Type, Print) 5505



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Film G740 item 3 per PH 10-2-96 ria Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Year **Physician** 10:25 A.M. 19 96 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Rigg mg 6500 attsville HYATTSIVILLE MD 5. Social Security Number if Under 1 Yeer if Under 24 Hrs. Hours Min. 6. Sex 7. Age (In yrs. last birthdey) Birthpiace (State or Foreign Country) **Funeral** Deys 1□ M 2√F Months Yrs Director 88 JAN, 4, 1908 MARYLAND 578-44-4563 Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. fnside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at WASHINGTON D.C. 1 No Yes 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3616 NEW HAMPSHIRE AVE. filed within 72 hours aftar death thygiene. Funeral IISA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, 11. Marital Stetus Black, White, etc. 1 ☐ Yes XX No If Yes, Give 1 Never Married 2 Married BLACK 1 ☐ Yes 2 X No Specify: Specify: þ 3 ₩ Widowed 4 Divorcad Year or Dates: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Busineas/Industry Elementary/Secondary (0-12) College (1-4or 5+) PRIVATE HOUSE KEEPER 12th other permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event page. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be UNKNOWN 2 UNKNOWN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) CLEVELAND BROWN 22305 200 LYN HAVEN DRIVE VA. 20b. Piaca of Disposition (Name of cemetery, cremetory or other placa) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 8/23/96 WASINGTON D.C. GLEN WOOD CREMATORY 22. Name end Address of Facility MORROW & WOODFORD FUNERAL HOME 1622 11th ST NW implications that caused the deeth. Do not enter the mode of dyling, such as cardiec or respiratory arrest, by one cause on each line. 23a. Part 1. Enter II Approximete interval Between Onset and Death shock, or heert failure. **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Chronic Renal Failure **Examiner** Examine The law requires that the death certificate be executed physicien and the burial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Hmbertensin Physician/Medical Due to (or es e consequença of): 80 attending | 980 jo ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopay tindings aveilable prior to completion of cause of death? 24e. Was an autopay performed? Completed peen is certificata hes t director, page 2 s 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 8 26. Place of Death (Check only one) Hospitai: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 20 No 1 Yes t ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manper of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Maturai 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homleide ts certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(a) and manner stated. 29a. Certifier Medical (Check only one)

Records, P.O. Box 68760, Division of Vital Hospital or Attending Physician: 24 hours aftar death. Funeral Director: After this certifica stely filled in by the funeral director, in 24 hour. To the Hosp within 24 ho To the Fune completely fi

Maryland 21215-0020

Baltimore,

29b. Signeture and title of cartifier Tony P. Kannaskat

D-20062 Aug 19th,

29d. Dete signed (Month, Day, Year)

30. Name and address of person who completed cause of deeth (Item 23e) (Type Print)

TONY P. KANNARICA T. 820/16 St. KANNAR KAT. 820/ 16

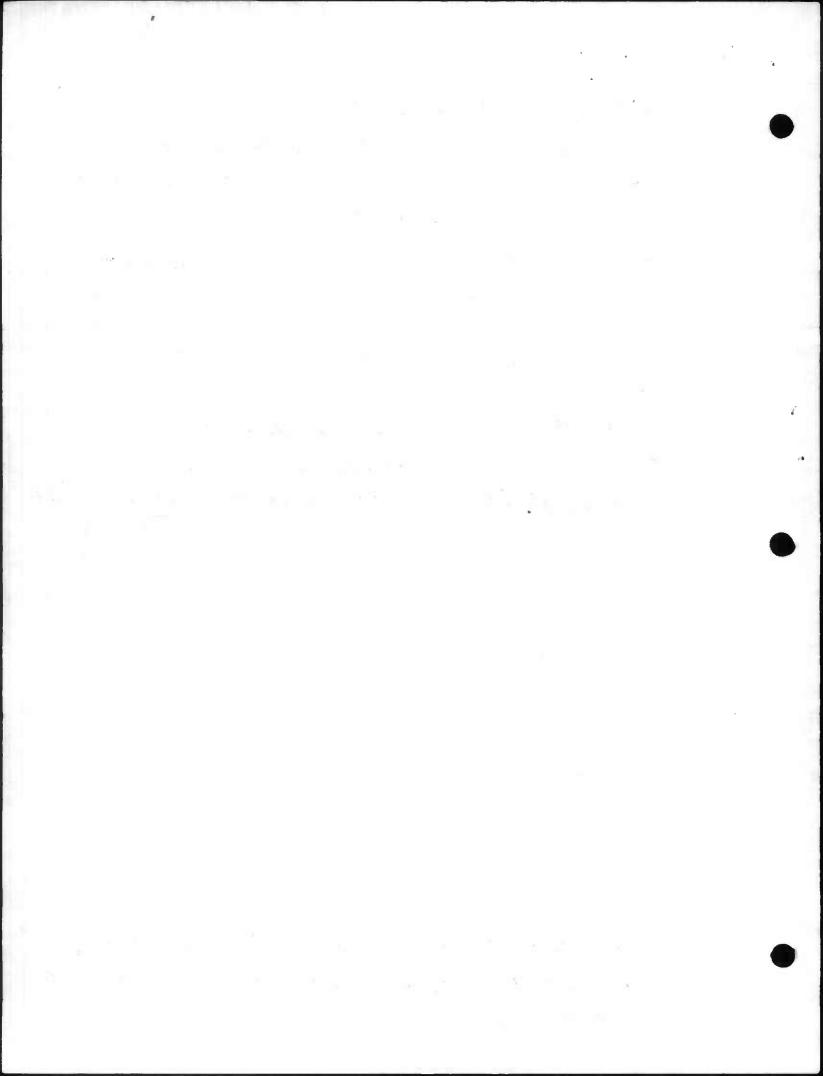
SILVER SPRING. MARYLAND 20910

State Registrar

OCT 0 2 1996

31. Date filed (Month, Day, Year)

32, Registrar's Signature Guia Davidson-Randelle

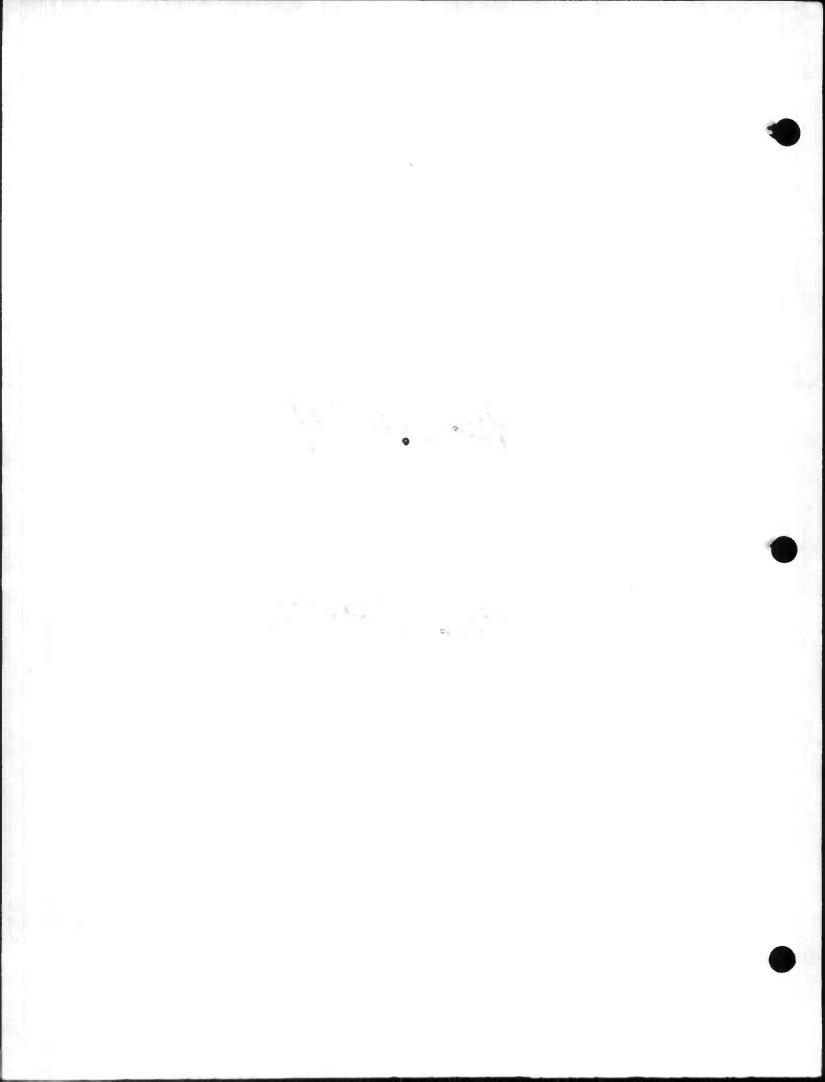


VOID

CERTIFICATE # 96-31484

SEE

CERTIFICATE # 96-31943

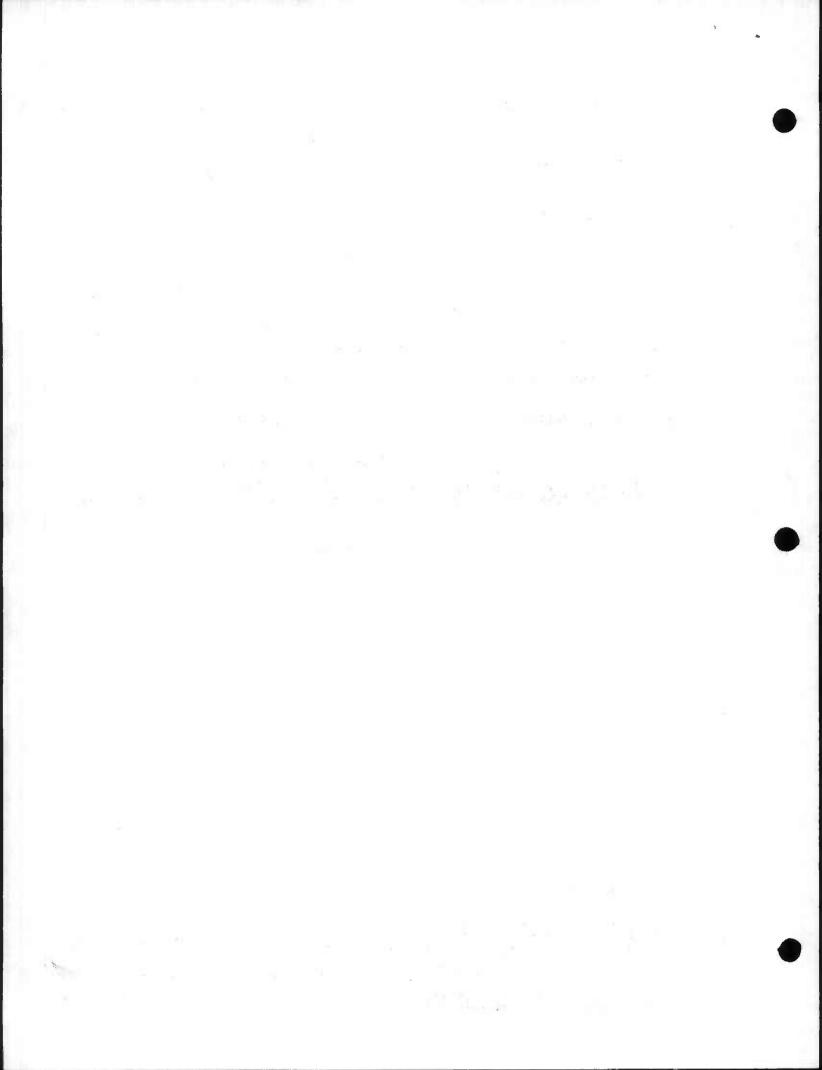


State of Maryland / Department of Health and Mental Hygiene

ITEM#16a PER F.H. FILM#G740 10-22-96 J.A. Certificate of Death 1. Decedant's Name (First, Middle, Lest) 2. Dete of Death **Physician** Bissell 0 October 9:55 Pin /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner ChrisT Center Baltimore ow Son 1 5. Social Security Number 6 Sex if Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. lest birthday) Funerai Birthplace (State or Foreign Country) Deys Hours 1√3 M 2□ F 219-18-6576 72 Yrs. Director 3/11/24 Baltimore, MD Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location show 10d. Inside City Limits 28a-f sh Director 1 ☐ Yes 2 ☐ No Baltimore Lutherville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ms 23a or 1426 Francke Ave. Funeral 21093 Hems 2 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status the Medical Examiner Pages 1 and 2 should be filed within 72 hours aftar 1 Nevar Married 2 Married 6 21215-0020 1 ☐ Yes 2 ☐ No Completed by If Yes, Give Year or Dates: 2/18/43 3 ☐ Widowed 4 ☐ Divorced Specify: White natural 15. Decedent's Education 16a. Dacedant's Usual Occupation
(Give kind of work done during most of working
life. DO NOT use retired)

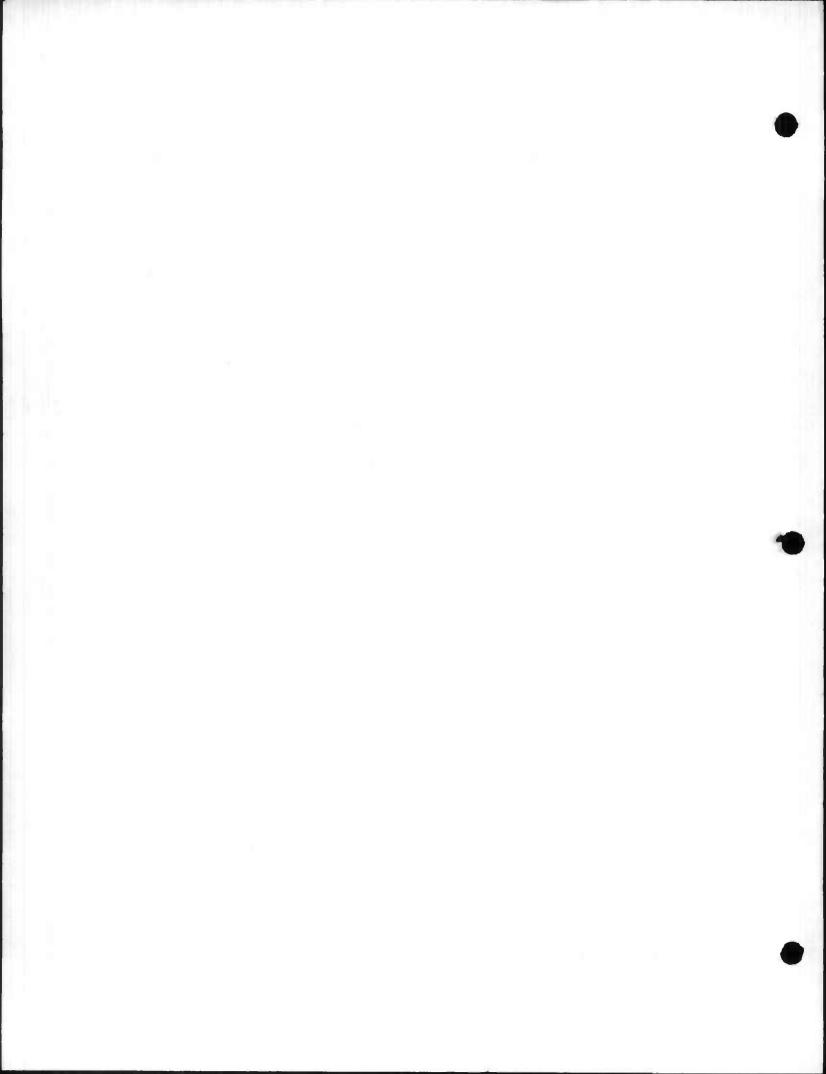
PFRSONNEL 16b. Kind of Business/Industry (Specify only highest grede completed) I Hygiene. Bausch & Lomb Eiementary/Secondary (0-12) College (1-4or 5+) PERSONNEL Personnell Executive (Diecraft Division) 12 traumetic event. imore. Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) and Mental Is marked of William Jacques Bissell Clara Mary Littig 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Coda) nt of Health a Susan Bissell Weiland 4 Bally Bunion Ct., Timonium, MD 21093 other 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 Buriel 2 □ Cremetion 3 □ Removal trom State 4 ☐ Donation 5 ☐ Other (Specify) Dulaney Valley Memorial 10/23/96 Timonium, MD 21. Signature of Juneral Service Licensee 22. Name and Address of Fecility 90 Lemmon Funeral Home 10 W. Padonia Rd., Timonium, MD 21093 ications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Appropriate cause on each line. Approximete Interval Between Physician /Medical tmmediata Cause (Fina metastatic AdenocArcinomA disease or condition resulting in deeth) **Examiner** The law requires that the death certificate be axecuted and burial-tran Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequence of) P.O. Box 68760, signed by the attending physician I be detached for use as the buria Physician/Medical Due to (or as a consequence ot): Part II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was cese referred to medical 26. Place of Daath (Check only ona) 1 Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) Certification: 28b. Time of After t 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding death. 1 Yes 2 No 2 Accidant Investigation after death 3 Suicida 6 Could not be datarmined 28a. Place of Injury - At homa, tarm, street, tactory, office building, atc. (Specify) 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homleida within 24 hours of To the Funeral [Certifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and due to tha cause(s) and manner as stated.

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certiflar (Check only one) å 29b. Signatur 29c. License number 29d. Date signed (Month, Dey, Year) 75205 30. Nama and address of person who completed gausa of death (light 3a) (Type, Print) 6701 N. CharlesSt. Balto md 31. Date filed (Month, Dey, Year) State 21204 Registrar



	once.
	iffed at
	be not
	must
	examiner
or remova	medical
thon,	the
J, crema	event,
orior to buria	traumatic
yglene p	other
T.	0
d Ment	inlury
h an	3my
Healt	DWS
f. 01	Sh
Ded	1 23
State	Item
the	0
with	ked

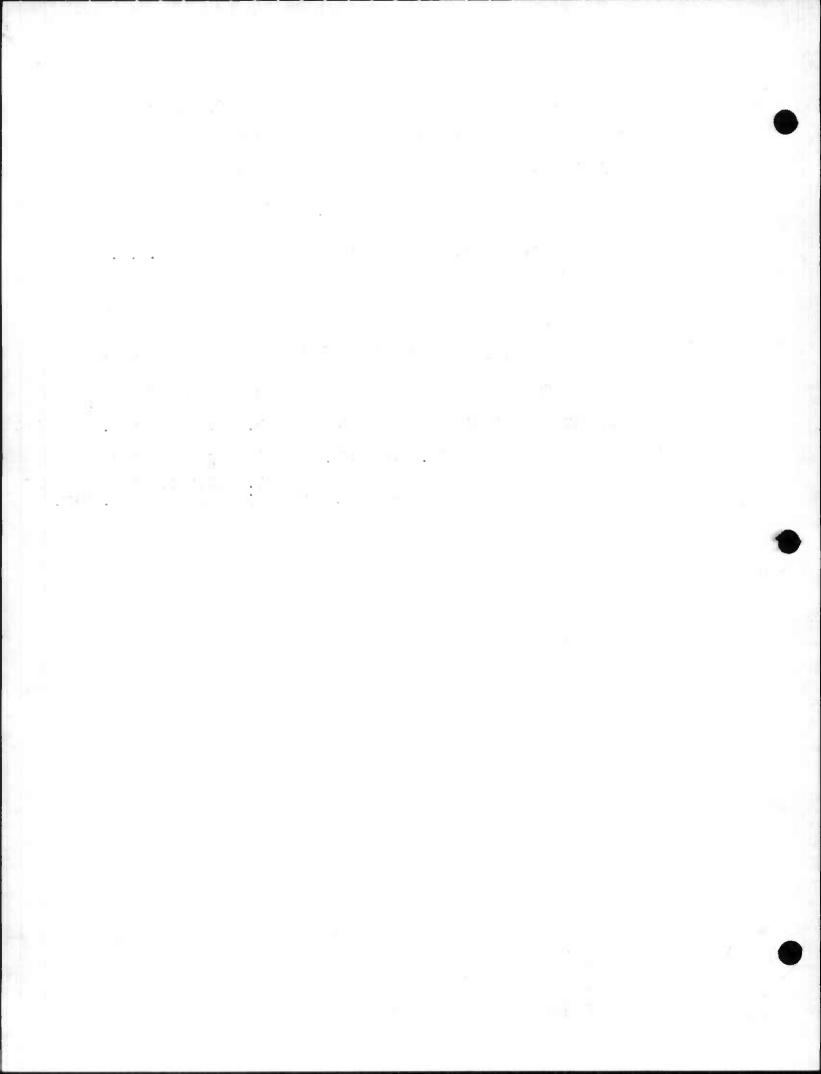
	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		NTAL HYGIENI	E			
,	1. DECEDENT'S NAME (First, Middle, Last)	BRAZIE				2. DATE OF DEATH MONTH OCTODER 19 96 6.4				
- 1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	7 DATE OF BIRTH			CE (State or Foreign	
	132-24-1231	1 □ M 2 X F 83	83 YRS. MONTHS DAYS HOURS MI			(Month, Day, Year) 0/03/19	13	PA.		
	Se. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN C	PR LOCATION OF DEATH			COUNTY OF DEATH		
<u>ب</u>	St. Elizabeth	Nursing Ho	Balti	more		N/A				
E CIOH	RESIDENCE OF DECEDENT									
DIRE	10a. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?	
		ltimore	Baltimore			1 2 2 2 2 2 2 2			YES 2 X NO	
Ž	10e. STREET AND NUMBER		10f. ZIP CODE					EN OF WHAT		
FUNERAL	2318 G. Falls (~							Α.	
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? XX YES IF YES, GIVE WAR OR I	2 NO	If yes, sp		can, Puerto Rican, etc.)			A. RACE — American Indian, Black, While, etc. Specify: White	
	15. DECEDENT'S EDU			USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDU	STRY		
COMPLETE	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	Iffe. Do NOT u	work done during mo se retired.)	st or working				1175	
4		2 yrs.	Regist	ered Nu	rse	U.S. A	rmy			
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Malden	Surname)			
u l	Charles Connor	<u> </u>			Anna M	cKenna				
0 8	19e. INFORMANT'S NAME (Type/Print)	Daughte	וייב		and Number or Rural Rou					
	Alice Margaret	Brazier	2310		s Gable	Lane, B	alto	. , MI	0.21209	
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Ren	novel from State	other place)	SITION (Name of cer	netery, crematory or			ity or Town,		
	4 Donation 6 Other (Specify)		w Cath		emetery		timo	re, l	ND.	
	21. SIGNATURE OF PUREOUS SERVICE O	A Cherry	. el	Sterl	ing Asht	on Fune				
-	23 PART I Enter the diseases or	chmolications that cause	ed the death. Do		dmondson				Approximata	
	ahock, or heart fellure. Liet only one cause on each line.								Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	ΔI=1. a.							Onset and Death	
-	resulting in death)	a. Alzheiv	A CONSEQUENCE O	ge			Tyears.			
,	_			,		J				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.								
	that initiated events	DUE TO (OR AS	A CONSEQUENCE (OF):						
	resulting in death) LAST	d								
	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I, 24s, WAS AN AUTOPSY 24b, WEF							RE AUTOPSY FINDINGS		
8							PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
						_ 1 U YES 2	PNO		DEATH?	
Σ.						=		1 "	T LES 5 (Thur	
N N	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
S	EXAMINER? 1 VES 2 VNO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Warsing Home 5 Residence 6 Other (Specify)									
PHYSICIAN: MEDIC	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. Til	WE OF 28c. IN.		ed. DESCRIBE HOW I	NJURY OCC	URED		
BY	1 Natural 6 Pending 2 Accident Investigation		"		YES 2 NO					
	2 Accident A							Number,		
	4 Homicide determined building, etc. (Specify)								4	
2	29e. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my kno	wiedge, death occur	red at the time, date	and place, and dua lo	the cause(a) and mar	ner as state	d.	9	
COMPLETED	One) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and ma								d manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Year)						onth, Day, Year)			
BE										
2	30. NAME AND ADDRESS OF PERSON W									
	KRIS E. KUHN			Ave. Su	ite 230 T	Baltimore	MD	212	27	
	31. DATE FILED (Month, Day, Year) OCT 2.2.1996	Julia Duvids	n-Randall							
_				*1					DHMH-16 Rev 1/89	



State of Maryland / Department of Health and Mental Hygiene

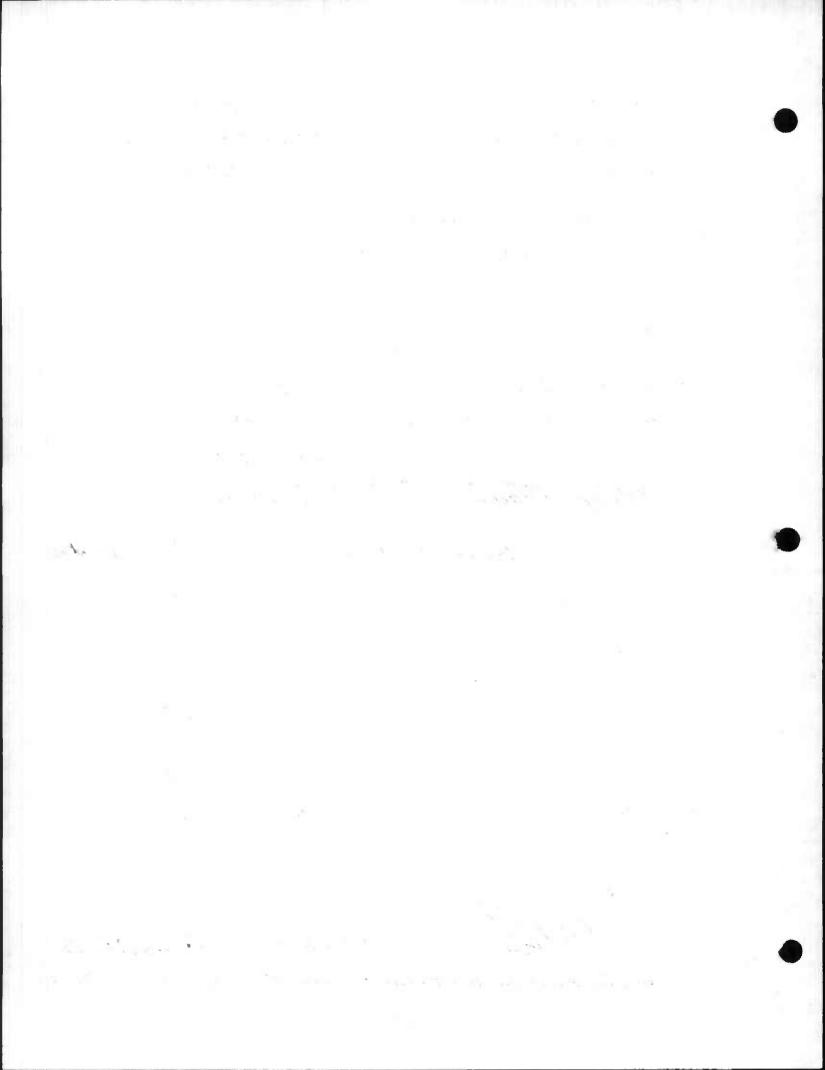
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** TO/ 96 305 AM Evelyn Bell /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** LIBERTY MEDICAL CENTER BALTIMORE 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 1 Year Birthplece (State or Foreign Country) **Funeral** IOM NO 215-28-5023 Months Deys Hours 69 Director MD Usuei Residence of Dacadent death with the Maryland 10e. Stete 10b. County 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Medical Examinar must be notified at 10d. Inside City Limits 1 Yes 2 No MD Director BALTIMORE CITY 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2934 LAKE BROOK CIRCLE 21227 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian Black, White, etc. 11 Meritei Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Pages 1 and 2 should be filed within 72 hours after ment of Health and Mental Hygiene. ant: if item 27 is marked other than "natural", or item ury or other traumatic event, its Model Earn is ury or other traumatic event, its Model Earn is ury or other traumatic event, its Model Earn is 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No if Yes, Give X Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☑ Divorced BLACK Year or Dates: Be Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede complated) Elementary/Secondery (0-12) Coliage (1-4or 5+) SELF-EMPLOYED FURNITURE 11 -0-17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middla, Meiden Sumame) 2 JAMES LEWIS GEORGIA WILSON 19a. informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2 a Department of Health er Important: If item 27 ta any injury or other trau (DAUGHTER) BURLEY 7049 RUDISCLL CT. APT 1A BALTO. MD 21244 20b. Plece of Disposition (Name of cematary, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, State 14 uriai 2 ☐ Cremetion 3 ☐ Removal from State MT. ZION CEM. 10/19/96 4 ☐ Donetion 5 ☐ Other (Specify) BALTIMORE MD 21. Signeture of Funerel Service Licensee 22. Name and Address of Fecility E.L PHILLIPS FUNERAL HOME 1721 N. MONROE ST BALTIMORE MD. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heer failure. List only one cause on each line. Approximate intervel Batween Onset and Death **Physician** /Medical Immediete Ceuse (Finei disease or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificate be executed the buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disaase or injury that initieted evants resulting in deeth) Last pue P.O. Box 68760. physician Due to (or es e consequence of): Se esn Pert ii. Other significent conditione contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobecco use contribute to the cause of death? yd bengis 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Division of Vital Records, þ 8 Completed 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Wes en autopsy certificate 2 No 1 Yes 1 ☐ Yes 2 No J or Attending Physician: after death. Director: After this certifice 25. Wes case referred to medical Be 26. Pleca of Death (Check only ona) exeminer? Hospital: 1 ☐ inpatient 2 ☐ ER/Outpetient Other: 4 Nursing Home 5 Residance 6 Other (Specify) Certification: To BIX DOA 27. Mennar of Death 28e. Dete of injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation 2 Accident 1 Yes 2 No 3 Sulcide 6 Could not be datarminad 28f. Location (Streat and Number or Rural Route Number, City or Town, Stete) 28a. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) ã 4 Homloida to the Hospital
Wilhin 24 hours a
To the Funeral D Certifying Phyeiclen: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) and manner es steted.

2 Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete end piece, end due to the cause(s) end manner stated. Medical 29a. Certifiar (Check only one) 29b. Signeture end title of certifier 29d. Date/signed (Month, Dey, Year) 30. Nama and address of person who complated cause of death (itam 23a) (Type, Print) Registrate Signeture State Registrar



State of Maryland / Department of Health and Mental Hygiene 96 3 | 488

												Reg. No.		
Dhuck	olon	1. Decedent'a Ner	ne (First, Middle, L	ast)						2.	Date of Dea	ath	Voor	3. Time of Deat
Physic Med/		Angela	P. Cobler	ntz						0		4, 1996	Year	4:45PM
Exam		4e. Fecility Name	(If not institution, g	ive street end i	nu <i>mber)</i>				4b. City, Town	, or Locati	on of Deeth	4c. Count	ty of Death	
		Bon Sec	our Nursi	ing Hom	e				Ellico	tt Ci	ty	Howa	rd	
Funera Director	_	5. Social Security 217-16-6	517	Sex 1 M 2 F	7. Age (In yi		1001/	Inder 1 Yea nths Day		Hrs. 8. Min. 04	Dete of Birt (Month, Det /10/1	h y, <i>Year)</i> 910	Count	lece (State or For try) yland
3	7	Usuei Residence o	of Decedenf 10b. County		100	City Town	or Location							
r 28a-f show	2							1					10	Od. Inside City Lir
282	Director	MD.	N/A		ва	ltimo								1√ Yes 2□
0 8	급	10e. Street end Nu					10	f. Zip Code				10g. Citizen of	What Coun	fry?
s 23	20	4300 N.	Charles S	_				21218				U.S.A		
ural", or items 23a or 2 il Examiner inuni be n	by Funeral	11. Maritai Stafus 1 Never Man 3 Widowed	ried 2 Married	Armed		U,S.	If Yes,	, specify Cu	Hispanic Origir ben, Mexican, I o <i>Specify:</i>	17 (Specity Puerto Rice	Yes or No- en, etc.)		ce - America eck, White, e fy: Wh	
"natural",	pte	(Sne	15. Decedent's E	Education	of 3	16e. I	Decedent's	Usual Occ	upation	6 madela a		16b. Kind of E	Business/Ind	lustry
	Completed	Elementary/Sec			(1-4or 5+)		life. DO NO	OT use reti	e during most o red)	r working				
or the	200			2		Hom	nemake	er				Own	Home	
and Mental Hyglane. is marked other than raumatic event, ma M	Be	17. Fether's Name	(First, Middle, Las	t)					18. Mother's	Neme (Fi	rst, Middle,	Melden Sume	me)	
rked	10	Charles	Garland E	Poisal					Mary	Conr	оу			
2 0 2	1	19a. Informent's N	ame/Reietionship	(Type, Print)		19b. I	Mailing Add	dress (Stre	et end Number	or Rurel Re	oute Numbe	er, City or Town	, Stete, Zip	Code)
em 27 i		Kathryn (Glastette	r/ Dau	ghter	100) Newb	perg 2	Ave. Cat	onsv	ille,	MD. 21	.228	
item 27		20a. Method of Dis	•	70		Piace of I	Disposition , cremetory	(Neme of	lece)	C	ate	20c. Location	- City or Tov	wn, State
int: II			☐ Cremation 3 [5 ☐ Other (Spec		n State Ne	-			netery	10/	18/96	Baltim	ore,	MD.
Department of responsible to the sany injury or of one of the sany injury or of one of the sany injury or of one of the sany injury or of one of the sany injury or of one of the sany injury or of one of the sany injury or of the sany or of the sany or of the sany or of the sany or of the sany or of the sany or of the sany or of		21. Signeture	unerel Service Lice	nsee	0.		Sterl	ling A	ress of Fecility Ashton I					
_	-	16	ullyo -	X Ca	- Land				7		7 .	MD 21	228	
ysician ledical aminer		fmmediate Cause disease or condition resulting in deeth)		one ceuse or	ven gr	ath. Do no	ot enter the	mode of d	dson Ave	e. Ba.	spiretory an	rest,		Approximate Interval Between Onset end Death
dedical aminer	Examiner	fmmediate Cause disease or condition resulting in deeth) Sequentially list or if any, leading to increuse. Enter Unde	(Final on white one of the control o	one ceuse or	Due to	ath. Do no	ot enter the	mode of dy	ISON AVE	e. Ba rdiac or re	TTO.,	rest,		Onset end Death
ledical and physician and e as the burial-transit	Medical	immediate Cause disease or condition resulting in deeth)	(Final only only only only only only only onl	one ceuse or	Due to	(or as e co	on enter the	mode of dy	ASON AVE	e. Ba	TTO.,	mD. ZI		Onset end Death
attending physician and for use as the burial-transit	Medical	fmmediate Cause disease or condition resulting in deeth) Sequentially list or if any, leading to inceuse. Enter Unde Ceuse (Disease or thet initiated event resulting in deeth)	in tellure. List only (Final in inditions, nmediate orlying Injury s Lest	a	Due to	(or as e co	onsequence onsequence	mode of dy e of): a of):	ying, such as ca	e. Ba	spiretory an	rest,		Interval Between
by the attending physician and tached for use as the bural-transit	edical	fimmediate Cause disease or condition resulting in deeth) Sequentially list or if any, leading to inceuse. Enter Under Cause (Disease or that initiated events)	in tellure. List only (Final in inditions, nmediate orlying Injury s Lest	a	Due to	(or as e co	onsequence onsequence	mode of dy e of): a of):	ying, such as ca	e. Ba	spiretory and sp	obacco uss co	ontributs to	Interval Between Onset end Death
gned by the attending physician and be detached for use as the burial-transit	by Physician/Medical	fmmediate Cause disease or condition resulting in deeth) Sequentially list or if any, leading to inceuse. Enter Unde Ceuse (Disease or thet initiated event resulting in deeth)	in tellure. List only (Final in inditions, nmediate orlying Injury s Lest	a	Due to	(or as e co	onsequence onsequence	mode of dy e of): a of):	ying, such as ca	e. Ba	spiretory and sp	obacco uss co	ontributs to	Interval Between Onset end Death
Is been signed by the attending physician and inployed should be detached for use as the burial-transit	by Physician/Medical	fmmediate Cause disease or condition resulting in deeth) Sequentially list or if any, leading to inceuse. Enter Unde Ceuse (Disease or thet initiated event resulting in deeth)	in tellure. List only (Final in inditions, nmediate orlying Injury s Lest	a	Due to	(or as e co	onsequence onsequence	mode of dy e of): a of):	ying, such as ca	e. Ba	spiretory and sp	obacco uss co	ontributs to 3 Prob. 24b. Wei	Interval Between Onset end Death
has been signed by the attending physician and inpoperation of the strength of	Physician/Medical	fmmediate Cause disease or condition resulting in deeth) Sequentially list or if any, leading to inceuse. Enter Unde Ceuse (Disease or thet initiated event resulting in deeth)	in tellure. List only (Final in inditions, nmediate orlying Injury s Lest	a	Due to	(or as e co	onsequence onsequence	mode of dy e of): a of):	ying, such as ca	e. Ba	23b. Did to	obacco uss co /se 2 No en eutopsy med?	ontributs to 3 Prob	the cause of dea
has been signed by the attending physician and inpoperation of the strength of	by Physician/Medical	fmmediate Cause disease or condition resulting in deeth) Sequentially list or if any, leading to inceuse. Enter Unde Ceuse (Disease or thet initiated event resulting in deeth)	(Final on the conditions, mediate orlying injury Satest	a b c d contributing to	Due to	(or as e co	onsequence onsequence	mode of dy e of): a of):	ying, such as ca	rdiac or re	23b. Did to 1 Y 24a. Was e perior	obacco usa co (se 2 No en eutopsy med?	ontributs to 3 Prob	the cause of dea ably 4 Unknown to appletion of cause earth?
certificate has been signed by the attending physician and inector, page 2 should be detached for use as the bunal-transit and inector.	Completed by Physician/Medical	fmmediate Cause disease or condition resulting in deeth) Sequentially list or if any, leading to inceuse. Enter Unde Ceuse (Disease or thet initiated event resulting in deeth) Pert II. Other significance of the condition of t	inditions, mediate styling Injury steet to medical	bdd	Due to Due to	(or as e co	onsequence onsequence onsequence	mode of dy e of): a of): ing cause g	ring, such as ca	Deeth (C	29b. Did to 1 Y 24a. Was e perfor 1 Y	obacco usa co (se 2 No en eutopsy med?	ontributs to 3 Probe 24b. Wei avei com of d	the cause of dea ably 4 Unkn re autopsy finding liable prior to appletion of cause eeth?
funeral director, page 2 should be detached for use as the burial-transit	To Be Completed by Physician/Medical	fmmediate Cause disease or condition resulting in deeth) Sequentially list configure in the cause of any, leading to inceuse. Enter Unde Cause (Disease or thet initiated event resulting in deeth) Pert II. Other significant in the cause in the cause of the cause o	(Final Inditions, India, Ind	d Hospital: 1 E	Due to Due to	ath. Do not	onsequence onsequence onsequence the underlying operations of the underlyi	mode of dy e of): a of): of): ing cause g 28c. Inji	iven in Part I. 26. Piaca of	Deeth (C)	23b. Did to 1 Y 24a. Was e perfor 1 Y beck only or 5 Reside	obacco usa co (se 2 No en eutopsy med?	ontributs to 3 Prob 24b. Wer ave com of d 1 □	the cause of dea ably 4 Unknown to autopsy finding liable prior to appletion of cause eeth?
ector. There this certificate has been signed by the attending physician and by the funeral director, page 2 should be detached for use as the bunal-transit of pro-	Certification: To Be Completed by Physician/Medical	fimmediate Cause disease or condition resulting in deeth) Sequentially list cold any, leading to inceuse. Enter Unde Ceuse (Disease or their initiated event resulting in deeth) Pert II. Other significance of the cold and the	(Final and the conditions of t	d. Hospital: 1 28e. Detection of the built	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	ath. Do not determine the content of	consequence conseq	mode of dependence of the mode of dependence of the mode of dependence of the mode of the	26. Placa of ther: 26. Vaca of ther: 27. Vaca of there of the the there of the th	Deeth (C) Page Home 28d.	23b. Did to 1 Y 24a. Was e perfor 1 Y beck only or 5 Resid Describe h	obacco uss co	24b. Wer aver com of d	the cause of dea ebly 4 Unknown to autopsy finding illable prior to neithin of cause eeth? Route Number,
ector. There this certificate has been signed by the attending physician and by the funeral director, page 2 should be detached for use as the bunal-transit of pro-	To Be Completed by Physician/Medical	finmediate Cause disease or condition resulting in deeth) Sequentially list or if any, leading to inceuse. Enter Unde Ceuse (Disease or thet initieted event resulting in deeth) Pert II. Other significance of the exeminer? 1 Yes 2 Manner of Deet 2 Manner of Deet 2 Manner of Deet 2 Accident 3 Suicide	red to medical No To provide the strip in	d. Hospital: 28e. Detection 28e. Placular built	Due to Due to Due to Due to Due to Due to Due to Due to Due to	(or as a coordinate of the coo	onsequence onsequence onsequence the underlying the underlying of	mode of department of the product of	26. Placa of ther: 26. Nursi ury et ork? Yes 2 \[\] No	Deeth (C) Deeth (C) 28d.	23b. Did to 1 Y 24a. Was e perfor 1 Y beck only or 5 Reside h Cotty or Town	obacco uss co (se 2 No en eutopsy med? (se 2 No ne) ence 6 Otto ow injury occur in, Stete)	pontributs to 3 Probe 24b. Wei avei com of d 1 — ther (Specify) rred	the cause of dea ably 4 unknown of cause leeth? Route Number,
In by the funeral director, page 2 should be detached for use as the bunal-transit	Certification: To Be Completed by Physician/Medical	fmmediate Cause disease or condition resulting in deeth) Sequentially list colif any, leading to inceuse. Enter Unde Ceuse (Disease or thet initiated event resulting in deeth) Pert II. Other significance of the exeminer? 1 Yes 2 2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3	red to medicel No h 5 Pending investigation of determined 12 Medicaf Examititie of confiller	d	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	ath. Do not ath. Do not consider the constant of the constant	onsequence onsequence onsequence onsequence onsequence onsequence onsequence onsequence onsequence onsequence onsequence onsequence onsequence on onsequence on onsequence on onsequence on onsequence on onsequence on onsequence of onsequence on onsequence of onsequence	mode of de mode of de	26. Piaca of ther: 26. Piaca of ther: 27. Viven in Part I. 28. Piaca of there of the the there of the ther	Deeth (C) ng Home 28d. 28f.	23b. Did to 1 Y 24a. Was e perfor 1 Y beck only or 5 Residi Describe h Cotty or Town due to the c t the time, d	obacco uss co (ss. 2 No en eutopsy med? (ss. 2 No ence 6 Ott ow injury occur itreet end Numin, Stete) seuse(s) and m lete and pieca,	pontributs to 3 Proba 24b. Wei avei corr of d 1 □ ther (Specify, rred anner as sta and due to to ad (Month, D	the cause of deat the cause of deat the cause of deat ably 4 □ Unknown re autopsy finding illable prior to npletion of cause leeth? Yes 2 □ No Route Number, ated. the cause(s)
the Funeral Director: After this certificate has been signed by the attending physician and pletaly filled in by the funeral director, page 2 should be detached for use as the burial-transit on by	edical Certification: To Be Completed by Physician/Medical	fmmediate Cause disease or condition resulting in deeth) Sequentially list configure in the cause of any, leading to inceuse. Enter Unde Cause (Disease or that initiated event resulting in deeth) Pert II. Other significant in the cause in the cause of the cause o	red to medicel No h 5 Pending investigation of determined 12 Medicaf Examititie of confiller	d	Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to	ath. Do not ath. Do not consider the constant of the constant	onsequence onsequence onsequence onsequence onsequence onsequence onsequence onsequence onsequence onsequence onsequence onsequence on onseque	mode of de mode of de	26. Piaca of ther: 26. Piaca of ther: 27. Viven in Part I. 28. Piaca of there of the the there of the ther	Deeth (C) ng Home 28d. 28f.	23b. Did to 1 Y 24a. Was e perfor 1 Y beck only or 5 Residi Describe h Cotty or Town due to the c t the time, d	obacco uss co (ss. 2 No en eutopsy med? (ss. 2 No ence 6 Ott ow injury occur itreet end Numin, Stete) seuse(s) and m lete and pieca,	pontributs to 3 Proba 24b. Wei avei corr of d 1 □ ther (Specify, rred anner as sta and due to to ad (Month, D	the cause of dea ably 4 Unknown of cause leeth? Houte Number, Route Number, ated. the cause(s)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 1. Decedent's Nama (First, Middle, Last) 3 Time of Death **Physician** WILLIAM T. CANBY October 1996 18 6.00pm /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City, Town, or Location of Death Examiner BALTIMORE MC LANE WASHINGTON IRVIN BALTIMORE If Under 1 Months 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Deys 1.8.M 2□ F Hours Min. **Director** 216 16 8842 MAY 26 1924 MARYLAND Usual Rasidence of Decedent 10a. State 10c. City. Town or Location r than "naturel", or items 23a or 28a-f show the Medical Examinat must be notified at 10d. Inside City Limits Director 1 ☐ Yes 28 No Md BALTIMORE BALTIMORE 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 21220 Funeral WASHINGTON IRVIN USA 12. Was Decedent Ever in U,S. Armed Forces?

1 ≥ Yes 2 □ No USMC If Yes, Give 11. Maritei Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after cannot of Health and Mental Hyglene.
Ant: If item 27 is marked other than "natural", or item
Inty or other traumate event, me Medical Experies. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorcad Year or Detes: ww II Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) Sq7. CITY POLICE DEPT. 8 POLICE OFFICER NIA 17. Fathar's Name (First, Middla, Last) 18. Mother's Nama (First, Middle, Maidan Surname) Be P Joseph CANBY LILLIAN MANNING 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) 21220 DOLORES R. CANBY 1127 WASHINGLON IRVIN LA. BAHO Md 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burlal 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If eny injury or 4 ☐ Donation 5 ☐ Othar (Specify) RESEEMER CEM. 10-21-96 13 ALTIMORE 22. Name and Address of Facility
HARTLEY MILLER FUN. Home 21. Signature of Funeral Service Licenses Rd. BAldo Ned 21234 MARFORD 23a. Part1. Anter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failura. List only one ceuse on each line. 7527 Approximete Intervat Between Onset and Death **Physician** /Medical Immediata Causa (Final disease or condition resulting in death) Examiner Due to (or as a consequence of) Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last and the buriel-trar Dua to (or as a consequence of): Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 Prophore à page 2 should be Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Place of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 1 ☐ Inpatient 2 ■ ER/Outpatient 3□ DOA 27. Manner of Death Data of tnjury (Month, Day Year) 28b. Tima of 28c. tnjury at Work? 28d. Describe how injury occurred 5 Panding investigation 1 DNatural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicida

The law requires that the death certificete be executed physician P.O. F Division of Vital Records. or Attending Physician:

death with the Maryland

altimore, Maryland 21215-0020

signed by the hes After this certificate Certification: To Drintor: After this d in by the funeral di To the Hosp within 24 hos To the Fune Medical

29a. Certifier

ST 22

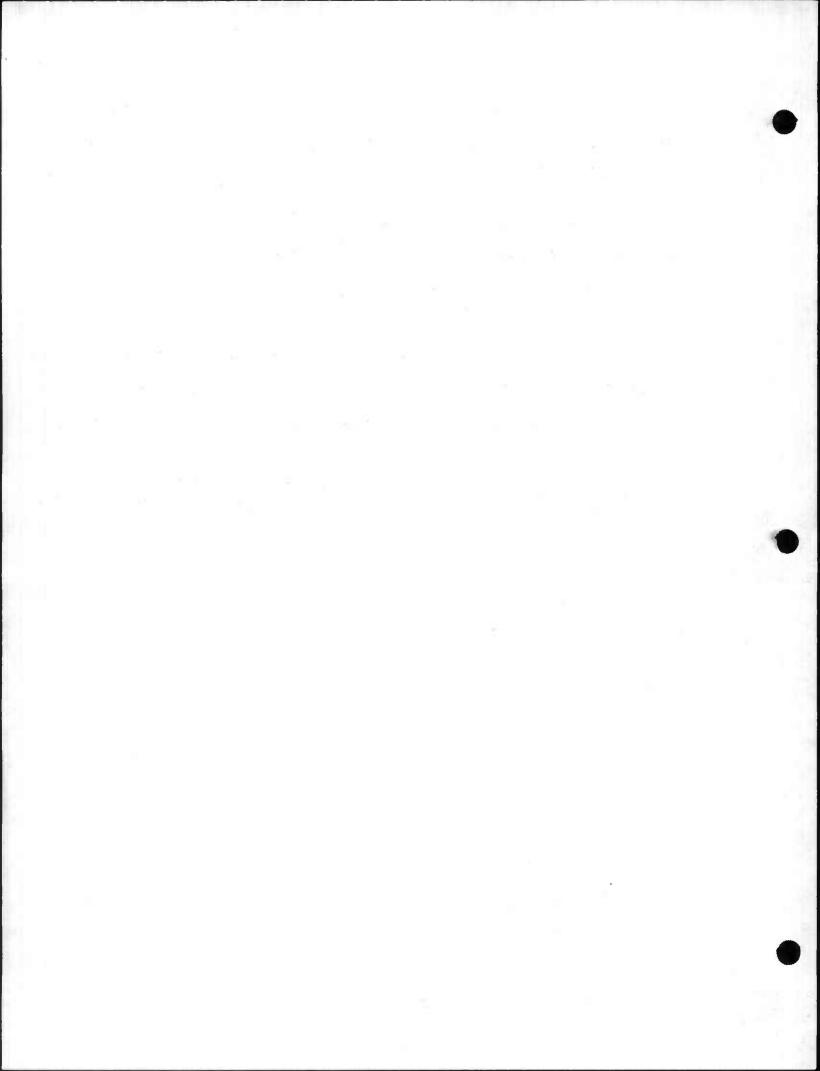
Signature and title of certiff

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. | Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

29d. Dete signed (Month, Day, Year)

23a) (Type, Print)

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Deeth **Physician** Month Day James Munro Colley Oct 17,1996 12:15p.m. /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Catonsville Commons Nursing Home Catonsville Baltimore 5. Social Sacurity Number If Under 1 Yaar 8. Date of Birth (Month, Day, Year) Oct 26,1919 7. Aga (In yrs. last birthday) Birthpleca (Stata or Foreign Country)
 MD Deys 11 M 2□ F Months Hours 76 213-14-0482 Usual Residence of Dacadent 10a. Stata 10b. County 10c. Cify. Town or Location 10d. Insida City Limits Md N/A Baltimore Director 1 X Yas 2 □ No 10a, Straat and Number 10f. Zip Coda 10g. Citizen of What Country? 5920 Charles Street 21207 USA Funeral 12. Was Dacedent Ever in U,S. Armad Forcas? 11. Marital Status Was Dacadant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 1 Nevar Married 2 Marriad 1 ☐ Yas 2 ☑ No If Yas, Giva 1 Yas 2K No Specify: Specify: White þ 3 □ Widowed 4 □ Divorcad Year or Dates: Completed 15. Dacedent's Education (Spacify only highast grada completed) 16e. Decedant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa ratirad) Elemantery/Secondery (0-12) Coliaga (1-4or 5+) Stock Clerk Monarch Foods Unknown 17. Fathar's Name (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Surname) Be James E. Colley 2 Lottie M. (Unknown) 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Street end Number or Rurel Routa Number, City or Town, Stata, Zip Code) 5920 Charles Street, Balto, Md. 21207 Mary J. Robinson/friend 20b. Place of Disposition (Name of cematary, cramatory or other piaca) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Western Cemetery 10/21 Baltimore, Md. 21. Signature of Funarai Service Licensae 22. Nama and Addrass of Fecility Sterling Ashton Funeral Home, Inc 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, April 21228 Approximate interval Batwaen Onsat and Death Immediata Causa (Finel diseasa or condition rasulting in daeth) years enile Sequantially list conditions, if any, laading to immadiate causa. Entar Undarlying Ceusa (Disease or Injury that hitiatad avents rasulting in daath) Last Dua to (or as a consequence of) Dua to (or as a consequence of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? Failure, Kchemic Hoast Disease 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown 24b. Were autopsy findings evailable prior to completion of cause of death? First lection, Depression 24a. Was an eutopsy performad? 1 🗆 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarrad to medical axaminar? 28. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 27. Mannar of Death 28e. Deta of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Neturei 5 Pending 2 Accidant 1 ☐ Yas 2 ☐ No investigation 3 ☐ Suicida 6 Could not ba determined 28f. Location (Streat and Number or Rural Route Number, City or Town, Steta) 28a. Place of injury - At homa, farm, straat, factory, office building, etc. (Specify) 4 Homictde 12 Certifying Physician: To the bast of my knowledge, deeth occurred at the time, data and place, end due to the cause(s) end manner as steled.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) end manner steled. 29a. Cartifier 29b. Signatura and title of certifier 29c. Licanse number 29d. Dete signed (Month, Day, Year)

October 17, 1996

Bultinove MD 21227

State Registrar

Funeral

Director

28a-f show

tem 27 is marked other than "natural", or items 23a or 28a-f sho other traumatic event, the Medical Examiner mast be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s any injury or other traumatic event, the Markers

Physician /Medical

Examiner

physician and s the bunal-transit

Se esn

signed by the e

pege 2 should

certificete

this luneral

After

s efter deeth.

within Zentfurs e To the Funeral C

in by

The law requires that the death certificate be executed

Box 68760,

P.O.

Records,

of Vital

Division

Hospital or Attending Physician:

Examine

Physician/Medical

þ

Completed

Be

Certification: To

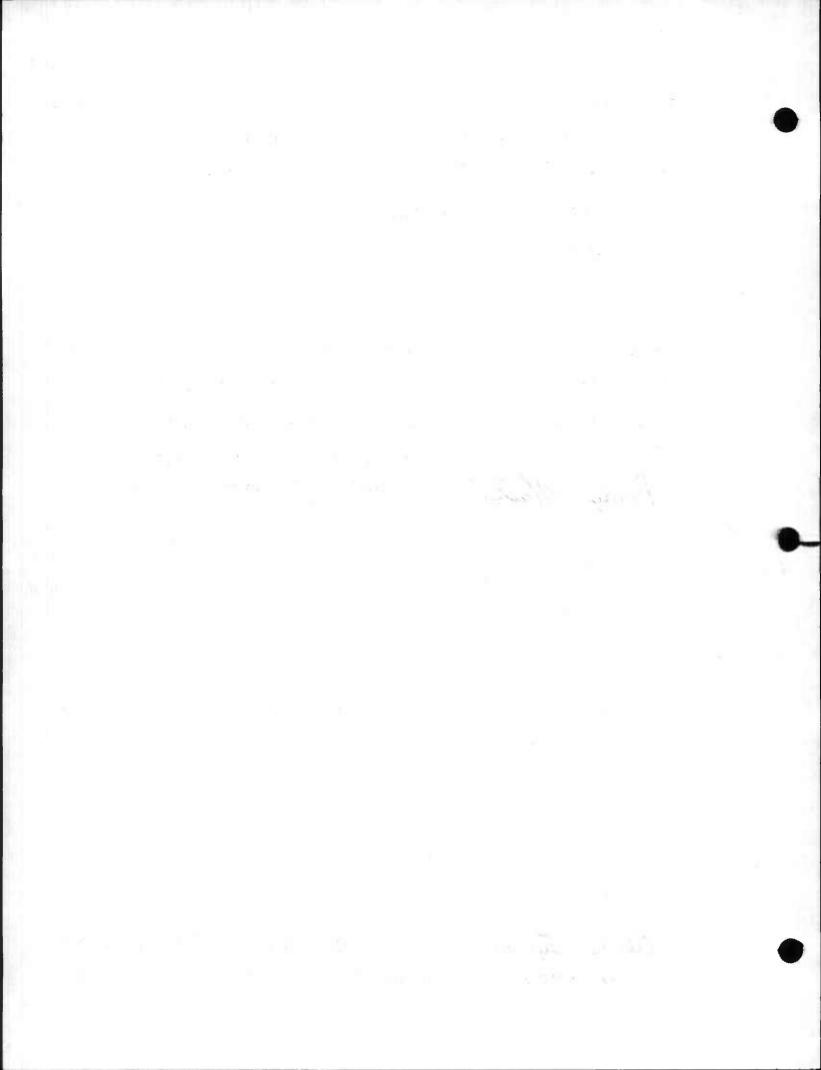
Medicai

Baltimore, Maryland 21215-0020

GEETHA 31. Data filed (Month, Day, Yeer) OCT 221996

4367 RAJA Hollins 32 Registrar's Signature 2. Trudson

Kaya UID 30. Nama and address of person who completed causa of death (Item 23a) (Type, Print)



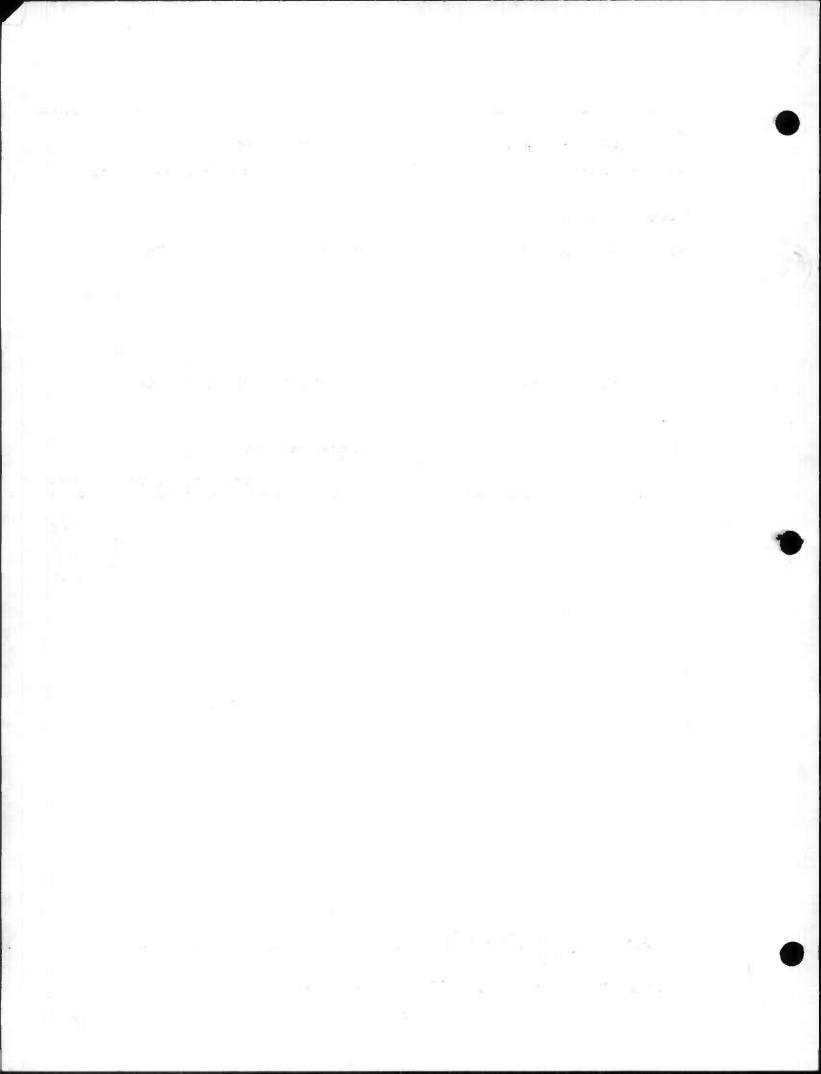
State of Maryland / Department of Health and Mental Hygiene Q &

96 3149

				111	Certi	ficate o	f Death		Reg. No.	00	31491
Physician /Medical	L	Nancy Lync	ch Cole				45 0% 7	2. Data of De Month OCt	17 1	Year 996	3. Time of Death
Examiner Funerai Director	5		Ave.		A	If Under 1 Yes		lis 8. Data of Bir	dh	AA	lace (Stete or Foreign try) VA •
of show find at for	1	Oe. State 10b. County W.Va. Marior	n		y, Town or Local	tion	-			1	0d. Inside City Limits 1 ☐ Yes 2 📉 No
23a or 28a-fa ist be notified		Oe. Street and Number Rural Route 3	Box 7			10f. Zip Code 2655			10g. Citizen of US		try?
Meal Examiner must feel Examiner must sted by Funeral		1. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Doivorced	12. Was Decedent Armed Forces 1 Yas If Yes, Give Yaar or Dates:	7	lf Y	s Decedent or es, specify Cu Yes XIN	Hispanic Origin? (Suban, Mexicen, Puer o Specify:	Specify Yes or No to Rican, atc.)	Specify	ce - Americ ck, White, c y: Wh:	etc.
Department of Health and Mental Hygiene, implumel, or Herm 23a or 28a-f ahoungortant: if them 27 is marked other than "natural", or Herm that be notified at ance. To Be Completed by Funeral Director		15. Decedent's E (Specify only highast gr Elementary/Secondary (0-12)	College (1-4or	5+)	16a. Deceden (Give kin life. DO Nurse	d of work don NOT use reti	e during most of wo		16b. Kind of B	cal	dustry
surratic even To Be	1	7. Fether's Name (First, Middle, Les Harry Richard	Lynch				Evelyn	Agnes	Morri	5	
m 27 is m	L	19a. Informant's Name/Relationship William H. Co	(Type, Print) Le		Route	3 Bo:		Buckh	annon,	W.	Virginia
ment of the teach of the fact		0a. Method of Disposition ★□ Burial 2 □ Cremation 3 [4 □ Donation 5 □ Other (Speci	fy)		Place of Dispositi emetery, cremet rshvil			/0/13	W.Va.	City or To	wn, Stata
Depart Import any in	2	21. Signature of Funeral Service Lice	nsee				ress of Facility gely Ave	Hardes	ty Fundapolis	eral , Md	Home, P. A 21401
ysician /ledical aminer	li d	23a. Reat 1. Enter the disease of pon shock, or heart failure. List only mmediate Cause (First lisease or condition esulting in deeth)		osci		: Hear	t Disea		rrest,		Approximata Interval Batween Onset and Deeth
attending physician and for use as the burial-transit clan/Medical Examiner	ti	Sequentially list conditions, any, leading to immediate eusa. Enter Underlying ceuse (Disease or Injury hat initiated events esulting in daath) Last	b. Diabet	Due to (or	r as a consequer	nce of):					
d by the letached	Р	art il. Other significant conditions o	contributing to death b	ut not resu	ulting in the unde	orlying ceuse (piven in Part I.				the cause of death?
page 2 should be completed by	-							24a. Was perfo	an autopsy ormed?	ava con	are autopsy findings allable prior to appletion of ceuse death?
certificate has been signed by the attending physician and rector, page 2 should be detached for use as the burial-trans. Be Completed by Physician/Medical Exami	2	5. Was case referred to medical					26. Place of Dea	ath (Check only o	ΛΛ	1 🗆	Yes 2□ No
S D	2	examiner? 1X Yes 2 No 7. Menner of Death 1X Natural 5 Pending 2 Accident Investigatio	Hospital: 1 Inpatie 28a. Date of Inju (Month, Da	ry	28b. Time of Injury	28c. Inj	ther: 4 Nursing H ury at ork? Yes 2 No	iome S Residence	dence 8 Oth		9
rs after death. al Director: After to led in by the funeral Certification:		3 Suicida 6 Could not be determined		ury - At ho c. (Specify	me, farm, street,	, factory, office		28f. Location (: City or Tox	Straat and Numb wn, State)	er or Rurai	Route Number,
within 24 hours after To the Funeral Direct completely filled in by Medical Certification of the Complete of the Certification of the C	2	9a. Certifier (Check only one) 1□ Certifying Pr 2戊 Medical Exam	nysician: To the best of niner: On the basis of and mannar sta	axaminat	wledge, death oc ion and/or Invast	curred at the tigation, In my	time, dete and place opinion, death occu	, and due to the rred at the tima,	cause(s) end ma date and place,	innar as ste and dua to	eted. the cause(s)
To the comp	2	9b. Signatura and fitle of certifier	Paso	u)	eputy	29c. Licar	D 06054	-	29d. Date signed		
1		O. Name and address of person who William P. Jor		eath (Item		•		1035	200	,	

DHMH 16 Rev 6/95

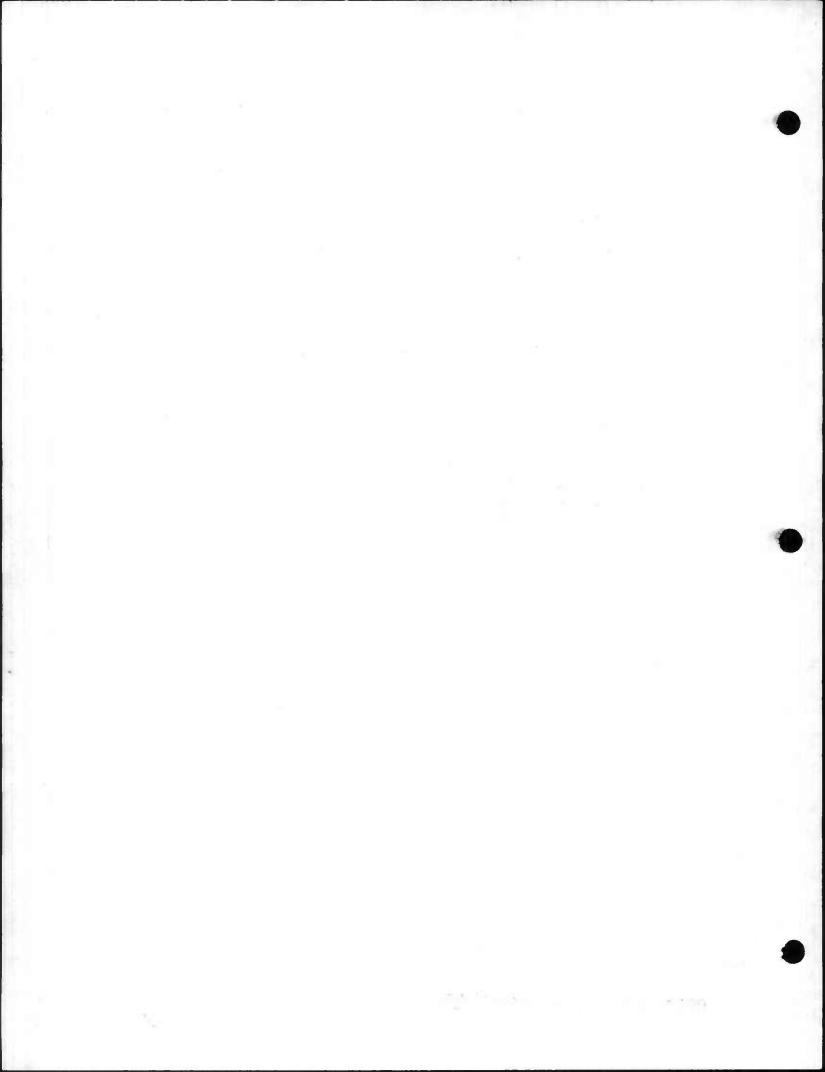
Registrar



State of Maryland / Department of Health and Mental Hygiene 96

						Ce	niiicai	te of	Death			Reg. No.		
	Dharai		1. Decedent's Name (First, Middle,	Last)							2. Date of De	ath	V-1-	3. Time of Death
	Physic /Medi		Charles Forre	st Cook							Oct.	17, 199	Year 6	1:40 p.m
	Exami		4a. Facility Name (If not institution,		m <i>ber</i>)				4b. City, To	wn, or L	ocation of Deat			1110 p.n
			7619 Paradise Be	ach Aven	ue			Ì	Pas	sade	na	Ann	e Aru	ndel
_	Funeral			. Sex		last birthday)		r 1 Year	If Under	24 Hrs.				place (State or Foreign
Ī	Director		214-14-0522 Usual Residence of Decedent	1∭ M 2□ F		78 Yrs.		Days	Hours	Min,	March	7,1918	Mary	
nylar	w H	L	10a. State 10b. County		10c. C	ity, Town or Lo							1	Od. Inside City Limits
e Ma	19	cto	Maryland Anne A	rundel		Pasad	ena							1 ☐ Yes 2 No
ith th	or 2	Directo	10e. Street and Number				10f. Zip	Code				10g. Citizan of	What Cour	ntry?
uth w	238	<u>e</u>	7619 Paradise Be	ach Aven	ue			2'	1122			USA		
72 hours after death with the Maryland	In and Mental Pyglene. I'l s marked other than "natural", or items 23a or 28a-f show than marked other than "natural" or items to notified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorcad	Armed Fo	2/10 No /e		If Yes, spe	city Cub	dispanic Ori an, Mexican Specify:	i, Puerto	ecify Yes or No Rican, etc.)	Bla	ck, White,	etc.
72 hc	ical in	Completed	15. Decedent's	Education		16a. Dace	dent's Usu	al Occup	oation		to -	16b. Kind of B	usiness/Inc	dustry
.0	Med T	Pe e	(Specify only highest (Elamentary/Sacondary (0-12)	(Collaga (1	1-4or 5+)	(Give	DO NOT u	se retire	during most d)	t ot work	ing			
filed wi	Hyglene. ther than ent, the M	00	1.0			Dr	iver/	Supe	ervisc	or		Bus Co	ompan	У
96	of the land	Be	17. Father's Name (First, Middle, La	st)							e (First, Middle	Maiden Sumar	ne)	
should be	Mental arked o	P	Charles L. Cook						Nol	la Lo	owery			
Sho	DE E		19a. Informant's Name/Ralationship	(Type, Print)								er, City or Town		
and	田を生		Normalee Linderb	orn/Daug	hter	7619	Parac	dise	Beach	n Ave	enue, P	asadena	, MD	21122
98 1	9 2 2		20a. Method of Disposition 1 Durial 2 ☐ Cremation 3			Place of Disponent	osition (Name	me of other plan	ce)	i	Date	20c. Location	- City or To	own, State
Pages	arry o		4 □ Donation 5 □ Other (Spec			ount Ca	armel	Chu	rch C	em. 1	0/23	Pasad	ena.	MD
Ë	Department of He important: If fram any Injury or othe once.		21. Signature of Funeral Service Lic	ensee	\		2. Name ar	nd Addre	ss of Facilit	ty			,	
2	SEES		1110	1-4	1,		Stall	ing:	s Fune	eral	Home,	P.A.		
			23a. Part1. Enter the disease, or co shock, or heart failure. List on	mplications that c	aused the dea	th. Do not ent	3111	MOUI te of dvir	ntain	Roa	d, Pasa	dena, M	0 211	Approximate
ni.	uniniam		shock, or heart failure. List on	ly one cause on e	ach line.			, c , c ,	·gi ouuii eu	ou. oldo	or roopiiatory a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Interval Between Onset and Death
	ysician Jedical		Immediata Cause (Final	^/		C.	/	1	001	//	1			
	aminer	Н	disease or condition resulting in death)	a	00	26	ra/		(41		Cua	9		6 wouths
		ē			Dua to (or as a consec	quence of):	7	7	7	- 7	1		(71
9	asi,	Examine		b. C				10	2510	1 6	()	CIUR	1	0000193
certificate be executed	al-tra	xa	Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disaasa or Injury that believed		Due to (or as a consec	quence of):							
3	iding physician and ise as the burial-transit		Cause (Disaasa or Injury that Initiated evants	C									i	
Cer	s the	//Medical	resulting in death) Last		Due to (d	or as a conseq	uence of):						1	
	oding se as	M		d										
	for	ciar											1	
	the the	Physician	Part II. Other significant conditions	contributing to de	ath but not res	ulting in the u	nderlying o	ause giv	en in Part i.		23b. Did	lobacco use co	ntribute to	the cause of death?
010 1840	detac										12	Yes 2 No	3 Prot	bably 4 Unknown
Selines	5 8	d by											T 0.45 141	
3	been si should t	Completed										an autopsy med?	ava	ere autopsy findings allable prior to
	S CA	P.												mpletion of cause death?
		Col									10	res 25 No	10	Yes 2□ No
	s certificate director, par	Be (25. Was case referred to medical examiner?						26. Placa	of Death	n (Check only o	ne)		
rigarcian	9 0	2	1 □ Yes 2 No	Hospital:	npatient 2	ER/Outpatien	nt 3□ DC	OA Oth	er: 4 Nur	rsing Ho	me A Resid	dence 6 Oth	er (Specifi	v)
	or: After thi		27. Manner of Death	28a. Data o	of Injury h, Day Year)	28b. Time of	2	8c. Injur Wor	y at		28d. Describe	now Injury occur	red	
-040	f: At	atic	i Natural 5 ☐ Pending investigati		i, bay roary	mjury	М		Yes 2□N	No				
		Certification:	3 ☐ Sulcide 6 ☐ Could not datermine	d Zoa. Place	of Injury - At h	ome, farm, str	eet, factory	, office			28f. Location (Street and Numi	per or Rura	I Route Number,
	ed in	Cer		Dullan	ig, etc. (Specii	у/					City or Tox	m, State)		
-	5 5 5	edical	29a. Cartifiar Cartifying P	hysician: To tha	best of my kno	wledge, daath	occurred	at the tin	na, data and	d place,	and due to the	cause(s) and mi	anner as st	ated.
140	1 2	-=	one) 2 Medical Exa	miner: On the ba and mann	sis of examina	tion and/or inv	estigation,	, In my o	plnion, daat	h occurr	ed at the time,	data and place,	and due to	the cause(s)
-	ne Furn pletely 1	8					290	. Licens	e number			29d. Date signe	d (Month, I	Day, Year)
1	To the Funeral Direct completely filled in by	Med	29b. Signature and title of certifier	63										
4	To the Funcompletely (29b. Signature and title of certifier	An	ent	12-	2	0:	79	38		101	2/1	
5 4	Completely 1		brozen	Do	let	leng	7 .	07	279	38		101	211	
A 10	Te the Funcompletely		29b. Signature and title of certifier 30. Name and address of person who	/ _	letter (Her	(23a) (Type,	Print)	02	279 Acr	38	aut R	101	2/1	021061

Registrar



State of Maryland / Department of Health and Mental Hygiene 96 3 | 493

							Cei	tificate c	f Death		Reg. No.		01130
Ī	Dhuala		1. Decedent's Name (First, M	iddle, La	st)					2. Dete of 0 Month		Veez	3. Time of Death
J	Physici /Medi		Dorothy Mil	dred	Cook					Octol	per 19,	1996	10:15 am
	Exami		4a. Facility Neme (If not institu	ition, giv	e street end numbe	er)			4b. City, Town,	or Location of Dea	ath 4c. Cour	ity of Death	
			Greater Bal	timo	re Medic	al Ce	nter		Towson	1	Ва	ltimo	re
П	_o Funeral	Г	5. Social Security Number	6. S			last birthday)	If Under 1 Ye Months Da		Hrs. 8. Date of B. (Month, L.		_	place (Stete or Foreign
4	Director		214-03-7989	'	□ M 208F	9	4 Yrs.		, , , , , , , , , , , , , , , , , , , ,	5/3/1	904		imore,MD
	put		Usual Residence of Decedent 10a, State 10b. Cou	nhv		10c Ci	ity. Town or Lo	nation					0.1.1.00
	sho	2		•									Od. Inside City Limits
	he N	Director		1tim	ore	T	imonium						1 ☐ Yes 2X No X
	with 9 8	늅	10e. Street end Number					10f, Zip Cod			10g. Citizen o	f Whet Cour	ntry?
	ath v	rai	101 Longdale	Rd.				2109			USA		
Maryland 21215-0020	n 72 hours effer death with the Maryland "natural", or frems 23s or 28s-f show edical Exacuter must be notified at	by Funeral	11. Marital Status 1 (∑ Never Married 2 □ N 3 □ Widowed 4 □ Divor		12. Was Deceder Armed Force 1 ☐ Yes 2 ☐ If Yes, Give Year or Date:	s? XNo	1	Vas Decedent of Yes, specify C	of Hispenic Origin? uban, Mexicen, Pu lo <i>Specify:</i>	(Specify Yes or Nuerto Ricen, etc.)	Spec	ace - Americ ack, White, ify: W	
5-0	72 ho	e e	15. Dece (Specify only hig	dent's Ed	ucetion		16e. Deced	ent's Usual Oct	cupation	undrina	16b. Kind of	Business/Inc	dustry
21	C .	Completed	Elementary/Secondary (0-1	-	College (1-4o	or 5+)	life. L	OO NOT use ret	ne during most of i ired)	working			
7	77 100 100	Š	12		NA		Secr	etary/A	dministr	ative	Hosp	ital	
and	d day	Be	17. Father's Name (First, Midd						18. Mother's i	Name (First, Middl	e, Melden Surne	eme)	
3	should be ind Mental in marked of umatic eve	2	Charles M.							M. Litz			
Mai	12 sh nand la m		19a. Informant's Name/Relati		Type, Pnint)				eet end Number or				Code)
	is 1 and 2 should be filed of Health and Mental Hyg liem 27 Ia marked other other traumatic event,		George B. Gam	ште		205 1		_	e Rd., T				
Jor	In it of a		20e. Method of Disposition 1 Durial 2 ☐ Cremetic			te 200. i	cemetery, cren	sition (Name of netory or other p	olece)	Date	20c. Location		
Baltimore,	rtmer rtant:		4 Donation 5 □ Other	-	00	Lo	udon Pa			10/22/96	Baltim	ore, h	1D
Ba	permit. Pages. Department of H Important: If ite any Injury or of		Bryan W.	Clar	J. Clar	4	Le	mmon Fu	dress of Fecility Ineral Ho Ionia Rd.		ıım MD	21003	
	Dhamista		23a. Part1. Enter the disease shock, or heart fature. I	or come	lications that caus	ed the deal	th. Do not ente	er the mode of o	lying, such es cero	diec or respiratory	arrest,	1	Approximate Interval Between Onset and Deeth
	Physician /Medical		Immediate Cause (Final		1	0.	T. K	IVAL	ADA	101		1	
	Examiner		disease or condition resulting in death)		a. //	-u/	e 11	100	ARD	1146			1 day
		Je.			7	A / T	or es a conseq	uence of):	11/				,
	outed id ansit	Examiner	Sequentially list conditions		b/	Due to (or as a conseq	lence of):					
o	exec an an rial-tr	Exa	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying			D0010 (1	or as a conseq	derice or).				1	
68760,	eath certificate be executed attending physician and for use as the burial-transit	edicai	Cause (Disease or Injury thet Initiated events	5	C	Due to (o	or as e consequ	ience of):					
99	tifice ng ph as th	/Med	resulting in death) Last			,							
XOX	th cer endir	an			d								
.0	that the death led by the atter detached for i	Physician	Part II. Other significant cond	itione co	ntributing to death	but not res	ulting in the ur	derlying ceuse	given In Part I.	23b. Did	f tobacco uee c	ontribute to	the cause of death?
P.O.	at the	Phy								1	Yee 2 No	3 Prot	bably Unknown
	es the de de de	þ		_									
Records,	The law requires that the hes been signed b page 2 should be dete	Completed									s an autopsy lormed?	ave	ere autopsy findings elleble prior to
ec	hes b	npie								_		of	mpletion of ceuse death?
		Co								1□	Yes 20 No	1 [Yes 2□ No
/ita	Physician: The I this certificate he	Be	25. Was case referred to med examiner?	-						Death (Check only	one)		
5	Physic this c	2	1 Yes 2 No		Hospital: 1 hpa		ER/Outpatien	3LI DON		g Home 5□ Res	idence 8 🗆 O	ther (Specif)	1)
ח	After t	on	27. Manner of Death 1 Death 5 □ Pen	ding	28a. Date of In (Month, D		28b. Time of Injury	28c. In		28d. Describe	how Injury occu	irred	
S	the the	cat	2 ☐ Accident Inve	stigation Id not be					☐ Yes 2☐ No				
Division of Vital		Certification:		rmined	289. PIECE OF	njury - At ho etc. <i>(Specif</i>	ome, ferm, stre	et, factory, offic	8	28f. Location City or To	(Street end Num own, Stete)	nber or Rura	l Route Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai (29a. Certifier (Check only one)	Ing Phy al Exam	raician: To the bes iner: On the basis end manner s	ot examina	wledge, death tion and/or Inv	occurred at the estigation, in my	time, date and pla opinion, death of	ace, and due to the courred at the time	cause(s) and n , date end plece	nanner es st , and due to	ated. the cause(s)
	To the within 2 To the comple	Me	29b. Signature and title of cog	ijor _	21			29c. Lice	nse number	T	29d. Date sign	ed (Month,	Dey, Year)
	- 5		1777	/	alde.			2	-1284	19	Octobe	r 21	1996
	7	'	30. Name and address of pers	on who c	ompleted cause of	death (Iten	n 23a) (Type. F	Print)	- /	,	OCCUDE	.1 419	1550
	0		Dr. Hamid (on, MD	21204			

DHMH 16 Rev 6/95

State Registrar ~

ITEMS: 28b, 28c, 28d, 28e, PER State of Maryland / Department of Health and Mental Hygiene MED FILM G-741 11/27/96 tt Certificate of Death

SEAN REYNOLDS DOUGHERTY 4a. Facility Neme (If not Institution, give street and number)

1/QxM 2□ F

2. Date of Deeth OCT. 18, 1996 3. Time of Death

NORTHWEST

1. Decedent's Neme (First, Middle, Last)

4b. City, Town, or Location of Death

0245 A

. Funeral Director

> 28a-f show mant be notified at

ò 238

traumatic event, the Medical Examiner

6

Department of Important: If any injury or page.

Physician

/Medical

Examiner

pue

iding physiclan

signed by t

certificate

this

After

Director:

To the Funeral C

4

death.

or Attending Physician:

the

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

The law requires that the deeth certificate be executed

Division of Vital Records, P.O. Box 68760,

Pages 1 and 2 should be filled within 72 hours after of the state of Health end Mental Hygiene.
It! If Item 27 Is marked other than "natural", or item

with the Maryland

death Herns 2

21215-0020

Baltimore, Maryland

Usuel Residence of Decedent 10a State 10b County 10c. City, Town or Location

| If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Min. | April 26, 1

9. Birthplace (State or Foreign Country). Maryland

Director

Funeral

by

Completed

Maryland

Baltimore

Woodlawn

34 Yrs.

7. Age (In yrs. lest birthday)

10d. Inside City Limits 1 Yes 2 No

10e. Street and Number

5. Social Security Number

214-86-2074

3107 Northmont Road 11. Marital Status

12. Wes Decedent Ever In U,S Armed Forces? 1 ☐ Yes 2 No if Yes, Give Year or Dates:

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1□ Yes 2☐No

14. Raca - American Indian, Black, White, etc. Specify: White

1∑0Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

15. Decedent's Education (Specify only highest grade completed)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementery/Secondery (0-12)

College (1-4or 5+)

Quality Control Inspector

10f. Zip Code

21244

Valu Food

4c. County of Death

10g, Citizen of What Country?

U.S.A.

BALTIMORE

17. Father's Name (First, Middle, Last)

Everett Franklin Dougherty

Kathryn Gibson 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

18. Mother's Name (First, Middle, Maiden Surname)

19a. Informant's Name/Relationship (Type, Print) Andrea Thew (Sister)

20e. Method of Disposition 1 3 Burlel 2 ☐ Cremetion 3 ☐ Removal from State 20b. Placa of Disposition (Name of cemetery, crematory or other place) October 23, 1996

3107 Northmont Road Woodlawn, Maryland 21244 20c. Location - City or Town, State

4 ☐ Donation 5 ☐ Other (Specify)

New Cathedral Cemetery

22. Name and Address of Facility

Baltimore, Maryland

23a. Part 1. Enter the disease, or complications that educed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line.

Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228

Immediate Cause (Final disease or condition resulting in death)

Multiple Injuries

Approximate Interval Between Onset and Death

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

Due to (or as a consequence of):

Due to (or as a consequence ot):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24a. Was en eutopsy performed?

24b. Were autopsy tindings available prior to completion of cause of death?

1 Yes 2 No

10 Yes 2 No

25. Was cese reterred to medicel 1 TyYes 2 □ No

28a. Date of Injury (Month, Day Year)

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of FOUNDY AT 110 AM

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred SUBJECT WAS A DRIVER IN A TRUCK/FIXED OBJECT IMPACT

3 Suicide 6 Could not be 4 Homicide

5 Pending Investigation

28e. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State) Balt. Co, feel

29a, Certifier

27. Manner of Death

1 Naturai

2 Accident

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

XXMedical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated.

29b. Signeture and title of certifier

10-14-96

OCME

29c. License number

29d. Dete signed (Month, Dey, Year)

OCT.18,1996

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

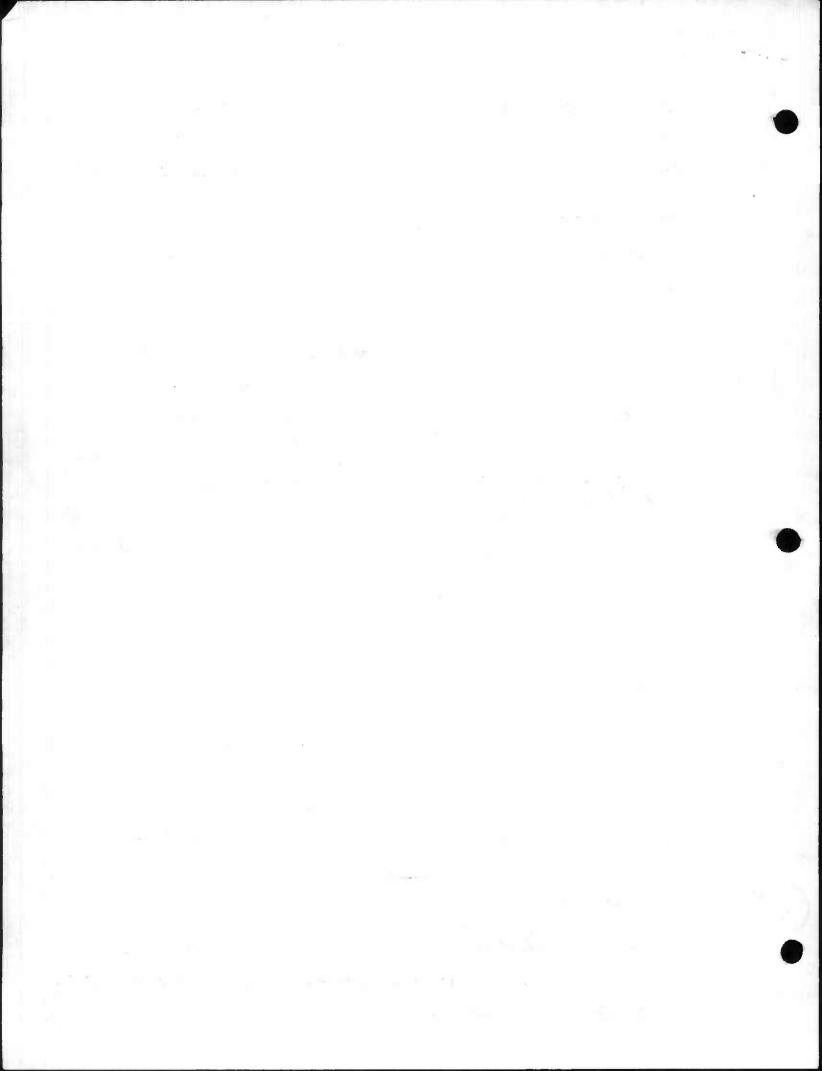
Dennis J. Chuteno

111 Penn Street, Baltimore, Maryland 21201

26. Place of Death (Check only one)

State Registrar 31. Date filed (Month, Day, Year)

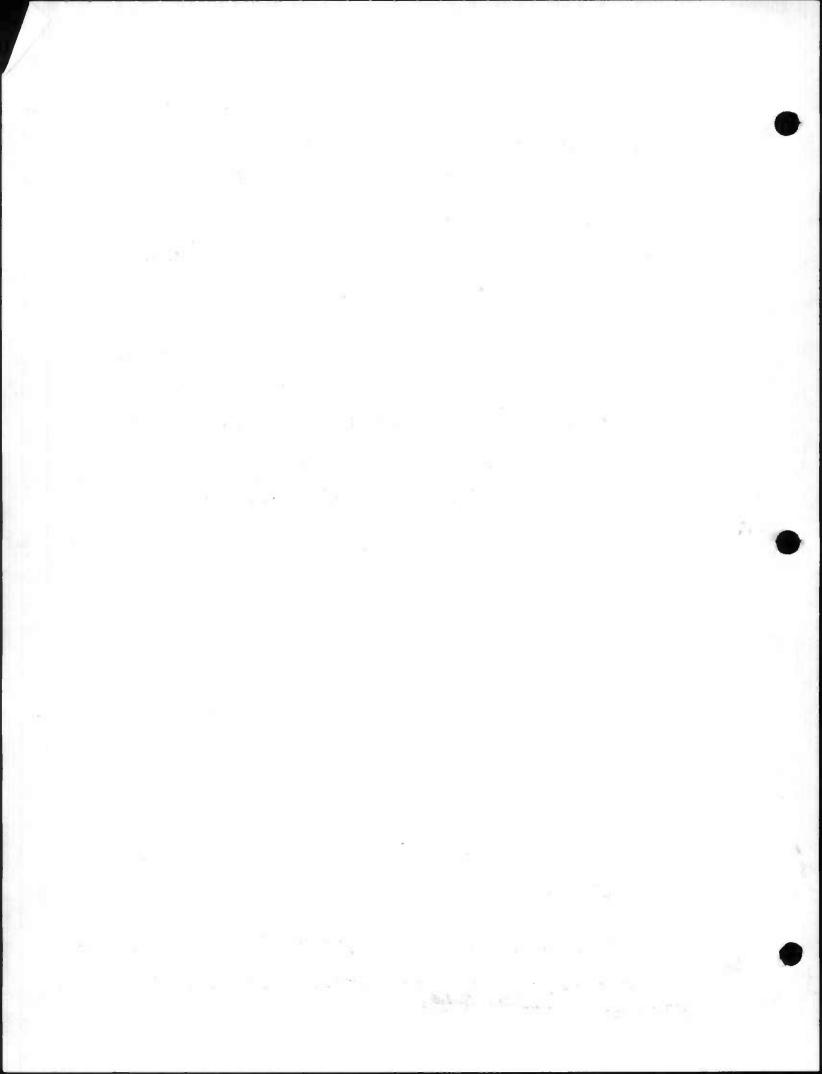




State of Maryland / Department of Health and Mental Hygiene 96

96 31495

					Cel	rtificate c	oi Dealn			Reg. No.		
	1. Decedent's Name (F	irst, Middle, La	ist)						2. Data of D	eath		3. Time of Death
hysician /Medicai	Audrey	Daile	v						Month Oct.	20,	1996	4:00 p.m
xaminer	4a. Facility Name (If no			nber)			4b. City, To	own, or Lo	cation of Dea		ty of Death	100 00
	Greate	er Laur	el Nurs	ing Cent	er		Taur	rol		Drine	o Coc	200
neral	5. Social Security Numb	ber 6. 5	Sax	7. Age (In yrs. la:					8. Date of B (Month, D	irth	9. Birth	placa (State or Foreign
ector	217-24-218	31	1□M 2⊠F	67	Yrs.	Months Da	ys Hours	Min.	July	31 , 1929		Maryland
	Usual Residence of De								0 44-7	., .,	-	AL J LUIIG
unt be notified at ral Director	10a. State 10	b. County		10c. City,	Town or Lo	cation					1	10d. Inside City Limits
Ş	Md. F	Howard		Guil	ford							1 Yas 2 No
lre	10e. Street and Number	r				10f. Zip Cod	le			10g. Citizan of	What Cour	ntry?
<u>a</u>	10085 Gui	ilford	Rd.			20796	5			U.E	.A.	
Funeral Director	11. Marital Status		12. Was Dece	dent Ever in U,S.	13. \	Was Decedent of 1 Yes, specify C	of Hispanic Or	igin? (Spe	city Yes or N	o- 14. Re	ce - Americ	
	1 Never Married	Married	1 Yas	2 No		Tes, specify C			Hican, atc.)		ack, White,	
l by	3 ☐ Widowed 4 ☐	Divorcad	Year or Da			ILITES ZESI	No Specify:			Speci	by: Blac	ck
Completed	15.	Decedent's E	ducation ade completed)		16a. Deced	lent's Usuai Oc kind of work do DO NOT use rei	cupation	et of morbin	20	16b. Kind of I	Business/In	dustry
do	Elemantery/Secondar		College (1-	4or 5+)	life. L	DO NOT use rei	tirad)	H OF WORK!	ng .			
S	High Schoo					Waitres	SS			Rest	taurar	nt .
Be	17. Father's Neme (Firs	t, Middle, Last)				18. Moth	er's Neme	(First, Middle	a, Malden Surna	ma)	
2	Elmer L. H						Je	anett	te Tho	mas		
	19a. Informant's Name/	Relationship (Type, Print) hus	sband	19b. Mailin	ng Address (Str	eet end Numb	er or Rura	Route Numi	ber, City or Town	n, Stata, Zip	Code)
To Be Comp	Raymond I	Dailey			10085	Guilfo	ord Rd.	Gui.	lford,	Md. 20	796	
	20a. Method of Disposit			20b. Plea	e of Dispos	sition (Name of natory or other)	nlace)		Date	20c. Location	- City or To	own, State
	1 □XBurlal 2 □ Cr 4 □ Donation 5 □			late		st Ceme		0	at 26	Harmons	Man	arland
	21. Signature of Funera			Dain	22	. Name and Ad	dress of Facili	ty Nint t	er Fu	neral Ho	o lidi	Tre
any injury or once.	1 land	+ 5	1	1	2	501 Gwy altimor	nns Fa	lls I	Parkwa	y	Alles,	IIIC.
	23e. Part 1. Enter the di	isease or com	nlications that ca	used the death	Bo not ente	altimor	re, Mar	yland	1 212	16		Accession
an	23e. Fart1. Enter the di shock, or heart fai	lure. List only	ona cause on ea	ch line.	Do not ante	or the mode of t	aying, soon as	Cal diac of	i lespiratory i	ariest,		Approximate Interval Between Onsat and Death
ai l	Immediate Cause (Fina	it	MIL	2000	0/	F	7		,			1 0 0
er	diseasa or condition resulting in death)		a	OCARD			ARCT	ron				IDAY
- i			1	Due to (or a								1/20
들			b. /++	RIAL Due to (or a	FI	BRILL	ATIO	N				YKS
Examiner	Sequentially list condition if any, leading to immediate. Entar Underlying Cause (Disease or Injurial)	ons, diate									1	Vac
	Cause (Disease or Injurithat Initiated events	y \langle	c. [4	YPER?	ENS	SION						YRS
Medical	resulting in death) Last			Due to (or a:							j	1/2-
			d. CH	RONIC	. 120	ENAL	INS	SUFI	FICIE	NCY		YRS
clar												
Physician	Part II. Other eigniffcant	t conditions o	ontributing to dea	th but not resulti	ng in the un	derlying cause	given In Part f		23b. Dfd	tobacco use co	ontribute to	the cause of death?
/ Physic	ANEM	1A 0	F CH	RONIC	D	ISEA	SE		1 🗆	Yee 2010	3 Prot	bably 4 Unknown
d by P							- many	-			T 64	
Completed										an autopsy ormed?	avi	ere autopsy findings aliable prior to
E E											of	mpletion of cause death?
Con									10	Yes 2 No	10	Yes 2 No
Be	25. Was casa raferred to examiner?	o medical					28. Place	of Death	(Check only	ona)		
To Be	1 Yes 2 No		Hospital:	patient 2 EP	VOutpatient	3TY DOA	Other: 4 Nu	rsing Hom	ne 5 🗆 Res	idenca 6 🗆 Ot	her (Specify	y)
Ë	27. Menner of Death 1 Natural 5 [☐ Pending	28a. Data of (Month)	Injury 28 Day Year)	Bb. Time of Injury	28c. In	ijury at Vork?	2	8d. Describe	how Injury occu	rred	
atle	2 Accident	Investigetion	1		. ,		☐Yes 2☐	No				
tificat	3 ☐ Suicide 6 [Could not be determined	28a. Place c	f Injury - At home	, farm, stre	et, factory, offic	е	2	8f. Location (Street and Num wn, State)	ber or Rura	l Route Number,
Certification:			Danang	y, oto. (Opeany)					Oily Or 10	wii, State)		
dical	29a. Certifler (Check only one)	Certifying Phy Medical Exam	yefcfan: To the b	is of examination	dge, deeth and/or invi	occurred at the estigetion, in my	time, date an	d place, as	nd due to the d at the time,	ceuse(s) and m date end placa,	enner as st and due to	ated. the cause(s)
· I	29b. Signature and title		and manne	a stateu.			insa nu <i>m</i> ber			29d. Date signe		
X		4 /	la	1.0		-	2283	2 2		10 -		
W	Ha	ank I		TV 1			118	2 4		11) -	11 -	7/-
/ =	Ho	onfil	1 00				200					- 16
X	30. Name and address of SOON JA		completed cause			Print)				ae m		1227

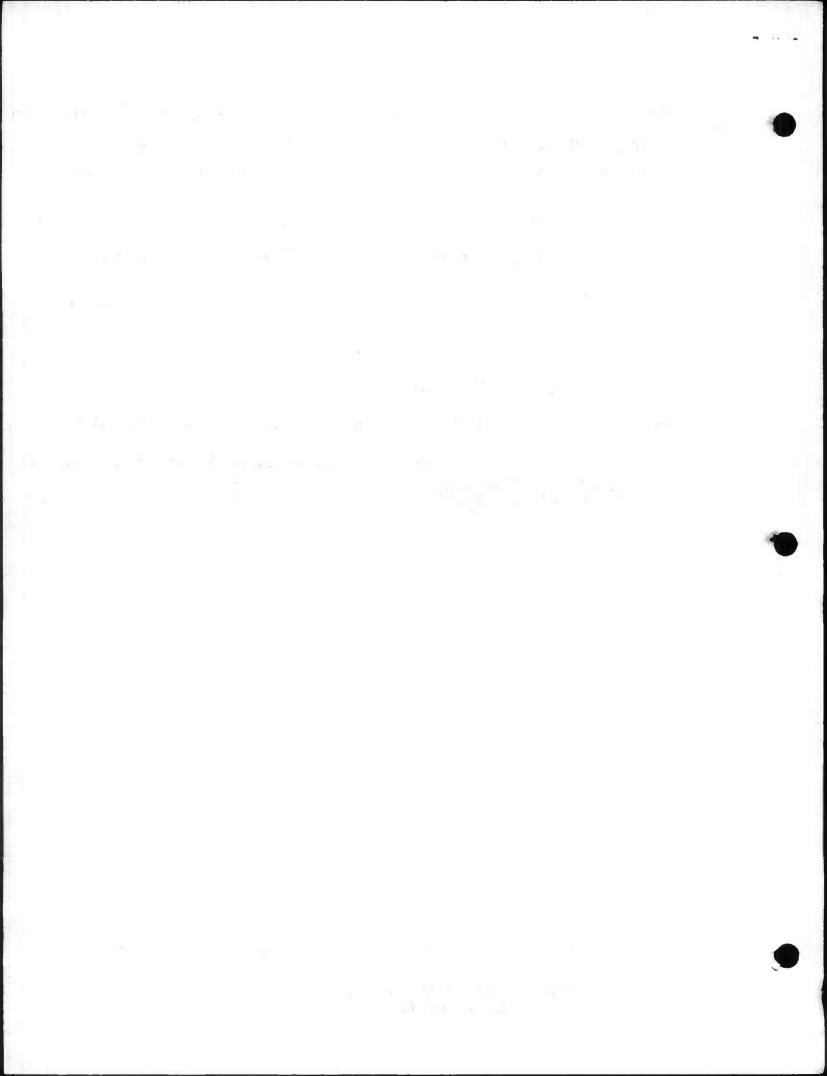


State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Deeth 3. Time of Death **Physician** ac. County of Death ANTONIO October 11:25AH DISABATINO /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth **Examiner** Stella Maris Hospice Baltimore Towson | Worth | North | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. | Min. 9. Birthplece (State or Foraign Country) Maryland 5. Social Sacurity Number 7. Aga (in yrs. last birthdey) 6. Sax **Funeral** 1⊠M 2□F Yrs Mar. 81 Director 216-09-6707 Usuai Rasidanca of Decedant 10a. Steta 10b. County 10c. City, Town or Location 10d Insida City Limits the Maryla Parkville 1 ☐ Yaa 2 X No Director Md. Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? than "natural", or items 23s or the Medical Examiner must be r 21234 2918 Kings Ridge Road United States Funerai 12. Wes Decedant Evar in U,S. Armed Forcas? 13. Wes Decedant of Hispanic Origin? (Specify Yes or Notif Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - American Indian, 11. Maritei Stetus Black, Whita, atc. filed within 72 hours after 1 Yas 2 No if Yas, Giva Yaar or Dates: 1 ☐ Navar Married 2 🔀 Merried 1 ☐ Yes 2X No Specify: Specify: ρ White 3 Widowed 4 Divorced Completed 16a. Decedant'a Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant'a Education (Specify only highest grada complated) 16b. Kind of Businass/Induatry Eiamentary/Secondary (0-12) Coilaga (1-4or 5+) Truck Driver News American 18. Mother's Name (First, Middla, Maiden Sumama) 17. Fathar'a Nama (First, Middla, Last) Be 2 should be f and Mental P Di Sabatino 0resti Serafina Fonti 2 nd 2 should 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Lavinia W. Di Sabatina (Wife) 2918 Kings Ridge Rd. Baltimore, Md. Ism 27 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Remove from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Moreland Memorial Pk. 10/24/96 Maryland Baltimore 21. Signeture of Funaral S 22. Nema and Address of Fecility Milton J KnightJr Leonard J. Ruck, Inc. Baltimore, Maryland 21214 5305 Harford Road 23a. Part1. Entar tha disaase, or contribications that caus shock, or haart failure. List only ona cause on which d the death. Do not enter the moda of dying, such as cardiac or respiratory errest, Physician Immediata Causa (Final disaase or condition rasulting in death) LUNG CANCER /Medical (omos Examiner Examiner physician and s the burial-transit Sequantially list conditions, if sny, laading to immadiata causa. Enter Underlying Causa (Disaasa or injury that initiated evants rasulting in deeth) Last Dua to (or as a consequence of). P.O. Box 68760. Physician/Medicai Dua to (or es a consequance of): 88 use Part ii. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part t. signed by the a 23b. Did tobacco use contribute to the cause of death? Hizhernors type Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy 1 Yas 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was casa rafarred to medical axaminar?
1 ☐ Yas 200 No 26. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) HOSPICE Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Death 28a. Data of injury (Month, Day Year) Certification: 28b. Time of 28c. tnjury et Work? 28d. Dascribe how injury occurred After Naturai 2 Accidant 5 Panding invastigation e Hospital or Attending 124 hours after death. • Funeral Director: Afte 1 Yas 2 No 6 Could not be datarmined 3 Suicide 28a. Place of injury - At homa, ferm, straat, factory, office building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida 29a. Cartifian 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and piace, and due to tha causa(a) and mannar as stated.
2 Madical Examiner: On the basis of axamination end/or investigation, in my opinion, deeth occurred at tha tima, data and piace, and due to tha causa(s) end mannar stated. Medical To the vithin 2 29b. Signetura end titla of certifiar 29d. Data signed (Month, Day, Year) puller 21/96 30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print) DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD. TOWSON, MD 21204 31. Data filed (Month, Day, Year) July January Strature State

DHMH 16 Rev 6/95

Registrar

OCT 22 1996



State of Maryland / Department of Health and Mental Hygiene 0.000 11

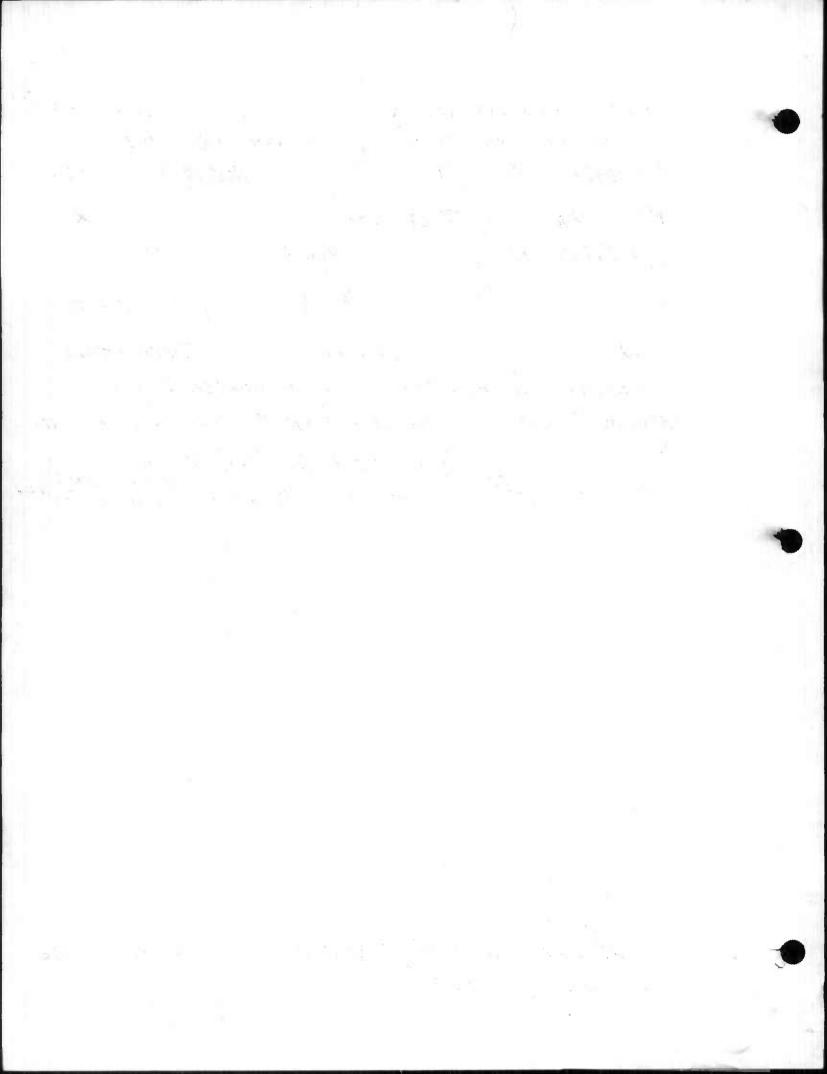
			,		Cei	rtificate of	Death		Reg. No.	10	31491
Dhool	.1	1. Decedent's Name (First, Middle, Le	est)		_			2. Date of De		Van	3. Time of Deeth
Physic /Med		FREDERICK	F.		d	AWSON		OCTO BER	20 1	996	11:35 PM
Exam		4e. Fecility Neme (If not institution, give	ve street end number)		-	7,000011	4b. City, Town, or L				11132111
LAGIII		IRVINGTON KNOW	0	EACT	Per	AITEC	BALTIMOR	-		N/	
Comme			Sex 7. Age (In			If Under 1 Yee			h	O Birth	blece (Stete or Foreign
Funera Directo	_		1∑M 2□F 89		Yrs.	Months Days		(Month, De	7, 1906	Cou	t Virginia
and * _		10a. Stete 10b. County	10c	City, Tow	n or Lo	cetion				Τ.	10d incide City Limits
show	5	Maryland Baltin		ony, rom	0. 20		timore				10d. inside City Limits 1 ☐ Yes 2 No
No Personal	oct		IOLE								
h with the Maryland 23a or 28a-f show	al Director	10a. Street and Number 3025 Alabama Ave	5			10f. Zip Code	21227		10g. Citizen of 1 Unite		
	Funeral	11. Marital Status	12. Was Decedent Ever i Armed Forces?	n U,S.	13.	Was Decedent of	Hispanic Origin? (Sp ben, Mexican, Puerto	pecify Yes or No	14. Rac		can Indien,
1 1 2	by	1 Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 X No If Yes, Give Year or Dates:			1 ☐ Yes 2 🏋 No		o riloan, etc.)	Specify	ck, White, y:	White
100	Completed	15. Decedent's E	ducetion	18a.	Dece	dent's Usuel Occu	pation		16b. Kind of B	usiness/in	dustry
vithin ene.	pje	(Specify only highest gra Elementary/Secondery (0-12)	College (1-4or 5+)	-	life. L	NOT use retir	e during most of work ed)	king			
21 d will distributed and will be a second and a second a	0	3				Labor	er	3		Fact	orv
be filed tel Hygi d other	Be	17. Father's Neme (First, Middle, Last)				18. Mother's Nam	ne (First, Middle,	Meiden Suman		
Vlan Wentel	ToB	Robert		Dawso	on		Pearly	Ma	ae	Mo	ore
S PEE	-	19a. Informent's Name/Relationship (Type, Print)	19b	. Mailir	a Address (Stree	et end Number or Ru	ral Route Numbe	er. City or Town	State Zir	Code)
		Paul J. Petruccy	/ nenhew			Fernhil		ltimore	MD	212	
ges 1 and troil Health If item 27 or other tr		20a. Method of Disposition		b. Place of	Dispo	sition (Neme of		Date	20c. Location -		
0 00		1X Burial 2 ☐ Cremation 3 ☐	Removal from State			netory or other pl	,				
altim nit. Pe sertmen ortant: injury		4 □ Donation 5 □ Other (Specif	1	Cedar	-	111 Ceme		22/96	Ba1ti	Lmore	MD
Baltimo pemit. Peg Depertment important: It any injury o		21. Signalam Of Funeral Service Licer	Demain.		(Name and Addr CAFA Ste	ess of Facility phen D. Lo en Pasture	ohrmann	P.A.	ore	MD 21286
		23e. Pert1. Enter the disease, or com shock, or heert failure. List only	plications thet ceused the d	leath. Dor						JIE .	Approximate
Physiclan		snock, or neer failure. List only	one cause on eech line.							i	Intervel Between Onset and Death
/Medicai		Immediate Cause (Finel		1 - 1		C- 10-					
Examiner		disease or condition resulting in death)		sterti			inoma				4 45
STATE OF THE PARTY.	ē			o (or as e				4.		i	
pet nsit	들		D	VOS.		-	heart i	diseas-	2		104-5
58760, icete be executed physician and sithe buniel-transit	Examiner	Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury		o (or es e d						ŀ	
be be		Ceuse. Enter Underlying Ceuse (Disease or injury	c. #141	pert	74/1	p-1					1043
68760, ficete be ex physician se the burie	Medical	thet initiated events resulting in death) Lest		o (or es a c						1	
7 5 50	N.		d. periphon	a/ a	prole	orral di	sem-e			i	545
Box eath cert ettendin	la La									İ	
IS, P.O. BO) es that the death ce igned by the ettendi	Physician/	Part II. Other significant conditions of	ontributing to death but not	resulting in	the ur	nderlying cause g	iven in Pert I.	23b. Did t	obacco use co	ntribute to	the cause of death?
P.O.	F	Bilakrel oba	re knee	OIM	nut	ation		101	100 2 No	3 Prof	bebly 4 Unknown
S the set the	b				-						
Cord	Completed	Demenna						24a. Was	an autopsy med?	SV	ere autopsy findings ellable prior to
aw r	흥							poe.		CO	mpletion of cause death?
Re law te has age 2:	E							1 D Y	es 2 No	1.5	Yes 2□ No
Vital liclan: Th certificate rector, pag	Be C	25. Was case referred to medical					00 Disease (David				1168 20140
Sicle Sicle		exeminer?	Hospitel:			Ot soul Ot	26. Plece of Deat				
Phys of	- To	27. Mannet of Death	1 Inpatient 2		ime of	3 DOA	4 Uz Nursing Ho	ome 5 Resid			v)
Division of Vital Records, or attending Physician: The law requires the after death. Director: After this certificate has been signed in by the funeral director, page 2 should be on the control of the	Certification:	1 Naturel 5 ☐ Pending 2 ☐ Accident Investigation) 200. ir	njury	M 1	ork?]Yes 2□No	200. Describe II	low injury occurs	red	
DIVIS or Att	rtiffe	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - A building, etc. (Spe	t home, far	m, stre	et, factory, office		28f. Location (S City or Tow		er or Rure	A Route Number,
lis a control list											
Division of Vital Ra To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai	29e. Certifier 112 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best of my kaliner: On the basis of examend manner stated.	nowledge, ination and	death Vor Inv	occurred at the ti estigation, in my	ime, dete and piece, opinion, death occur	end due to the or red et the time, or	ause(s) and ma dete and piece,	anner ss st end due to	eted. the cause(s)
Within To the Comp	X	29b. Signature end title of couling	/			29c. Licen	se number	1	29d. Dete signed	d (Month,	Day, Year)
		1301				0	36494		101	01190	0
	1 -	20 Name and address	nomplated f d "		T						
5		30. Name and address of person who	SAI MO	rem 23e) (H 6 6	ype, F	uil bons	Are	Baltin	mare	MD	४। २२ व
Sta Regist	_	31. Date filed (Month, Dey, Year)	32. Registrar's Sig	neture	Bud	402					
ricgist		122700	330	, 400, 40)	1.10						

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

e 96 31491

				Certific	cate of			Reg. No.		1470
Physicia /Medic Examin	al	1. Decedent's Neme (First, Middle, Li ISABELLE 4e. Fecility Neme (If not institution, give	OSALIE re street end number)	DORN		4b. City, Town, o	2. Dete of Der Month OCTOBE or Location of Deeth	Dey 12,	1996 C	4:30
Funeral Director		5. Social Security Number 6.	NS - BAY Sex 7/Age (II		Inder 1 Year oths Deys	If Under 24 Hr Hours Min		7,1914	9. Birthplece Country)	(State or Foreig
with the Maryland a or 28a-f show	tor	MD. 10b. County	10	C. City, Town or Location BALTIMO						nside City Limit Yes 2 □ N
€ 8 €	Funeral Director	10e. Street end Number 3/27 FLEET	57.	10f	. Zip Code	1224		10g. Citizen of	Whet Country?	,
or Ho	by Fune	11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:	If Yes,	ecedent of H specify Cube es 2 No	lispenic Origin? (an, Mexican, Pue Specify:	(Specify Yes or No- erto Ricen, etc.)	14. Red Ble Specifi	ck, White, etc.	dien,
n 72	Completed	15. Decedent's E (Specify only highest gr. Elementery/Secondery (0-12)	ducation ade completed) College (1-4or 5+)		Usuel Occup f work done of use retired	during most of w d)	rorking		usiness/Industry	
should be filed and Mentel Hygin marked other imatic event, I	To Be Co	17. Fether's Neme (First, Middle, Last	W, FE.		HILL		eme (First, Middle, ABELLE		ne)	M5
of Health ar		19e. Informent's Neme/Reletionship (PATRICK Dec. 20e. Method of Disposition 1 Burial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specific Control of the Con	RD Removel from State	2/7 // 20b. Placa of Disposition cometery, cremetory	Neme of	ockr	Dete	LTI MOR. 20c. Location	E MD City or Town, S	. 2/2/ Stete
permit. Pag Department Important: I any injury o once.		21. Signature of Property Service Lice		lah. Hop	e end Addre	ss of Fecility	1996 1	3218 BA17	HUDSI	MB21
Physician /Medical Examiner	iner	23a. Pent1. Enter the diseese, or com shock, or heert feiture. List only Immediate Cause (Finel diseese or condition resulting In death)	. Intra	CYANI'Q	Ble	eed			inte	roximete vel Between et end Deeth
ortificate be executed ing physician end as the burial-trensit	Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest	c	to (or es a consequence						
t the death ce by the ettendi	Physician/	Pert It. Other significant conditions of	dontributing to death but no	ot resulting in the underlying	ng cause giv	en in Pert I.		obacco use co	ntribute to the	./
w requires the been signed should be del	6						24a. Wes a	n autopsy	24b. Were au availeble complet	atopsy findings o prior to lon of cause
The page	Be Completed	25. Wes case referred to medical				De Diago of De	1 U Y	\wedge	of death	
a this	2	exeminer? 1 Yes No 27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	Hospitel: 1 Inpatient 28a. Dete of injury (Month, Dey Yea	28b. Time of	28c. fnjun Worl	er: 4 Nursing	Home 5 Reside	ence 6 □Oth		
rs after or led in led	Certification:	3 Suicide 6 Could not be determined	building, etc. (S)				28f. Location (S City or Town	n, Stete)		te Number,
To the Hospital within 24 hours To the Funeral completely filled	Medical	29e. Certifier (Check only one) 1 Certifying Ph 2 Madical Exam	ysician: To the best of my liner: On the basis of exer end menner steted.	v knowledge, deeth occurr minetion end/or investigat	red et the tim tion, in my or 29c. License	oinion, deeth occ	surred et the time, d	ete and pleca,	and due to the o	
1358		30. Name and address of person who	modeled cause of deeth	e staff	D46	6356	E	1 1	12	
State	٠ ا	31. Dete filed (Month, Dey, Yeer)	ABA 32. Registrer's S	SSI, M.	D .					



Funeral

Director

the Maryland a or 28a-f show

daeth with ms 23a

21215-0020

altimore, Maryland

Hems

r than "natural", or iten the Medical Examiner filed withIn 72 hours after

Hygiene.

i. Pages 1 and 2 should be filed w tment of Health end Mental Hygie tant: If item 27 is marked other ti jury or other traumatic event, m

permit. Page Department of Important: If eny Injury or

Physician /Medical

Examiner

Physician/Medical

Be

2

Certification:

Medical

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 31499 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** OCTOBER 18 1996 7:10 PM DAVIS BOBBIE Lenwood /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner BALTIMORE LIBERTY MEDICAL CENTER n/a If Under 1 Yeer If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) Deys 1₩ 2□ F Yrs. 61 227-44-3944 Feb 22, 1935 Virginia Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits XXYes 2□No Director Baltimore 10e, Street and Number 10f. Zip Code 10g. Citizen of What Country? 2601 Chelsea Terrace 21216 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ⊠ Yes 2 □ No If Yes, Give Yeer or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: þ Specify: 3 □ Widowed 4 □ Divorced Black Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) High School College (1-4or 5+) Steelworker Bethlehem Steel Corp. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Willie Maude Hicks William H. Davis 19a. Informant's Name/Relationship (Type, Print) Wife 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2601 Chelsea Terrace Virginia Davis Baltimore, Maryland 21216 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donallon 5 ☐ Other (Specify) Woodlawn Cemetery Oct 24 Baltimore County, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 Baltimore, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth Immediate Cause (Finel Arteriosclerotic Cardiovascular Disease disease or condition resulting in deeth) Due to (or as a consequence of): Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of): Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 1 ☑ Unknown þ Completed 24b. Were europsy findings evallable prior to 24a. Was an eulopsy completion of cause of death? inspection 1 Yes 2€No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 28. Place of Death (Check only one) Hospital: 1 Inpatient Wes 2□ No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 ER/Outpatient 3□ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Investigation Naturel 2 ☐ Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - Al home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, end due to the cause(s) end manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner stated. (Check only

29c. License number

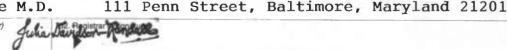
O.C.M.E.

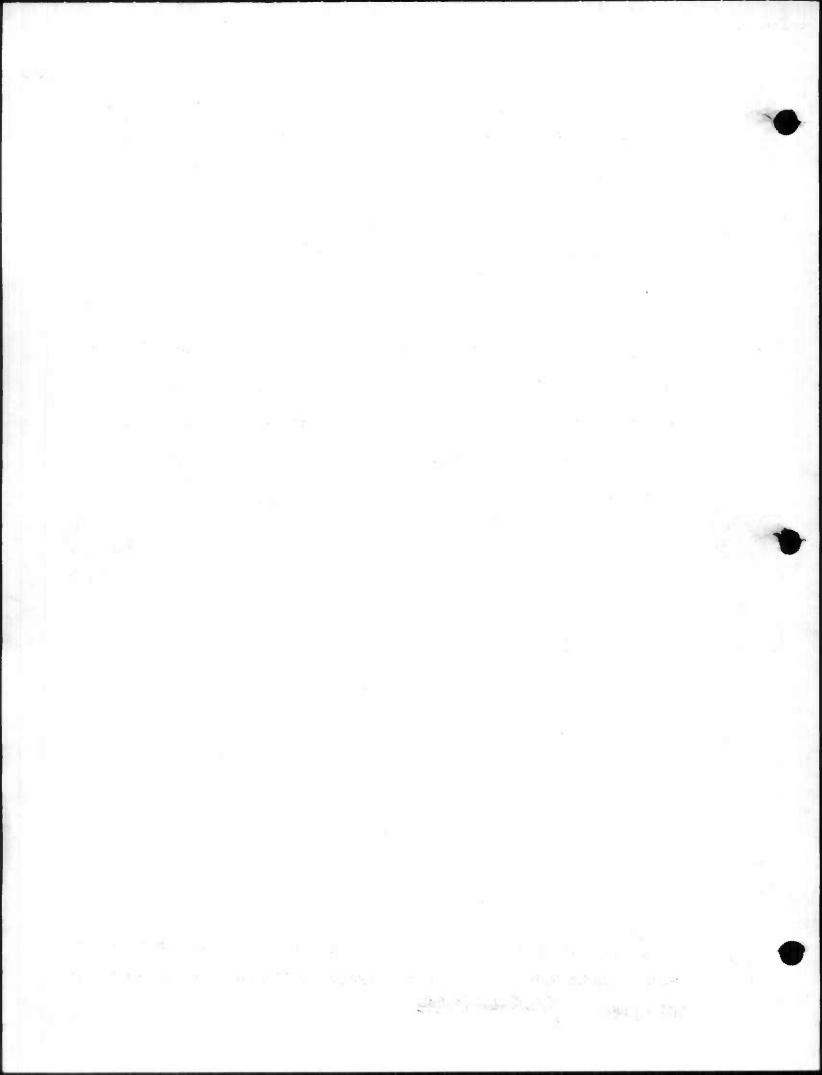
29d. Date signed (Month, Day, Year) OCTOBER 19,1996

The law requires that the death certificate be executed and burial-tran P.O. Box 68760. the USB as signed by Records, should be Deen page 2 certificate of Vital slu After Ision pulpue 2

> 30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print) Dennis Chute M.D. 31. Date filed (Month, Day, Year) OCT 22 1996 Registrar

29b. Signeture end fille of cartifier





State of Maryland / Department of Health and Mental Hygiene 96 3 | 500

sician edical	4 De								Reg. No.		
		cedent's Name (First, Midd	le, Last)					2. Date of De Month	eath Day	Year	3. Time of Deat
SUISOI		Emily	Dough	nerty					er 16, 1		2:30 am
miner	4a. Fa	acility Name (If not institutio	n, give street and nu	umber)			4b. City, Town, or L	ocation of Deal	th 4c. County	of Death	
	Gr	eater Baltim	ore Medic	al Cente	er		Towson		Balt:	imore	
ral	5. Soc	cial Security Number	6. Sex	7. Age (In yrs. I	last birthday)	If Under 1 Year Months Days	if Undar 24 Hrs. Hours Min.	8. Date of Bi (Month, Di	rth	9. Birthpi	iace (State or Fore
tor	549	-30-8900	1□M 200 F	85	Yrs.	Months Days	riours Willi.	May29,		China	(ry)
		Residence of Decedent									
	10a. S	State 10b. County	,	10c. City	y, Town or Loca	ation				10	0d. Inside City Lim
Directo	Mar	yland Baltim	ore	(Cockeys	ville					1 ☐ Yes 2 🔯
Jire	10e. 5	Street and Number				10f. Zip Code			10g. Citizen of 1	What Coun	try?
<u>a</u>	1	Bee Hive Pla	ce, apt.	D		21030			USA		
To Be Completed by Funeral Director	11. M	arital Status	12. Was Dec	cadent Ever in U,	S. 13. W	as Decedent of H	fispanic Origin? (Sp an, Mexican, Puerto	ecify Yes or No	o- 14. Red	e - America	
표		☐ Never Married 2☐ Mar		2X 1 No		Yes 2X No		riican, eic.)		ck, White,	
by		XWidowed 4 ☐ Divorced	Year or I	Dates:	11.	⊥ res ZALINO	<i>Specity:</i>		Specify	v: Whi	te
Completed		15. Decader	nt's Education st grade completed)		16a. Decede	nt's Usual Occup	nation during most of work d)		16b. Kind of B	usiness/Ind	lustry
pie	Eie	mentary/Secondary (0-12)		(1-4or 5+)	life. DO	O NOT use retire	d) most or work	ing	1.2		
0		12		N/A	Se	cretary			Public H	Relat:	ions
Be		ather's Name (First, Middle,	Last)				18. Mother's Nam				
ToB	G	eorge	Tu	ttleman			Paulin	P	1	Franke	e 1
-		Informent's Neme/Relations			19b. Meiling	Address (Street	and Number or Run				
1	М	ir. Donald R.	Stevenso	m			Drive, T				
	_	Mathod of Disposition	o co v chio	20b. PI	laca of Disposit	tion (Name of		Date	20c. Location -		wn. State
		Burial 2 Cremation		State		atory or other pla	. 0	ctober			
		☐ Donation 5 ☐ Other (S	11/1	Du.J			em. Grdns	18, 199	6 Timon	Lum, 1	MD
Suce	21. 3	gnature of Funeral Services	tat Va	ug		Name and Addre	ss of Facility Ineral Hor	me			
		Bryan W.	Clary	Λ			lonia Rd.		ium, MD	21093	3
	23a.	Part1. Enter the disease, or shock, or heart failure. List	complications that	caused the death	n. Do not enter	the mode of dylr	ng, such as cardiec	or respiratory a	rrest,		Approximate interval Between
an			(Onset and Death
al	disea	diate Cause (Finel se or condition	- 2	Carren	Tun	Res	A. 1	. 0			
er	result	ing in death)	4	conger	MULL	LULELL	1	11110			
Je -				Jule to (or	r as a conseque	ence of):	1				
172					r as a conseque	ence of):	. 00 -	4. +	- ^		24/110
E .	Segui	entially list conditions	b	rute	kujo	marke	ial in	put	tri		24 luco
Examiner	Seque if any cause	entially list conditions, , leading to Immediate a. Enter Underlying	b	rute	as a conseque	marke	ial in	put	Tai		24 luo
icai Exan	Seque if any cause Ceuse that in	entially list conditions, , leading to immediate s. Enter Underlying e (Disease or injury litiated events	b <i>G</i>	Due to (or	as a conseque	acada ence of):	ial in	put	īai .		24 luo
edicai Exan	Sequif any cause Ceuse that in result	entially list conditions, , leading to Immediate be Enter Underlying (Olsease or Injury littated events ing in death) Last	b <i>G</i>	Due to (or	kujo	acada ence of):	ial in	facet	tri		24 luo
n/Medicai	result	entially list conditions, leading to Immediate be Enter Underlying a (Disease or injury litiated events ing in death) Last	c	Due to (or	as a conseque	acada ence of):	ial in	put	Tai		24 luo
cian/Medicai	result	ing in death) Last	c	Due to (or	as a conseque	ence of):					
cian/Medicai	result	entially list conditions, leading to Immediate b. Enter Underlying e (Disease or injury initiated events ing in death) Last	c	Due to (or	as a conseque	ence of):		23b. Did	tobacco usa co	ntribute to	24 lice
Physician/Medical	Part II.	ing in death) Last	c	Due to (or	as a conseque	ence of):		23b. Did		ntribute to	
by Physician/Medical	Part II.	ing in death) Last	c	Due to (or	as a conseque	ence of):		23b. Did	tobacco usa co Yss 22 No	ntribute to	the cause of dea
by Physician/Medical	Part II.	ing in death) Last	c	Due to (or	as a conseque	ence of):		23b. Did	tobacco usa co	ntribute to 3 Prob	the cause of der
by Physician/Medical	Part II.	ing in death) Last	c	Due to (or	as a conseque	ence of):		23b. Did	tobacco usa co Ysa 22No	gtribute to 3 Prob	the cause of dependent of the cause of dependent of the cause of dependent of the cause of the cause of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of dependent of the cause of the c
Completed by Physician/Medical	Part II.	ing in death) Last	c	Due to (or	as a conseque	ence of):		23b. Did	tobacco usa co Yss 22 No sen eutopsy primed?	gtribute to 3 Prob	the cause of declaration of the cause of declaration of the cause of t
Completed by Physician/Medical	Part II.	Other significant condition	d	Due to (or	as a conseque	ence of):		23b. Did 1 □ 24a. Wes perfe	tobacco usa co Yes 2 No en eutopsy ormed? Yes 2 No	gtribute to 3 Prob	the cause of de- sebly 4 Unkr ore eutopsy findin tillable prior to npletion of cause leath?
To Be Completed by Physician/Medical	Part II.	Other significant condition	d	Due to (or	as a conseque	ence of):	zen in Part i.	23b. Did 1 □ 24a. Wes perfe	tobacco usa co Ysa 2 No en eutopsy omed? Yes 2 No one)	gtribute to 3 Prob 24b. We ava con of c	the cause of de lebly 4 Unker ore eutopsy findin illable prior to mpletion of cause death?
To Be Completed by Physician/Medical	Part II.	es cese referred to medical aminer?	d	Due to (or Due to (or death but not resulting times to the content of the conte	as a conseque as e conseque alting in the und	ence of): enca of): errying cause given	zen in Part I. 26. Piace of Deat	23b. Did 1 □ 24a. Wes perfe	tobacco usa co Yes 2 No en eutopsy ormed? Yes 2 No	gtribute to 3 Prob 24b. We ava con of c	the cause of de lebly 4 Unker ore eutopsy findingliable prior to mpletion of cause death?
To Be Completed by Physician/Medical	25. W ex 1[es cese referred to medical aminer? Yes 2 No	d	Due to (or Due to (or leath but not resu	as a conseque as e conseque alting in the und	anca of): enca of): enca of): anca of):	zen in Part I. 26. Piace of Deat	23b. Did 1 □ 24a. Wes perfe	tobacco usa co Yss 22No en eutopsy ormed? Yes 22No one) dence 6 0th	gtribute to 3 Prob 24b. We ava con of c	the cause of de lebly 4 Unker ore eutopsy findin illable prior to mpletion of cause death?
To Be Completed by Physician/Medical	25. W ex 15 27. Me 15 36 36	es cese referred to medical aminer? Yes 2 No enne of Death Natural 5 Pendin Investig Accident Investig Suicide 6 Could	d	Due to (or Due to (or Due to (or Inpatient 2 E of injury at hor	as a conseque as e conseque as e conseque as e conseque as e conseque as e conseque as e conseque as e conseque as e conseque	acadence of): ence of): ence of): ence of): anca of): derfying cause give 3 □ DOA Oth 28c. injur Wor M 1 □	26. Piace of Deat er: 4□ Nursing Ho yat k? Yes 2□ No	23b. Did 1 □ 24a. Wes perfe	tobecco use co Yss 2 No en eutopsy ormed? Yes 2 No one) idence 6 Oth how Injury occur Street and Numb	gtribute to 3 Prob 24b. We ava con of c	the cause of de pebly 4 Dunkr vere eutopsy findin illable prior to impletion of cause death?
tification: To Be Completed by Physician/Medical	25. W ex 15 27. Me 15 36 36	es cese referred to medical aminer? Yes 2 No Notation Death Natural 5 Pendin investig	d	Due to (or Due to (or Due to (or Reath but not result of injury tith, Day Year)	as a conseque as e conseque as e conseque as e conseque as e conseque as e conseque as e conseque as e conseque as e conseque	acadence of): ence of): ence of): ence of): anca of): derfying cause give 3 □ DOA Oth 28c. injur Wor M 1 □	26. Piace of Deat er: 4□ Nursing Ho yat k? Yes 2□ No	23b. Did 1	tobecco use co Yss 2 No en eutopsy ormed? Yes 2 No one) idence 6 Oth how Injury occur Street and Numb	gtribute to 3 Prob 24b. We ava con of c	the cause of decembly 4 Unkrone eutopsy findin illable prior to impletion of cause death? Yes 2 140
tification: To Be Completed by Physician/Medical	25. W ex 1[27. Me 1 [31	es cese referred to medical aminer? Yes 2 No enne of Death Natural 5 Pendin Investig Accident Investig Suicide 6 Could determ	d	Due to (or Due to (or Due to (or Due to (or Inpatient 2 E of Injury, ath, Day Year) e of Injury - At horing, etc. (Specify,	as a conseque as e conseque alting in the und ER/Outpatient 28b. Time of Injury me, farm, stree	anca of): derfying cause given the series of the series o	26. Place of Deat ler: 4 \subsection Nursing Ho yat k? Yes 2 \subsection No	23b. Did 1 □ 24a. Wes perfe 1 □ h (Check only) me 5 □ Resi 28d. Describe 28f. Location (City or To	tobacco usa co Ysa 2 No en eutopsy med? Yes 2 No one) idence 6 Oth how injury occur Street and Numb wn, State)	gtribute to 3 Prob 24b. We ava con of o	the cause of delebly 4 Unknown under the unit of the u
tification: To Be Completed by Physician/Medical	25. W ex 1[27. Me 1	es cese referred to medical aminer? Yes 2 No enne of Death Natural 5 Pendin investig Accident Suicide 6 Could determ	d	Due to (or Due to (or Due to (or Due to (or Inpatient 2 = E of injury ith, Day Year) e of injury - At hor ing, etc. (Specify, b best of my know asis of exeminetic	as a conseque as e conseque alting in the und eFR/Outpatient 28b. Time of Injury rne, farm, stree	ance of): ence of): ence of): ence of): anca of): derfying cause give 3 □ DOA	26. Piace of Deat 26. Piace of Deat ier: 4 \sum Nursing Ho yat k? Yes 2 \sum No	23b. Did 1	tobacco usa co Yes 2 No en eutopsy ormed? Yes 2 No one) idence 6 Oth how injury occur if wri, State)	gtributa to 3 Prob 24b. We ava con of control of contro	the cause of de pebly 4 Dunkriere eutopsy findin illable prior to impletion of cause death? Yes 2 No
tification: To Be Completed by Physician/Medical	25. W 9x 15 27. Me 16 31 4 (es cese referred to medical aminer? Yes 2 No enner of Death Natural Investig Accident Suicide Homicide Homicide Certifyin (Check only one)	d. Hospitai: 1 28a. Date (Mon pation ined be ined building Physician: To the Examiner: On the band man	Due to (or Due to (or Due to (or Due to (or Reath but not result of Injury th, Day Year) a of Injury - At horing, etc. (Specify, etc.)	as a conseque as e conseque alting in the und eFR/Outpatient 28b. Time of Injury rne, farm, stree	ance of): anca of):	zen in Part i. 26. Piace of Deat ier: 4 □ Nursing Ho y at k? Yes 2 □ No ne, date and placa, pinlon, deeth occurr	23b. Did 1	tobacco usa co Yss 22No en eutopsy ormed? Yes 22No one) idence 6 Oth how injury occur Street and Numb wn, State) cause(s) and ma date end plece,	gtributa to 3 Prob 24b. We ave ave ave con of control of the cont	the cause of decembly 4 Unkrone eutopsy findinullable prior to impletion of cause leath? Yes 2 100 Route Number, ated. the cause(s)
edical Certification: To Be Completed by Physician/Medical	25. W 9x 15 27. Me 16 31 4 (es cese referred to medical aminer? Yes 2 No enne of Death Natural 5 Pendin investing Suicide 6 Could determ Check only 2 Medical 2 Medical	d	Due to (or Due to (or Due to (or Due to (or Inpatient 2 E of Injury at horizontal part of Injury at horizontal part of Injury - At horizontal part of I	as a conseque as e conseque alting in the und eFR/Outpatient 28b. Time of Injury rne, farm, stree	ance of): ence of): ence of): ence of): anca of): derfying cause give 3 □ DOA	zen in Part i. 26. Piace of Deat ier: 4 □ Nursing Ho y at k? Yes 2 □ No ne, date and placa, pinlon, deeth occurr	23b. Did 1	tobacco usa co Ysa 2 No en eutopsy med? Yes 2 No one) idence 6 Oth how injury occur Street and Numb wn, State) cause(s) and ma date end plece, 29d. Date signer	gtribute to 3 □ Prob 24b. We ava con of a con o	the cause of derivable to the cause of derivable prior to impletion of cause leath? Yes 2 No
tification: To Be Completed by Physician/Medical	25. W ex 1 [27. Me 1 [26. 3 [4 [29a. C	es case referred to medical aminer? Yes 2 No enne of leath Accident Investig Accident Investig Accident Certifier Check only one) Continue Certifier Certifying Certifier Check only one)	d	Due to (or Due to (or Due to (or Due to (or Inpatient 2 = E of injury at hor ing, etc. (Specify, e best of my know asis of exeminetiner stated.	as a conseque as e conseque as	anca of): anca of):	26. Piace of Deat eer: 4 \sum Nursing Ho y at k? Yes 2 \sum No	23b. Did 1	tobacco usa co Yss 22No en eutopsy ormed? Yes 22No one) idence 6 Oth how injury occur Street and Numb wn, State) cause(s) and ma date end plece,	gtribute to 3 □ Prob 24b. We ava con of a con o	the cause of decembly 4 Unkrone eutopsy findinullable prior to impletion of cause leath? Yes 2 100 Route Number, ated. the cause(s)
tification: To Be Completed by Physician/Medical	25. W ex 1 [27. Me 1 [26. 3 [4 [29a. C	es cese referred to medical aminer? Yes 2 No enner of Death Natural Investig Accident Suicide Homicide Homicide Certifyin (Check only one)	d	Due to (or Due to (or Due to (or Due to (or Inpatient 2 = E of injury at hor ing, etc. (Specify, e best of my know asis of exeminetiner stated.	as a conseque as e conseque as	anca of): anca of):	26. Piace of Deat eer: 4 \sum Nursing Ho y at k? Yes 2 \sum No	23b. Did 1	tobacco usa co Ysa 2 No en eutopsy med? Yes 2 No one) idence 6 Oth how injury occur Street and Numb wn, State) cause(s) and ma date end plece, 29d. Date signer	gtribute to 3 □ Prob 24b. We ava con of a con o	the cause of debebly 4 Unkerse eutopsy findinullable prior to impletion of cause leath? Yes 2 100

